MHC

15 April 2014

Mr J Powell
Head of Regulation
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
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Dear John

Thank you for your report following your team's recent unannounced inspection of New Hall Independent Hospital. Thank you also for the very positive comments that you have made. These have been very well received and we would also like to thank you and your team for making staff feel at ease and carrying out your inspection without any major disruptions to the daily activities and patients' care. We acknowledge the issues that you have raised and attach a formal action plan as requested. If there are any issues that need clarification in this response, please do not hesitate to contact me and I will assist where possible.

Yours sincerely

Kevin Shields
Responsible Individual

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New Hall Independent Hospital

HIW Inspection Report Action Plan 2014

Issues of concern	Person Responsible to complete	Details of action required	Outcome	Evidence
1. The placement of patient A at New Hall was not appropriate and the patient was being cared for with 3 members of staff. The patient had been assessed as requiring a medium secure placement. Patient A must be moved to a medium secure placement as a matter of urgency.	Hospital Manager Service Manager	Patient A to be placed in Medium Secure Care	Patient A. placed in Ty Llewellyn MSU	On 1st of April 2014, Patient A was moved to Ty Llewellyn MSU in North Wales
2. We reviewed a number of care plan records and the following observations were identified: a. There was no discharge care plans in place for patients A, B, C and D. b. Observational charts for patient A contained inappropriate comments and a substantial amount was not signed by the nurse in charge. c. Care plans/risk assessments for patients B, C and D had not been evaluated in line with identified timescales. d. The nurse in charge had not signed off the observational records for patient B. All of the areas listed above must be addressed.	Service Manager and Senior Nurses	All care records, risk assessments, observation charts to be reviewed and addressed	To improve on the current care record standards. a. There are now discharge care plans in place for identified patients. b. Additional observational internal training has been conducted. Guidance on completion of Observation	Full audit completed on • Care plans • Observation charts • Risk assessments All outstanding areas have been addressed and rectified as HIW guidance stated

			charts raised within senior nurse meeting, managerial supervision and staff nurse meetings. c. Patient care plans/risk assessments had all been evaluated prior to HIW completing their inspection. d. Nurse in charge signed off the observational chart the same day that the error had been identified by HIW.	
3. A review of the treatment/clinic room on Adferiad ward identified the following: a. The temporary room was not fit for purpose. Space was very limited, staff lockers were contained in the area and the room was very cluttered. b. Kitchen cupboards were used to store drugs.	Service Manager Senior Nurses	To address all issues of concern	3 a. Adferiad as of 2nd April 2014 have returned back to the new clinic room. The new clinic room is purpose built and has adequate space. There are no staff lockers in the area.	Full audit completed by Hospital Manager and Service Manager. All outstanding areas have been addressed.

c. Insulin for patient E was not given on two occasions and there was no reason recorded for non-administration. d. Patient F had prn medication in stock that had not been taken for some time. This medication needs to be reviewed. e. The registered nurse struggled to set up the oxygen cylinder for use. f. The medication chart for patient G was confusing. The frequency on the chart stated monthly, however, months have a different number of days within them and there was no explanation from the prescriber in relation to this issue.			3 b. The new clinic room cupboards are specialised, purpose built for a clinic room. 3 c Standards of medication management have been raised within senior nurse meeting, managerial supervision and staff nurse meeting. Regular audit systems improved. 3 d This medication has since been reviewed and discontinued 3 e. The nurse has received additional training immediately during and following the HIW inspection 3 f. The administration card has been re-written and prescribed as 4-weekly	

4. Some areas of Glaslyn ward required a thorough deep clean. These areas included the oven/hob and floor of the rehabilitation kitchen and the ground floor kitchen floor and toaster.	Service Manager Business Support Lead	To improve the cleanliness of the ward.	Following the inspection, the rehabilitation kitchen received a deep clean	Area audited by the Service Manager and Business Support Lead
5. The provision of a generator for patient safety and continuity of service in the event of a power cut is required for Clwyd/Adferiad wards. *During the feedback session we were told this has been included in the building works.*	Hospital Manager Estates Manager	To maintain the electricity in an emergency situation	As part of the refurbishment, a new Generator will purchased and installed	June-July 2014
6. The kitchen on Adferiad ward must have some remedial work to cover the exposed plaster and repair the woodwork.	Service Manager	To maintain the health and safety of the Hospital	This area is no longer used or accessible by patients or staff. A new, fully fitted kitchen is in place	Old kitchen superseded by new kitchen on the 1st April 2014
7. The personnel file of Medical Director lacked the required employment information. The regulatory information required for staff employment must be available.	Hospital Manager Business Support Lead	To maintain the hospital standards for personal file	All documentation completed and placed in the personal file	Audit of the file
8. A system of staff supervision is in place however attendance of this must be improved. A system of supervision must be implemented consistently for all staff.	Hospital Manager Service Managers	New Hall Independent Hospitals current percentage of staff receiving supervision was 75% at the time of the HIW inspection	Supervision statistics have improved from 75% – 95% following the HIW inspection	The percentage of staff receiving supervision increased by 20% from February to March 2014 as verified in the Clinical Governance Meeting

9. The dining experience for patients must be improved. Sandwiches were served in paper bags and the frequency of sandwich options on the menu was prominent. The whole dining experience must be improved to enhance the therapeutic opportunity between peers, staff and patients.	Hospital Manager Service Managers	To improve on the current dining experience of the patients	Ward Staff and patients eat in the same dining area. Sandwiches are served with a salad by ward staff There are now four options on the menu, including a vegetarian and special diet option if applicable	Catering team have changed the menu and supplied salad to go along with the sandwiches