

Mr Kevin Shields
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1 April 2014

Dear Mr Shields,

Re: Visit undertaken to New Hall on the 10, 11 and 12 March 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to New Hall independent hospital on the 10, 11 and 12 March 2014. Our visit highlighted areas that are noteworthy and include:

- The good rapport we observed between patients and staff.
- Effective team working, especially the multi-disciplinary team (MDT).
- Patients stated that the quality of food was good.
- The range of practical and educational activities.
- The robust system and good attendance rates for mandatory training.
- The advocacy service was very involved in the operational aspect of the hospital, including attendance at MDT.
- Staff morale had improved since our last visit.
- The significant investment in Clwyd and Adferiad wards.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager at the end of our visit on 12 March 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
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 GPW must be moved to a medium secure placement as a matter of urgency. 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.	Regulation 15 (1) (a) & (b) Regulation 15 (1) (a) (b) & (c)
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. 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.	Regulation 15 (2) & (5) (a) & (b)

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.	Regulation 26 (2) (a)
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. <i>During the feedback session we were told this has been included in the building works.</i>	Regulation 15 (1) (a) & (b) & 26 (2) (a)
6. The kitchen on Adferiad ward must have some remedial work to cover the exposed plaster and repair the woodwork.	Regulation 26 (2) (a)
7. The personnel file of the Medical Director lacked the required employment information. The regulatory information required for staff employment must be available.	Regulation 21 (2) (d)
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.	Regulation 20 (2) (a)
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.	Regulation 15 (1) (a)

You are required to submit a detailed action plan to HIW by **22nd April 2014** setting out the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of this letter the Registered Provider is required to comment on the factual accuracy of the issues detailed and on receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr John Bromfield, Manager at New Hall Hospital.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Powell', written in a cursive style.

Mr John Powell
Head of Regulation

cc – Mr John Bromfield, New Hall Independent Hospital, New Hall Road, Ruabon
LL14 6HB