Healthcare Inspectorate Wales
Arolygiaeth Gofal Iechyd Cymru

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18 June 2014

Dear Mr Woolgar,

Re: Visit undertaken to Llanarth Court on the 2nd, 3rd, 4th and 5th June 2014 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Llanarth Court on the 2nd, 3rd, 4th and 5th June 2014. Our visit highlighted areas that are noteworthy and include:

- Patients were generally very positive about the staff and the care and treatment they had received.
- A good rapport was observed between patients and staff.
- The number of psychologists and occupational therapists (OT) had increased since our last visit in July 2013.
- The joint working of the multi disciplinary team (MDT) was comprehensive with some very positive outcomes for the patient group.
- The Psychology department undertake reflective practice sessions with staff.
- Additional opportunities for training (non-statutory) were comprehensive and included a new management and leadership course for all charge nurses and deputy charge nurses.

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- A new supervision *passport scheme* was being introduced for all staff. This initiative will enable staff to capture all supervision that takes place.

- An improved Ward to Board initiative, whereby patients pick five themes every quarter they want information on.

- A patient satisfaction survey which takes place twice a year.

We also identified some improvement in aspects highlighted in our earlier visit:

- We noted the increase in the number of vehicles from 4 in our previous visit in July 2013 to 7. (point 11, management letter dated 13 September 2013)

- We noted care plans had improved since our last visit (point 7).

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager and other members of your management team at the end of our visit on 5th June 2014. A summary of these is set out below:

Issue of concern	Regulation
1. An urgent review of staffing numbers is required to ensure sufficient staffing is available for Awen ward. On the night of our initial visit (2nd June) there was insufficient staff to ensure that in the event of a significant incident, for example a restraint, that staff would be able to respond efficiently and effectively. Staffing was identified as an issue in July 2013 (point 1) and requires urgent action.	Regulation 15 (1) (a) & (b) & 20 (1) (a) & (b)
2. There were insufficient registered nurses available on the night/early morning of our visit on the 2nd and 3rd June. This meant that there were some occasions when there was no registered nurse on a ward when staff breaks were being taken. Every ward must have a registered nurse available at all times of the day and night.	Regulation 20 (1) (a)
3. The staffing rota on Awen was difficult to follow and it was impossible to ascertain how many staff were on duty because it failed to list agency and bank staff. The staff rota must contain a full and accurate list of all staff working on each ward of the hospital.	Regulation 20 (1) (a) & (b)
4. The redeployment of staff from other wards to Awen was having a significant impact on the programme of activities and staff and patient morale.	Regulation 15 (1) (a) & (b) & 20 (1) (a)
5. There was no documented induction available for agency nurses/care support workers. All staff must	Regulation 20 (1) (b) & 20 (4)

have a documented induction undertaken before commencing work at the hospital.	
6. There was insufficient information available for a number of agency staff regarding their skills and experience to confirm suitable employment checks had been undertaken. All staff working at the hospital must have suitable checks undertaken and the relevant experience and training.	Regulation 21 (2) (a) (b) (c) & (d)
7. A review of the clinic on Awen ward was undertaken and the following areas were identified: a. On 31st May 2014 a retrospective entry had been made for patient A (but had previously been signed for and witnessed). b. Errors in the number of Mediknet 20mg in stock started on the 24th May and continued until 27th May 2014. Nine errors were not picked up by registered nurses administering the drug. c. Further on going errors in the number of tablets in stock on 28th – 30th May 2014 and 2nd – 4th May 2014. d. Staff had signed to state Concerta XL medication had been administered when it had not. The patient (B) refused the medication and the medication was put back in the medication container. e. Medication records for patients D and C indicated a number of gaps within the administration record. There was no indication of whether the patients had received or refused the medication. The registered provider must ensure all the areas identified are addressed and a comprehensive pharmacy audit undertaken for all the wards within 14 days of receipt of this report.	Regulation 15 (5) (a) & (b)
8. A number of decisions were arbitrary on a number of wards. On Teilo ward de-caffeinated coffee was the only coffee allowed and on Treowen ward there was a restriction to the number of CD/DVDs patients could have within their bedrooms. Arbitrary decision making/blanket approaches was highlighted as an issue in July 2013 (point 10) and requires urgent action.	Regulation 15 (1) (a) (b) & (c) & 19 (1) (a) & (b)

9. A significant number of staff had not undertaken updated training on the Mental Health Act 1983 and the Mental Capacity Act 2005.	Regulation 20 (1) (a) & (2) (a)
10. There was a number of environmental issues noted on Teilo ward. These included an unpleasant odour, stained walls and the carpets were marked and worn. In addition, the coffee machine/water dispenser were out of order. Teilo ward requires refurbishment and repair/replacement of the coffee/water machine.	Regulation 26 (2) (a) & (b)
11. The hospitals procedure for responding to complaints was not being adhered too A number of complaints audited had no evidence that a letter explaining the reason for the delay was sent to the patient when the complaint was over 20 days. All complaints must be addressed within the identified timescales and if this is not possible patients must have written confirmation regarding this.	Regulation 24 (2)
12. The availability of IT equipment was inadequate for the volume of usage by staff. Sufficient computers and IT equipment must be available on all wards. This issue was identified in July 2013 (point 12) and requires action.	Regulation 15 (2)
13. The tea and coffee area on Osbern ward did not have a sink unit in place and a bucket was being used to dispose of drinks that had not been consumed. This practice is completely unacceptable and a sink unit needs to be installed.	Regulation 26 (2) (a)
14. A number of patients complained of difficulties in taking section 17 leave/activities due to staff shortages. The registered provider needs to facilitate an audit of leave not undertaken and provide HIW with a report.	Regulation 15 (1) (a) (b) & (c)
15. A number of staff and patients commented negatively on food, including the temperature, variety, portion size and catering for various diets/needs. A review of the food served to be undertaken.	Regulation 15 (9) (b)
16. Whilst the horticultural programme is to be commended its value would be greater with formal accreditation.	Regulation 15 (1) (a) (b) & (c)

17. The appointment of an additional educational tutor would enable increased accreditation/availability of courses.	Regulation 20 (1) (a)
18. The Intensive Care Suite (ICS) on Awen ward had a damaged floor and the heating system was broken. The repair of the ICS suite is required.	Regulation 26 (2) (a) (b) & (c)
19. The environment of care on Awen ward was unwelcoming with limited furnishings. The coffee machine was out of order and hot water was being brought out from the staff office for patient's drinks. There was a lack of storage space for patients' belongings and their coats were left on the floor in the foyer.	Regulation 26 (2) (a) & (b)
20. Care plans were reviewed on Awen and Teilo wards. The following issues were identified: a. Patient D had an occupational therapy assessment undertaken on 2nd January 2014 and this had identified that the patient required a specialist mattress and bathing chair but both these items were not available for the patient. b. A care plan for patient D was titled 'False Allegations'. This is wording is inappropriate and implies that any allegation the patient makes will be false. c. A revised care plan dated 5th June 2014 for patient C on crisis management lacked detail, specifically around ligature and the patient head butting the door/walls of the ICS. d. Patient C had a care plan in place on 'chat lines'. HIW questions the appropriateness of this care plan. e. For patient E (Teilo ward), there was a lack of detail in his care plan regarding crisis management/general behaviour management. Specifically there was a lack of triggers when the patient may require ICS and a lack of de-escalation techniques documented for individualised behaviour. f. On Teilo ward, each patient had two sets of care plans, one for MDT and one for nursing. However, nursing care plans were not up to date because they were not being evaluated as part of the MDT care plan. g. The comment box on the physical health care plan for patient F (Teilo ward) stated "patient aware of care plan". This comment is not	Regulation 15 (1) (a) (b) (c) & (d)

clear and does not indicate if the patient refused to comment. More information is required. All areas identified need to be addressed as a matter of urgency	
21. There were no hairdressing/hair-cutting facilities on site. Consideration should be given to having a hairdresser/barber on site.	Regulation 15 (1) (a) & (b)

Mental Health Act Monitoring – The Administration of the Act

We reviewed the statutory detention documents of 10 of the detained patients being cared for on 6 of the wards at the time of our visit. The statutory documentation was complaint with the Act. We also observed good audit and check process maintained on file with the receipt of statutory documentation for the admission of transferred patients.

You are required to submit a detailed action plan to HIW by **9th July 2014** setting out the action you have already taken as well as that which 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 you are 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 Keith Barry, Registered Manager.

Yours sincerely

Mr John Powell
Head of Regulation

cc – Mr Keith Barry, Llanarth Court Hospital, Llanarth, Raglan, Usk, Monmouthshire, NP15 2YD