

New Hall Independent Hospital
HIW Inspection Report Action Plan October 2014

Issues of concern	Person Responsible to complete	Details of action required	Outcome	Evidence/Status
All admissions to the hospital must be appropriate. Patient A, on Glaslyn ward, did not have a mental health diagnosis and a learning disability diagnosis was recorded. The responsible person must ensure that all admissions are appropriate and meet the hospital conditions of registration	Hospital Manager and Forensic Multi-Disciplinary Team	Continue to undertake detailed assessment of patients prior to admission and identify the rationale for admission based upon the clinical needs of the patient and hospital conditions of registration	Patient A has a number of unconfirmed diagnosis, including Mental Illness, Personality Disorder and Learning Difficulties. The admission was to undertake a thorough assessment to identify the primary Mental Disorder that requires clinical interventions	Since admission patient A has been actively involved in a number of assessments and is half way through the 12 week assessment process. In the unlikely event, that it is deemed that patient A does not have a primary diagnosis of Mental Illness, the MDT will work alongside patient A's care coordinator and commissioner to identify a suitable placement for him
Review of the appropriateness of two admissions to Glaslyn ward within a 6 day period is required. Admissions should be appropriately spaced to allow opportunity for patients to settle and staff to complete the extensive patient care planning documentation	Hospital Manager Forensic Service Manager	To appropriately stage admissions a minimum of two weeks apart, to limit the disruption on the patient and ward environment	All new admissions will be staged, a minimum of two weeks apart	Change in admission frequency discussed and agreed in all key ward meetings, supported by communication from the Service Manager



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Four (4) sets of patient multi-disciplinary team (MDT) notes were reviewed and the following observations made: a. Patient A, Glaslyn ward: i. There was no risk management plan formulated. ii. There was no HoNOS assessment completed during the MDT meeting on 07/10/2014 iii. There was no risk management plan for this patient following an allegation of an attempted inappropriate touch by a fellow patient. iv. The form completed in terms of patient rights under section 132 of the Mental Health Act 1983 (MHA) was dated the day before admission and the time stated 14:00hours when the patient was admitted at 15:00hours. In addition the reading of rights was not documented within the MDT notes. b. Patient B, Glaslyn ward: i. There was no risk management plan formulated. ii. There was no HoNOS assessment available. iii. The reading of rights under section 132 of the Mental Health Act 1983 had an inconsistency of dates. The section 132 form stated 07/10/2014 and the MDT notes stated 08/10/2014. iv. There was no capacity assessment available. c. Patient C, Glaslyn ward: i. The recovery plan was not available, however, we were informed it had been completed but was on the manager's computer.	Forensic Service Manager Senior Nurses	To update all documentation to the required standard To update all documentation to the required standard To update all documentation to the required standard	All documentation updated immediately following inspection All documentation updated immediately following inspection All documentation updated immediately following inspection	All updated and completed documentation is available for scrutiny in the patients notes All updated and completed documentation is available for scrutiny in the patients notes All updated and completed documentation is available for scrutiny in the patients notes
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ii. The risk management plan was not completed, because the plan was not available. iii. There was no discharge care plan in place				
There was no nurse call alarm system on Adferiad and Clwyd wards	Hospital Manager Rehabilitation Service Manager	To review the rehabilitation service for the necessity of a nurse call system for Clwyd and Adferiad	MHC is currently reviewing a wireless nurse call system to use in their hospital settings	Meeting has been arranged for a demonstration of a wireless nurse call system on 15 th December 2014
The approved mental health professional (AMHP) assessment on first admission was not always available and must be followed up Discharge plans were not always available in the MHA administrators file	Mental Health Act Manager	These are available in the MHA files Discharge plans will be collated into a file both on the network and within a dedicated folder, to allow for progression of patient towards these goals	Audits to be completed and Care Coordinator/AMHP to action missing documentation Files to be held in the MHA files and a dedicated file on in the network patient details	Audit schedule and findings. Available for internal and external scrutiny. Audit and report with findings, available for internal and external scrutiny