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21 November 2014

Dear Mr Shields,

Re: Visit undertaken to New Hall on the 15th and 16th October 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to New Hall independent hospital on the 15th and 16th October 2014. Our visit highlighted areas that are noteworthy and include:

- The effective team working, especially the multi disciplinary team (MDT).
- The good rapport observed between patients and staff.
- Evidence of patient views being taken into account regarding their care and treatment.
- The continuing renovation and refurbishment of Adferiad and Clwyd wards had considerably enhanced the care environment. However, the work had not been fully completed and given the level of disruption on the patient group, priority must be given to completing the work on the wards.
- The activities/therapies programmes had made a genuine effort to engage patients in a wide range of therapeutic and stimulating activities that appealed to the patient group and met their individual needs.

- The array of information displayed throughout the wards in an easy read formats, including; the complaints procedure, patients rights and ward induction packs.
- Staff morale continued to improve since the last HIW visit in March 2014.
- The positive comments in relation to the social worker supporting patients to maintaining contact with their family and friends.
- The positive rehabilitative path for patients.
- The continuing good attendance rates for mandatory training, supervision and appraisal.

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 16 October 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
1. 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.	Regulation 15 (1) (a) (b) & (c)
2. A 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.	Regulation 9 (1) (a); Regulation 15 (1) (a) (b) & (c) & Regulation 19 (1) (b)
3. 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 ¹ assessment completed during the MDT meeting on 07/10/2014	Regulation 15 (1) (a) (b) & (c)

¹ HoNOS (Health of the Nation Outcomes Scales) is a set of 12 scales, each one measuring a type of problem commonly presented by patients in mental health care settings. A completed HoNOS score sheet provides a profile of 12 severity ratings and a total score. It is a numerical record of a clinical assessment but does not replace clinical notes or any other records. It is intended that it becomes an integral part of a minimum data set and a basic component of CPA (Care Programme Approach). Further information available at

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 132² 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 managers computer. ii. The risk management plan was not completed, because the plan was not available. iii. There was no discharge care plan in place. 4. There was no nurse call alarm system on Adferiad and Clwyd wards.	Regulation 26 (2) (a)
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Mental Health Act Monitoring – The Administration of the Act

We reviewed the statutory detention documents of 4 of the detained patients being cared for on 3 of the wards at the hospital at the time of our visit. The following noteworthy practice was observed:

<http://www.rcpsych.ac.uk/traininpsychiatry/eventsandcourses/courses/honos/generalinformation/faq.aspx#whatis>

² Mental Health Act 1983 – s.132 is about the duty of managers of the hospital to give information to detained patients. The person being detained must have their rights read to them under s.132 of the Act, and staff must document whether the patient has understood their rights or not.

- The files examined had good evidence of medical and administrative scrutiny.

The following points were identified and needs to be included in your action plan:

5. The appointed mental health professional³ (AMHP) assessment on first admission was not always available and must be followed up.
6. Discharge plans were not always available in the MHA administrators file.

You are required to submit a detailed action plan to HIW by **12th December 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



Mr John Powell
Head of Regulation

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

³ Approved mental health professional (AMHP) - A professional with training in the use of the Act, approved by a local social services authority to carry out a number of functions under the Act.