

**Mental Health/ Learning
Disability Inspection
(Unannounced)
Rushcliffe Independent
Hospitals (Aberavon)
Limited: Rushcliffe Hospital**

10 – 12 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints

- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Rushcliffe Hospital, Aberavon on the evening of the 10 February and all day on the 11 and 12 February 2015.

Rushcliffe (Aberavon) Independent Hospital ('Rushcliffe') was first registered on 8 July 2009 by HIW and is currently registered to provide care to sixteen (16) male patients. The hospital is registered to provide treatment or nursing (or both) for persons with a primary diagnosis of a mental illness. The hospital's registered provider is Rushcliffe Independent Hospitals (Aberavon) Limited.

During the three day inspection, we reviewed the ward, patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one Peer Reviewer, one Lay Reviewer and two members of HIW staff.

4. Summary

Our visit to Rushcliffe Hospital highlighted the need of significant scope for improvement and we identified a number of areas requiring action. Staffing levels at the hospital were not adequate, specifically when we arrived on our night visit. The staffing levels were not in line with the numbers identified in the hospital's statement of purpose dated August 2012, which clearly stated a minimum level that was not being achieved.

At the time of our visit the hospital manager had not submitted an application to register with HIW despite being in post since December 2014. We require a completed application form to be submitted to HIW within 28 days from our visit.

During our time at the hospital there were two patients displaying very challenging behaviours and one patient had a diagnosis that was excluded in the hospital's statement of purpose. As a result the appropriateness of the admission criteria needs to be reviewed to ensure all admissions to Rushcliffe are suitable for the rehabilitation service and adhere to their conditions of registration.

Environmentally we were pleased to note the very high standard of cleanliness throughout the hospital. The furnishings and decoration were a good standard and the facilities available for patients to use were very good, including a music room with instruments, games room with a pool table, a gym and two lounges. However, these facilities during our visit were under utilised with very little internal activities taking place.

We identified a number of potential ligature points throughout the ward and it was evident that no risk assessment had been undertaken. The door to the bathroom was damaged and required repairing as did the TV projector in the lounge which patients told us had not been working for some time. The bath did not have any available equipment to support patients with physical disabilities therefore this resource could not be used by all patients.

Not all patients could lock their bedroom doors from the inside and as a result some patients reported feeling unsafe because other patients would walk in without being invited. A review and risk assessment needs to be undertaken to ensure patients feel and are kept safe.

There was a lack of available security alarms for staff and visitors. All staff and visitors must be provided with an alarm so in the event of an emergency assistance can be summoned.

The on-call arrangements for the Responsible Clinician (RC) requires review because at the time of our visit he was providing 24/7 cover. In addition, any holiday cover required was sourced by the RC himself. This situation is not sustainable and needs to be reviewed.

Mandatory training was out of date and needs to be urgently updated and a system for regular staff supervision needs to be introduced. Incidents and complaints also require updating because the information we reviewed highlighted areas that were incomplete and did not provide the necessary information that could enable sound management decisions.

Care planning documentation highlighted areas that require attention and action and issues were identified in relation the Mental Health Act 1983. These areas are discussed further within this report.

Throughout the visit we observed staff and patient interactions to be good.

5. Findings

Core Standards

Ward environment

Rushcliffe hospital is situated in Aberavon on the sea front. The building is on one level and access to the hospital is via a reception area. The reception area is a large bright space with two visitor/meeting rooms and a doctors consulting room. Access to the ward is via an air lock system which leads onto an open plan atrium style space. Chairs and tables were situated in the middle of the area which is used as the patients dining area. Surrounding the dining area was the kitchen's serving hatch, nurse's office, kitchen facilities for making hot drinks and other office space.

Rushcliffe has one ward split into two halves with eight en-suite bedrooms in each section. None of the observation panels on the bedroom doors could be closed from the inside and some patients were unable to lock their bedroom doors, which has resulted in other patients walking into their room uninvited. Patients told us that they do have enough space for storing their own belongings and would like more. One bathroom was available for patients to use, however the bath was a domestic household bath and did not have a hoist or any other equipment to support patients with physical disabilities. The bathroom door was also damaged following an incident with a patient and staff told us it had been over a month since this was reported. It is essential that maintenance issues are reported and dealt with in a timely manner.

One patient kindly showed us his bedroom and we noted the sufficient size of the room and en-suite shower room with toilet. He did tell us of issues with the heating and his shower head required attention. The patient told us he had reported these issues to staff but they had yet to be looked at.

The hospital has lots of space and excellent amenities for the patients to use, including a games room which had a pool table; a music room with an array of instruments; a resource room which had gym equipment and a payphone. An art and crafts room was well stocked and displayed patients' art work. A bathroom was being transformed into a wood work studio for patients. There were two lounge areas for patients, a quiet lounge which had a TV, eight chairs and four stools and the main lounge, which was situated opposite the open plan atrium area with views overlooking the sea. The main lounge contained three lounge chairs plus two footstools and one table. Two book shelves were used to store board games and books. The cinema style projector was not working and had not been for some time. Notice boards were displayed in the main lounge which contained information including a daily timetable, information about the new wood work studio and MDT group

and dates. The patient community board displayed advocacy information, bus timetables and a patient feedback/suggestion box. Daily newspapers were provided for patients to read.

The environment was generally very clean. The standard of furnishings and decoration throughout was good with some pictures displayed on the walls of the corridors.

Recommendations

A number of maintenance issues need to be addressed including fixing the bathroom door and cinema style projector. A review of the maintenance issues reported by patients also needs appropriate responses.

Safety

During our night visit we noted staffing levels were inadequate. There were 3 staff on duty for 10 patients. Staff told us they did not feel safe when insufficient numbers of staff were on duty and it was reported that staffing levels at night had been insufficient for a considerable period of time, with the last five night shifts only having one registered nurse and two support workers for 10 patients. Staff described sickness levels, annual leave and no overtime payments as the principal causes of the shortages. It was confirmed to us that the hospital were in the process of recruiting bank staff and general recruitment was on going.

The Statement of Purpose dated August 2012 stated that Rushcliffe will provide a minimum of one registered nurse and four support workers for between eight and 12 patients. These minimum staffing levels were clearly not being adhered to and it is essential that an urgent review of staffing levels takes place to ensure this area is addressed to safeguard patients and staff.

During our visit we raised a concern regarding the hospital's admission criteria. A patient was being treated that had a diagnosis in the hospital's Statement of Purpose that would exclude the patient from admission. The hospital confirmed that an assessment of diagnosis was taking place and that the patient was appropriate for the hospital. In addition, two recent admissions were displaying very challenging behaviours and with staffing levels low, concerns were raised by staff of not feeling safe, especially if a restraint was required. The hospital needs to review this situation and their admission criteria in order to ensure a breach of their registration has not taken place.

There was a lack of personal/safety alarms available for staff and visitors. It is essential that all staff on duty and any visitor to the ward have a working alarm to ensure safety of themselves and others in the event of an incident.

The on call arrangements for the Responsible Clinician (RC) need to be reviewed. At the time of our visit it was confirmed that the RC was effectively on call 24/7. When the RC takes annual leave he arranges his own cover. It is recommended that this practise is reviewed to ensure sufficient cover can be provided 24/7 without the continuous reliance upon the RC.

Recommendations

Staffing levels need to be reviewed urgently to ensure the minimum number of staff that are on duty are in line with the Statement of Purpose dated August 2012.

The admission criteria requires a review to ensure all patient admissions are in keeping with the conditions of registration.

The hospital must ensure there are sufficient safety alarms for staff and visitors to ensure the safety of everyone in the event of an emergency.

A review of the on-call arrangements for the RC is required to ensure sufficient cover can be provided without the continuous reliance upon primarily one individual.

The multi-disciplinary team

The majority of staff we spoke to commented positively on the multi disciplinary team (MDT) working. The MDT group is very new and the hospital are experiencing changes, as a result staff said the meetings were continually developing because they all had different ideas, however, all disciplines are represented including Psychology, Occupational Therapy, Doctors and Nurses.

Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt their opinions were respected and valued by each other.

At the time of our visit the hospital had one Occupational Therapist and one Psychologist. The Psychologist was employed for 20 hours per week and senior management were considering increasing the hours and providing trainee psychologists to support the work the hospital wants to achieve in this area. In addition, the hospital has only one RC who works 5 days per week and is on call at nights and weekends. The hospital needs to review this

situation and consider employing a medical assistant/junior doctor to ensure continuation of care in the absence of the RC.

Daily handover meetings take place at the hospital and we observed a handover meeting and noted the comprehensive information shared by staff.

Recommendations

A review is required to determine the number of disciplines (RC, OT and Psychology) and the hours needed at the hospital to provide sufficient rehabilitation services for patients.

Privacy and dignity

Patient feedback regarding privacy and dignity at Rushcliffe was mixed, with some patients having no issues in this area. All patients said staff respected their privacy and dignity by knocking on their bedroom door prior to entering. The biggest issue raised by patients was not being able to lock their bedroom doors from the inside. Patients spoke of incidents whereby one patient in particular will walk into bedrooms uninvited. Some patients reported feeling intimidated by this behavior, although staff endeavour to stop this from taking place, reviewers were informed that because of low staffing levels incidents have occurred.

Patients could make phone calls in private, either using the payphone or some had their own mobile phones. A visitor room was also available in the reception area for patients to meet with family and friends.

We noted there was a lack of available specialist equipment to support patients with physical disabilities, particularly for the bath. Rushcliffe should review this situation to ensure shared facilities can be used by anyone who wants to without compromise to their dignity. In addition, one patient complained of an uncomfortable bed stating he had never slept in it and therefore sleeps in a chair. Rushcliffe needs to review this situation to ensure the right facilities are provided for patients to ensure the quality of care is not compromised.

A patient confirmed to us that he had to pay for his own transport because the hospital vehicle cannot accommodate his personal mobility equipment. As a rehabilitation hospital, the option of patients paying for their own transport to access the community to benefit their recovery and personal goals is satisfactory; however, it is not satisfactory if a patient has to pay for his own transport for appointments when other patients would be taken to these without cost to themselves. Rushcliffe must review this situation to ensure all patients are treated equally, hospital facilities, including the hospital vehicle

are appropriate for all patients and provide clear guidance on how the hospital vehicle is to be used.

Recommendations

An assessment of the hospital's facilities, in particular the beds and bathroom is required to ensure all necessary equipment is available and suitable for patients so they can be used without compromise to their dignity.

A review and risk assessment to be undertaken to ensure all the bedroom doors lock from the inside by the patient to maintain a feeling of safety and stop uninvited visits by other patients.

The hospital must provide HIW with a report as to how and when a patient pays for their own transport and provide clear guidance to patients on how the hospital vehicle is to be used.

Patient therapies and activities

The facilities Rushcliffe hospital had for patient activities and therapies was excellent, including a music room with instruments, a games room with a pool table, an art room with supplies, a multi gym and at the time of our visit a bathroom was being transformed into a wood work studio. Although these facilities were provided, it was stated by some staff and patients that they were under utilised.

Patients complained of feeling bored and activity rooms always being locked. One patient told us that there is a timetable in place for activities, which has a session for board games, which they find childish. The patient stated that the hospital is supposed to be rehabilitation and would like to be out working but there were no opportunities for voluntary work. The patient had requested this but has had no answer from their requests.

Some staff we spoke to said the activities were not always appropriate, with some saying they would prefer to see more therapeutic/vocational opportunities for patients. Staff said more community based activities are needed to empower the patients, going shopping was not enough and if there are not enough staff on duty, patients don't go out. Discussions with the Deputy Director confirmed that building better community links was a priority for Rushcliffe and an activity book was in place which monitors what patients were doing so future plans can be aligned specifically towards patients likes.

During our visit we observed an exercise class take place, which was led by external instructors. Only a few patients were taking part, however, the instructors were encouraging patients and one told us that he had enjoyed the session. We observed patients going out with some enjoying trips to a local café. One patient told us enthusiastically of the college course he attends weekly and showed us his course work.

The hospital had one occupational therapist (OT) in post and during our visit we noted how the OT was multi tasking within the hospital, stepping in to support patients when staff were committed to other duties. The OT told us of the changes occurring at the hospital in order for it to provide a more effective rehabilitation service. One such change was the introduction of a wood work studio, which at the time of our visit was being constructed.

All patients at the hospital prepared their own evening meals, which usually comprised of egg on toast or beans on toast. This concept had been recently introduced and we were met with mixed views in relation to this. Patients prepared their food between 4pm – 5.30pm each day, some staff told us that starting this process at 4pm cuts into the patients activity timetable, therefore cutting short those opportunities. Staff said this process was too prescriptive, it would be better if patients shared some of the tasks associated with preparing a meal and cook one large meal so all patients could sit and socialise together.

The psychologist was new in post and was in the process of setting up a comprehensive service. At the time of our visit patients were having psychology input every week or fortnight. The psychologist spoke of her future plans to develop a therapies programme for the hospital and this was echoed by senior management.

Patients physical observations were undertaken weekly by staff and patients had access to general GP and other healthcare services as required. Health promotion at the time of our visit was being promoted across the ward.

Recommendations

A review of patient activities is required to ensure they are relevant for the patient group and where possible are vocational and/or community based to enhance the rehabilitation model the hospital promotes.

A review of the preparation and coordination of the evening meal is required to ensure it does not impact on the activities timetable and it is not prescriptive.

Food and nutrition

In general, discussions with patients and staff highlighted a positive response in relation to the food served at Rushcliffe. All but two patients we spoke to said they enjoyed the food at the hospital. Portion sizes for lunch were plentiful and our observations confirmed this. Lunch was served at 12:30 and menu choices were displayed on a board. During our visit we observed how the lunch time was organised. Tables were poorly laid with no available condiments and cutlery was handed out to patients rather than laid appropriately to enhance the dining experience.

Tea was prepared by patients from 4pm onwards. As mentioned above in this report, patients prepared their own evening meal. Staff said the food during this meal time was not as plentiful, however, staff told us this session is a work in progress with regards to how the session is run. It is recommended that the hospital review this session to ensure patients have enough food to eat and the food is what patients prefer. In addition, a review of how the session is organised and what patient outcomes the hospital expects is required. The idea of patients preparing and cooking their own food is a good idea; however our concern is that all patients are expected to prepare food at the same time. Consideration could be given to changing this.

Patients had facilities to buy and store their own food. Access to a kettle was restricted; patients had to request that a thermos jug was filled before they could make a hot drink. Caffeinated drinks were restricted and set times were in place when a patient could have one.

Although staff said alternative food choices were available because of allergies or diet problems, one patient told us he was not being provided with alternatives. The menu choices presented were not suitable for his allergies, therefore, in the space of one week would only consume one main meal. The hospital must look at patient needs and dietary requirements to ensure the food provided caters for all tastes and requirements.

Recommendation

Staff must ensure that patients preparing their evening meals have sufficient food to eat and that the food being prepared is suitable for the patient.

Training

We reviewed 10 staff files and noted the orderly layout of the files. All the files we reviewed had wide-ranging evidence of employment information to confirm appointment through an open process, including an application form, interview notes, job description, offer letter, contract and references. All the files had evidence that a Disclosure Barring Service (DBS) check had taken place at some point. However, 6 out of 10 files contained a DBS check that was over three years old. No evidence was presented to confirm an up to date check was in place. HIW would recommend undertaking regular DBS checks for staff as good practice because they provide an independent check that would enhance the organisations ability to assess a person's integrity and character.

All the files we reviewed had an appraisal which had been undertaken in 2014. Some staff we spoke to said they had not had a recent appraisal, however the files we reviewed indicated that they would be due between March and May 2015. There was a lack of evidence that regular staff supervision take place. The files we reviewed contained supervision records dated 2013 and 2011 and staff told us that they do not receive regular supervision sessions, a system must be put in place that can monitor and record supervision compliance rates to ensure all staff are receiving regular supervision sessions.

An analysis of mandatory training highlighted significant gaps in the programme of training. Training in some areas was out of date including Tissue Viability and Pressure Care; Safeguarding Vulnerable Adults; Health and Safety and Fire Awareness. Nearly all the staff we spoke to said they had not received training and professional development opportunities within the last 12 months. All mandatory training needs to be urgently updated for all staff.

We reviewed six complaints and identified that none of the complaints had *Part B Complaint Investigation* completed to show what action had been taken and the conclusion. Nearly all the complaints we reviewed had responses on file that were over the five working days response time detailed in Rushcliffe's policy. Reasons were cited in the letters as to the reason for the delays, however, with so many late responses the hospital needs to review the process to ensure their policy is adhered to.

In relation to one complaint an acknowledgement letter on file made reference to a verbal discussion that had taken place, however, there was no file note attached to the record to state the outcome of the discussion. Therefore it was not clear what the outcome of the complaint was. In addition, no complaints log was in operation to provide an overview/summary of all the complaints received to date and the current progress of that complaint. A comprehensive

record of complaints should be kept, including outcomes and conclusions, to ensure timescales as stated in Rushcliffe's policy are adhered to.

A review of incident records was undertaken and we identified that the incident log did not correspond with the incidents on file. Some incidents had not been investigated and some incidents should have been notified to HIW via Regulation 30 and 31 process. An analysis of all incidents must be undertaken to ensure any risks are addressed.

Recommendation

A regular and structured system for staff to receive supervision is required.

All staff must receive up to date mandatory training to ensure they have the necessary skills for the patient group.

A review of the complaints is required to ensure they adhere to the hospital's policy regarding timescales for responding.

All necessary sections of the complaints form, in particular Part B, need to be completed to evidence closure and outcomes.

A complaints log should be developed to capture an overarching view of all complaints. Monitoring the trends and patterns from the complaints will provide management with early detection of systemic problems.

The incident log needs to be updated to reflect the incident forms on file and where necessary notify HIW of the incidents.

An analysis of all incidents is required to ensure risks are addressed.

Application of the Mental Health Act

We reviewed the statutory detention documents of 10 of the detained patients being cared for at Rushcliffe at the time of our visit. The following noteworthy issues were identified:

- Section 62 was carried out well and evidenced appropriately

We identified issues in a number of areas and these included:

- The Mental Health Act Administrator and staff had received no training in this area
- The Mental Health Act Administrator's role was diluted by other competing roles and this was impacting on her ability to work on the Mental Health Act
- There was no medical or administration scrutiny of documentation
- Section 132 rights were not evidenced in the files we reviewed
- Section 17 leave was undertaken well, however, there was no maintenance in administration of leave in place. As a result old leave was not cancelled

The quality of documentation was variable with a number of files missing statutory documentation, which had not been followed up after admission

- There was no assessment of capacity form to evidence a patients capacity on file other than CO2/CO3 forms and Second Opinion Appointed Doctors (SOAD) requests
- Patients files were not locked away

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation at Rushcliffe and identified the following observations:

- Care and treatment plan (CTP) reviews were out of date
- One patient did not have a CTP in place
- There was no evidence available to confirm what efforts had been made to resolve delays with CTPs
- Some patients had difficult needs emotionally and physically and there was a lack of depth and sufficient amount of information to ensure prescribed care was given
- HoNOS² review dates were missing from documentation
- When a patient declined to attend a weekly clinic there was no evidence of what had been explored to gain compliance with physical checks
- Multi disciplinary team (MDT) notes that had specific risk assessments around self harm had not been actioned three weeks on. The disjointed process between MDT recommendations and auctioning needs to be addressed.

Recommendations

All issues regarding care and treatment plans need to be addressed, specifically to ensure they are dated, are in place for all patients, provide sufficient information which addresses all the patients needs. HoNOS review dates need to be added and MDT need to ensure recommendations are addressed.

² Health of the Nation Outcome Scales - HoNOS is a scale to measure the health and social functioning of people with severe mental illness. They are 12 simple scales on which service users with severe mental illness are rated by clinical staff. The idea is that these ratings are stored, and then repeated- say after a course of treatment or some other intervention- and then compared. If the ratings show a difference, then that might mean that the service user's health or social status has changed. They are therefore designed for repeated use, as their name implies, as clinical outcomes measures. (www.rcpsych.ac.uk)

6. Next Steps

Rushcliffe Hospital is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Rushcliffe Hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Rushcliffe Independent Hospitals (Aberavon) Limited

Hospital: Rushcliffe Hospital

Date of Inspection: 10, 11 and 12 February 2015

Page Number	Recommendation	Regulation	Rushcliffe Action	Responsible Officer	Timescale
12	A number of maintenance issues need to be addressed including fixing the bathroom door and cinema style projector and other issues as reported by patients.	26 (2) (a) & (b)	The bathroom door has been fixed, immediately The cinema projector has been removed and the room is now being utilised as an activity area, and communal recreational lounge	Maintenance R Manager	1.3.15 ongoing
13	Staffing levels need to be reviewed urgently to ensure the numbers of staff on duty mirror the minimum levels identified in	6 (3) & 20 (1) (a)	Recruitment of support workers has been completed and we have adequate staff on all shifts, based on the current occupancies. We	R Manger + Assistant Director	Completed Ongoing

	the Statement of Purpose dated August 2012		will be building upon our 'bank' staff profile		
13	The admissions criteria requires review to ensure all patient admissions are in keeping with the conditions of registration.	9 (1) (a) (b) 6 (1) & (3)	Our admissions criteria has been reviewed each referral received and the MDT discuss the appropriateness of the assessment, and placement outcomes	Assistant Director (+MDT)	Feb 2015
13	The hospital must ensure there are enough safety alarms for staff and visitors to ensure the safety of everyone in the event of an emergency.	15 (1) (b) & 19 (1) (a) (b)	The hospital have sourced more alarms and repaired the damaged alarms. Therefore we can ensure the safety of all people in the event of an emergency	Assistant Director + Maintenance	1.5.2015
13	A review of the on-call arrangements for the RC is required to ensure sufficient cover can be provided without the continuous reliance upon one RC.	19 (1) (b) 20 (1) (a) (b)	The on call rota was sent to HIW on the first action plan submission, which included the hospital manager and the assistant director covering different days of the week. The on call rota is reviewed each 4 weeks and the RC has designated time off	Assistant Director	1.5.2015

14	A review is required to determine the number of disciplines (RC, OT and Psychology) and the hours needed at the hospital to provide sufficient rehabilitation services for patients.	15 (1) (a) 19 (1) (a) (b) & (2) (e) 20 (1) (a)	A review has taken by the MDT + Assistant Director and adequate identified numbers of disciplines. The psychologist will be full time as of June 2015. OT services already have full time adequate hours in place, to provide an integrated service	Assistant Director	1.6.2015
15	An assessment of the hospital's facilities, in particular the beds and bathroom is required to ensure all necessary equipment is available and suitable for patients so they can be used without compromise to their dignity.	15 (2) 18 (1) (a) (b) 26 (2) (c)	A full audit of equipment & resources took place on the 29th of May for beds and other hospital equipment. Bathroom rails has been purchased however awaiting delivery. Disability equipment would be identified at local level and put into place via maintenance if physical adaptations were required.	Assistant Director + Maintenance OT	29.5.2015 1.2.2015
15	The hospital must provide HIW with a report as to how and when a patient pays for their own transport and provide clear	15 (1) (a) (b) (c) 18 (1) (b) &	None of our patients pay for their own transport when utilising community leave or hospital appointments. This is within their	Assistant Director	1.6.2015

	guidance to patients on how the hospital vehicle is to be used.	(2) (b)	current placement costs. Any extra onerous trips for personal usage would however be recommended by public transport, walking or at cost to the individual if deemed non therapeutic		
15	A review and risk assessment needs to be undertaken to ensure all of the inside bedroom door locks can be used by a patient to maintain a feeling of safety and stop uninvited visits by other patients.	26 (2) (a)	All bedroom locks have been installed however the locks can be overridden by the nursing team in cases of emergency or for security aspects. Each patient will have a relevant risk assessment put into place to reassure them of privacy and security	Maintenance RN's	1.6.2015 ongoing
16	A review of patient activities is required to ensure they are relevant for the patient group and where possible are vocational and/or community based to enhance the rehabilitation model the	15 (1) (a) (b) (c)	Patient activities review is carried out every Thursday during MDT. In this meeting all individual needs are discussed and the suitability and appropriateness of the activities are discussed and actioned or recorded.	OT/MDT RN team	Each MDT weekly

	hospital promotes.		The primary nurse will also sit each week with the pt and discuss all relevant activities alongside of care plans & interactions.		
16	A review of the preparation and coordination of the evening meal is required to ensure it does not impact on the activities timetable and it is not prescriptive.	15 (1) (a) (b) (c) & 19 (1) (a)	The patients enjoy their preparation of their own meal and feel empowered in choices and autonomy	Support workers + RN team	ongoing
16	Staff must ensure that patients preparing their evening meals have enough food to eat and that the food being prepared is suitable for the patient.	15 (1) (a) (b)	Our patient survey during the community meeting show that all our patients are happy with the portion sizes of their meals. Suitability of meal choices are determined by seasonal/stocked items for preparation	OT	May 2015
19	A regular and structured system for staff to receive supervision is required.	20 (2) (a)	Supervision matrix is up to date and this is kept centrally with the hospital manager. All designated supervisory staff will	RM	Ongoing

			be mentored by the Hospital Manager, as an ongoing process		
19	All staff must receive up to date mandatory training to ensure they have the necessary skills for the patient group.	20 (2) (a)	Mandatory training currently being updated and we should have all staff up to date shortly. All new staff will be placed on mandatory training upon commencement	RM + Assistant Director	End Aug 2015
19	A review of the complaints is required to ensure they adhere to the hospital's policy regarding timescales for responding.	24 (1)	A review has taken place and the complaints logs now show the open and closed complaint. A monthly report is also sent to the operations director for consideration and any further comments or suggestions	Assistant Director + RM	1.6.2015
19	All necessary sections of the complaints form, in particular Part B, needs to be completed to evidence closure and outcomes.	24 (2) & (5)	Part b also being completed.	RM	1.6.2015
19	A complaints log should be developed to capture an	24 (5)	Clinical governance sub group focusses on monitoring the trend	MDT/Assistant Director	Ongoing

	overarching view of all complaints. Monitoring the trends and patterns from the complaints will provide management with early detection of systemic problems.		and patterns from the complaints and incidents and any near misses, best practise and evaluative processes each 2nd month. (or early if a crisis or near miss occurs)		Bi Monthly
19	The incident log needs to be updated to reflect the incident forms on file and where necessary notify HIW of the incidents.	24 (5)	Incident logs have been reviewed and that is also discussed in the governance meetings	MDT/Assistant Director	Ongoing
19	An analysis of all incidents is required to ensure risks are addressed.	19 (2) (c) (i)	The clinical governance sub group will analyse all incidents and fed back to the clinical governance board post meeting. Each incident is addressed immediately within the staff team via RM	RM	Ongoing
21	All issues regarding care and treatment plans need to be addressed, specifically to ensure they are dated, are in	15 (1) (a) (b) (c) & 19 (1) (a) (b)	Major work is currently underway to meet with all case managers and re looking at the CTP to formulate a clear plan on the	Assistant Director + RM	Ongoing

	place for all patients, provide sufficient information which addresses all the patients needs. HoNOS review dates need to be added and MDT need to ensure recommendations are addressed.		content and the dates of review. This is delayed by the case managers (not the Hospital staff) The HONOS review dates have been actioned and completed by RC.		1.6.2015
20	<p>The Mental Health Act Administrator had received no training in this area, nor had staff at Rushcliffe</p> <ul style="list-style-type: none"> • There was no medical or administration scrutiny of documentation • Section 132 rights were not evidenced in the files we reviewed • Section 17 leave was undertaken well, however, there was no maintenance in admin of leave in place. As a 	20 (2) (a) (b)	<p>Hospital managers and RC currently scrutinise all medical mental health paperwork and this done after every hospital managers hearing.</p> <p>Section 132 are all evidenced.</p> <p>Section 17 leave folder updated.</p> <p>Hospital managers and the MDT review all documents in files.</p>		

	<p>result old leave was not cancelled</p> <ul style="list-style-type: none"> • The quality of documentation was variable with a number of files missing statutory documentation, which had not been followed up after admission • There was no assessment of capacity form to evidence a patients capacity on file other than CO2/CO3 forms and Second Opinion Appointed Doctors (SOAD) requests • Patients files were not locked away 		<p>RC now completing a generic capacity assessment on admission.</p> <p>Patient's files are being locked away.</p>		
20	<p>The Mental Health Act Administrator's role was diluted by other competing roles and was impacting on her ability to work on the Mental Health Act</p>		<p>We have recruited a new receptionist and therefore the mental health administrator will be moving offices on the 8th of June 2015.</p>		