

## **Healthcare Inspectorate Wales**

**Care Standards Act 2000**

**The Independent Health Care (Wales) Regulations 2011**

### **Non Compliance Notice**

This notice sets out where your service is not compliant with the regulations.  
You, as the registered person, are required to take action to ensure  
compliance is achieved in the timescales specified.

**The issuing of this notice is a serious matter. Failure to achieve  
compliance will result in HIW taking action in line with its enforcement  
policy.**

#### **Cefn Carnau Hospital**

Cefn Carnau Lane  
Thornhill  
CAERPHILLY  
CF83 1LX

Date of Non Compliance Notice – 14 August 2015

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## The Registered Provider and inspection details.

<b>Setting Name</b>	Cefn Carnau Independent Hospital, Cefn Carnau Lane, Thornhill, Caerphilly, CF83 1LX
<b>Contact Telephone Number</b>	029 2088 3345
<b>Registered Provider</b>	Priory Group Ltd, 80 Hammersmith Road, London, W14 8UD
<b>Registered Manager</b>	Interim manager in post
<b>No. of beds</b>	22
<b>Category</b>	Mental Health
<b>Date of inspection</b>	11 <sup>th</sup> – 13 <sup>th</sup> August 2015
<b>Inspectors</b>	John Powell Sarah Martin

## Areas of Non Compliance

### **The Registered Provider is not compliant with regulation 20 (1) (a) & (b) of The Independent Health Care (Wales) Regulations 2011 regarding staffing.**

An inspection was undertaken on the evening of 11<sup>th</sup> August and all day on 12<sup>th</sup> and 13<sup>th</sup> August 2015. Upon arrival to Cefn Carnau hospital we identified that there were no permanently employed Registered Nurses on duty. The three wards at Cefn Carnau were being managed by two agency nurses and one bank nurse.

The registered provider must ensure that at least one permanently employed Registered Nurse is on duty at the hospital.

### **The Registered Provider is not compliant with regulation 21 (1) (a) and 21 (2) (b) & (d) of The Independent Health Care (Wales) Regulations 2011 regarding fitness of workers.**

During discussions with one agency staff member it was evident that the person did not have the necessary knowledge, skills and experience to work at the hospital. In particular, the agency nurse did not have up to date restraint training and had no training in Managing Violence and Aggression (MVA), the preferred model used at the hospital and they were unable to tell inspectors what a section 37/41 was.

It is essential that any agency staff employed at the hospital has the skills and experience required for the patient group to ensure quality and competency of care is provided.

### **The Registered Provider is not compliant with regulation 21 (1) (a) & (b) of The Independent Health Care (Wales) Regulations 2011 regarding skills and experience.**

An inspection was undertaken on the 11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> August 2015 and the following documents were examined:

- The agency file

The file did not contain a copy of the CV or induction information for the two agency staff on duty. Therefore it was impossible to confirm the skills, experience and knowledge the two agency staff had to care for the patient group.

The impact of a lack of information on agency staff is significant. The skills and competency levels could not be determined and this could have significant results for the hospital in terms of quality of service, safety and continuity of care. The registered person must ensure that agency and bank staff have the necessary skills and experience to work at the hospital.

**Areas of Non Compliance Actions Plan from HIW**

**Hospital:** Priory Hospital Cefn Carnau

**Date of inspection:** 11<sup>th</sup> August – 13<sup>th</sup> August 2015

**Date of Action Plan:** 17<sup>th</sup> August 2015

**Hospital Director:** Vicky O’Dea

**RAG Rating**  
**Green = Action Completed**  
**Amber = Action in Progress**  
**Red = Action Over Timescale for Completion**

Outcome/Standard	Judgment Comments/Evidence	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
<b>Regulation 20</b>							
- 20 (1) (a) & (b)	The registered provider must ensure that at least one permanent member of the nursing team is on duty at all times.	<ul style="list-style-type: none"> <li>Ward shift rotas to be planned 4 weeks in advance</li> <li>Weekly meeting between CSM and Ward Managers to look at rotas for each week ahead.</li> <li>Clearly identify the person in charge of each ward on the rota <b>and</b> person overall in charge (shift co-ordinator) of the hospital each night</li> <li>This will be monitored weekly at the Tactical Briefing Meeting which includes Ward Managers, Clinical Services Manager and Hospital Director to ensure that any unforeseen circumstances are considered.</li> </ul>	Process re-implemented on the 13 <sup>th</sup> August 2015 and will remain ongoing, and signed off every Thursday by the Hospital Director.	Clinical Services Manager  Hospital Director		Immediate & will remain ongoing	13.08.15
<b>Regulation 20 &amp; 21</b>							
20 (1) (a) and 21 (2) (b) & (d)	It is essential that any agency staff employed at the	<ul style="list-style-type: none"> <li>Ensure all agencies used are aware that when a booking is made the agency must fax</li> </ul>	Hospital Director has written to all regularly used agencies by 18 <sup>th</sup> August 2015. Copy placed	Hospital Director		18.08.15	18.08.15

Outcome/ Standard	Judgment Comments/ Evidence	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
	<p>hospital has the skills and experience required for the patient group to ensure quality and competency of care is provided.</p>	<p>a summary C.V of the nurse who will be attending which must include, photograph, summary of experience and training received in last 12 months.</p> <ul style="list-style-type: none"> <li>• Nominated NIC of the hospital at night to be given copies of the received summary C.V's. By day the Ward Managers and/or NIC ward should receive these.</li> <li>• Any issues with Agencies on the Priory Framework should be reported to Projects Director who manages the Framework.</li> <li>• Specific agencies used will be provided with an outline of Cefn Carnau requirements, i.e. LD qualified/experience/up to date PMVA training/PBS awareness/etc.</li> <li>• Ensure that each agency nurse completes the Priory Agency Nurse Checklist with the NIC of the shift (or outgoing shift) on arrival. The checklists will be stored centrally and this will be reviewed weekly by the Hospital Director cross checked with the rotas to ensure every nurse has had</li> </ul>	<p>on file.</p>				

Outcome/Standard	Judgment Comments/Evidence	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
		an induction and will action shortfall should it occur immediately. However robust processes are now in place.					
<b>Standard</b>							
21 (1) (a) & (b)	The registered person must ensure that agency and bank staff have the necessary skills and experience to work at the hospital. The actions regarding agency staff have been covered in the action above so these actions will pertain to Bank Staff employed by Priory.	1. As above but for include Bank Staff.	Letters written to Bank staff and advised of training requirements/competencies required.	Hospital Director		23.08.15	18.08.15
		2. Clinical Services Manager to ensure that the Priory Nursing Team induction is completed for all new staff including bank staff and a copy filed in the HR file.	The process is in place.  A monitoring process by the Hospital Director is being done by random selection to ensure compliance. This will be reported to the Clinical Governance meeting.	CSM		18.08.15	18.08.15
		3. Bank staff to complete and maintain Foundations for Growth training modules to remain on the bank list.	Monitoring process in place.	Hospital Director		18.08.15	18.08.15
		4. Induction to include Preventing & Managing Violence and Aggression understanding both low secure hospital requirements and basic legal requirements of the MHA. This will be logged on the induction file for agency staff.		Hospital Director		18.08.15	18.08.15