

**Mental Health/Learning
Disability Inspection
(Unannounced)**

**The Priory, Church Village:
Craegmoor Hospitals
Limited**

23rd – 24th March 2016

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1. Introduction

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

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability visit to The Priory, Church Village on the 23 and 24 March 2016.

The Priory, Church Village is an independent hospital which was first registered with HIW in May 2013 and at the time of our visit was registered to provide care to twelve (12) patients. The hospital offers a service for the treatment and nursing of patients with a learning disability who are liable to be detained under the Mental Health Act 1983 and persons whose primary diagnosis is a learning disability including those who also have an identified functional mental health diagnosis.

During our visit we reviewed the areas identified, including reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one peer reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our visit to the Priory hospital, Church Village highlighted some noteworthy areas of practice and we were pleased with the progress made since our previous visit in September 2014. The areas noted included:

- The warmth and good working relationships we observed between staff and patients
- The Mental Health Act documentation was well maintained
- The stable and full compliment of multi disciplinary team members
- Staffing had stabilised and staffing numbers were over and above the numbers listed in the Statement of Purpose
- The appointment of an Activities Co-ordinator was helping to make progress to improve community links and access
- The food was commented upon favourably by patients and staff, specifically the choice and quality of food served
- The hospital appeared clean and well maintained.

We found scope for improvement in a number of areas. The areas we have identified for improvement are documented in Appendix A, but a summary of the main issues include:

- Continued progress to fully embed staff supervision
- A number of issues identified in the clinical room, including medication with no date of opening recorded, medication which had been stopped and needed to be returned or disposed of and missing second signatures and times from patients records
- A greater emphasis on discharge planning and recovery based goal setting to be achieved
- Care plans need to have a stronger focus on what patients can do as opposed to what they can't do

5. Findings

Core Standards

Ward environment

The Priory, Church Village independent hospital is situated in Tonteg, near Pontypridd and is within walking distance to local amenities. The hospital has sufficient on-site parking for staff and visitors. On entering the hospital you enter a small, but pleasant reception area. The nurse's station is situated here and overlooks the corridor to the ward. We were informed that staff and visitors sign-in using the visitor book. From the reception area you can enter the ward or access staff offices and a meeting room which are situated upstairs.

Access to all areas within the hospital is via a key fob, which all staff had. The ward is U shaped and all patient areas and bedrooms are situated on the ground floor. On entering the ward you arrive in a large corridor. Situated in the centre of the ward is a large patient lounge. The lounge had ample seating and a TV was fixed to the wall.

A quiet lounge with a computer and some seating was situated opposite the lounge. This room was accessible to the patient group but required staff to open the door because the room is locked.

A number of patient notice boards were displayed on the walls by the lounge entrance. The information displayed included advocacy contact details, complaints, laundry timetable and activity information.

Ten en-suite bedrooms occupy the main ward. We observed one empty bedroom which required attention because of considerable wall damage by the previous occupant. The room had a single bed, bedside cabinet, wardrobe and chest of drawers for patients to store their belongings. A patient kindly offered to show us their bedroom which was furnished with her own bedding and displayed personal items. The room had a wardrobe, chest of drawers and bed side cabinet. The en-suite had a shower, toilet and sink. The room was clean and demonstrated individualisation.

The dining room provided chairs and tables for the patients to eat together. A serving hatch from the kitchen to the dining room allowed food to be served directly to patients. Along side the serving hatch was a sideboard with flasks of hot water, squash and cups which allowed patients access to hot and cold drinks. Menus and healthy eating posters were displayed on the notice boards in the dining room. The room has large windows which allowed plenty of natural light into the dining room.

Patients had access to a garden area in which a smoking shelter was situated. The outside space was all grass and bland in appearance and although neat did not feel conducive to spending time outside. There was

some wooden benches for patients to sit on. Staff told us that plans were being made to improve the outdoor space.

A two bedded, self contained bungalow provided a step down facility for patients. The bungalow had two bedrooms, one bathroom with toilet and one toilet for visitors. There was a small lounge with a TV and seating and one large open plan living and kitchen/dining area. The bungalow was clean and homely, with soft furnishings such as cushions and curtains in the lounges. The kitchen provided patients with the facilities required to prepare and cook their own food. The lounge had comfortable seating and French doors opened up onto a private garden.

The activity bungalow (Melrose) provided a number of rooms in which patients could engage with therapies and activities. A therapy kitchen, sensory room and arts and craft room were observed during our visit.

Another bungalow within the grounds of the hospital provided office space for staff.

The decoration throughout the hospital was satisfactory and pictures were displayed on the walls in the corridors and other patient areas. We noted that the environment was clean throughout the hospital and free of any unpleasant odours. All patient areas had appliances and/or furniture that was well maintained and in good working order.

Safety

On the whole the majority of staff we spoke to said they had no safety concerns, however a few comments were made regarding the safety of the physical environment. Some staff said patients could easily kick walls through because they were not as strong as they could be and there had been incidents when nurse call bells had been pulled from the wall. This was observed during our visit in one unoccupied bedroom. However, the maintenance of the hospital was commented upon favourably and maintenance tasks were completed in a timely fashion.

During our visit we observed staff wearing personal alarms and all staff had their own set of keys to provide access to secure areas. All visitors to the hospital gain access by ringing the door bell and are required to sign in.

Some patients we spoke to told us they did not feel safe at the hospital and cited other patients behaviour as their main reason for feeling unsafe. The patients told us that they had spoken to staff regarding their concerns and were satisfied with how the situation was being dealt with.

Concerns about staffing levels were raised by some patients and staff. Patients told us that a shortage in staffing levels had resulted in limited

activities and community access. Some staff also told us of occasions when staffing levels had been low, particularly when staff telephoned in sick and replacement staff could not be found at short notice.

At the time of our visit there were two vacancies being recruited for and two patients on one to one observations. We observed that there was sufficient staff on duty to manage the observations as well as facilitate community visits. A number of duty rotas were examined and it was evident that staffing levels had exceeded the minimum staffing levels specified in the Statement of Purpose.

The multi-disciplinary team

It was positive to hear that continued improvements in multi disciplinary team (MDT) meetings had and were taking place since our last visit in September 2014. The MDT included the responsible clinician (RC), occupational therapy (OT), nurses and psychology. Staff told us that discussions were inclusive and that professional views were valued and respected.

Daily handover meetings take place between each shift to ensure staff are aware of key issues regarding patient care.

Staff forum meetings also take place which encourage staff to share ideas on how things can be improved.

Privacy and dignity

All patients had their own bedrooms with en-suite facilities and were able to display personal items to make them more individual and homely. Patients could lock their bedroom door from inside the room which staff could over-ride if necessary. Observation door panels at the time of our visit were in the closed position which enabled patients to retain their privacy and dignity whilst in their bedroom.

There were facilities available for patients to meet with family and friends in private. No payphone was available at the hospital however patients could use their own mobile phone (if their care plan allowed it) or access and use of the hospital phone was after 6pm.

None of the staff and patients we spoke to said dignity and privacy was compromised in any way. We observed patients being called by their preferred name and staff knocking bedroom doors before entering.

General Healthcare

A review of the clinical room was undertaken and the following observations were identified:

- During our inspection of the clinic room there were dressings in a cardboard box stored on the work surface. There was not very much room in the clinic so the box was being moved around the clinic in order to make temporary space. The dressings should be stored in a cupboard, and perhaps some thought could be given to how many dressing packs are needed at any one time.
- There was a stable door on the clinic room. The nurse we spoke to informed us that on a number of occasions patients had leaned over the door and opened it from the inside which enabled the patient to gain access. This situation raised issues of security and health and safety which were discussed with management during our feedback meeting.
- Fridge temperature management was good
- Our review of patient information highlighted that one patient had a latex allergy, therefore it was pleasing to note that the clinic displayed notes relating to this and the glove box was also marked to ensure patient safety.
- Medication which had been stopped had not been disposed of or returned
- There was no second signature recorded on a patients record dated 19/03/2016 and on numerous occasions there was no time of administration recorded.
- A bottle of medication had no date of opening recorded on it
- Observations relating to controlled drugs included:
 - Controlled drugs were stored in a locked cupboard
 - The recording of the administration and balances of medication, although correct was confusing due to different units of measurement being used. A patient had been prescribed 60mgs of a drug and the drug was dispensed in 30mg tablets. The record was logged as 60, which was correct in terms of milligrams but was confusing because it was only two tablets. A standard approach would eliminate any confusion by staff.

- The index page of the controlled drugs book had a drug that needed to be crossed off
- The index pages of the controlled drugs book were not showing the correct page within the book which the medication was recorded on.

Requirements

A review of the clinical room is required with specific attention given to:

- the storage of dressings and other supplies in order that the room is not cluttered
- the door to the clinical room needs to be assessed to ensure it cannot be opened by patients.
- The medication stored in the clinical room needs to be checked to ensure any medication out of date and/or withdrawn from a patients medication regime is disposed of or returned.
- Any medication opened has a date of opening on the packaging
- The recording of signatures and times on medication records and charts
- Standardized units of measurement being used specifically to record stock levels and administration
- A drug listed in the index page of the controlled drugs book needed to be crossed out with one line through the entry
- Pages in the controlled drugs book did not match the drugs recorded in the index.

Patient therapies and activities

The hospital had a dedicated facility (Melrose bungalow) from which the majority of activities and therapies were delivered. The bungalow had a number of rooms for patients to engage in activities including a therapy kitchen, arts and crafts room and quiet room.

Notice boards displayed activity information and patients had their own individual timetables to follow. Staff told us that patients had lots of activities offered to them which included social groups, craft, walking group, sewing,

colouring, budgeting and playing on the Wii. Patients were encouraged to engage in community activities and we spoke to some patients who attended the local library where they were studying Maths and English. Another patient liked going to the local leisure centre and many patients enjoyed going shopping. Organised trips and meals out were also favoured activities enjoyed by patients.

Weekend and evening activities were facilitated by healthcare support staff. Some patients said they would like to see more activities take place during these times and we were told development work will take place to support the healthcare assistants to achieve this.

The occupational therapist had been in post for six months and was supported by a part-time occupational therapy assistant and full time activities co-ordinator. The OT service was evolving and there were plans in place to further develop the OT service in terms of more community links and in-house activities. Staff spoke of plans to develop the garden to make the area more therapeutic and a greenhouse had been purchased to support this project.

A programme of therapies was also in place to support patients. Psychology delivered individual sessions appropriate to the patients needs and also facilitated group sessions including mindfulness and relaxation. Staff told us of plans to further develop the psychology service with Dialectical Behaviour Therapy² (DBT) training and practice at the forefront of the future plans.

The patients we spoke to told us they had no issues accessing other healthcare services, including a GP, dentist and/or optician. All appointments were scheduled and facilitated by staff and patients taken to their appointments.

The hospital had an advocacy service in place which was well regarded by both staff and patients. The patients we spoke to knew who the advocate was and how to make contact if required. A poster was visible on the notice board which had the advocates name, picture and contact details. The advocate attended the hospital on a regular basis and has and will support patients at MDT meetings if required in addition to the other services offered.

At the time of our visit patients and staff were preparing for an Easter fete and we observed staff baking and patients decorating cakes. Some patients were colouring and designing their own Easter egg designs on blank paper templates, which were displayed in the dining room and the best design would be awarded a prize. A lunchtime buffet also took place in which all staff and patients ate together.

² Dialectical behaviour therapy (DBT) is a psychological therapy for people with borderline personality disorder (BPD), especially those with self-harming behaviour or suicidal thoughts.

Food and nutrition

The majority of feedback from patients and staff was positive regarding the food served at the hospital. Patients are provided with four meals per day, including breakfast, lunch, tea and supper. The menus are rotated on a 4-weekly basis and were displayed in the dining room. The menus were printed on A4 size paper and would benefit from being printed on larger paper to make the writing bigger.

Breakfast was managed by OT and healthcare support staff who told us the focus was on healthy breakfast options. Lunch was a lighter option consisting of sandwiches, jacket potatoes with fillings and salads. Evening menu provided two choices and was a hot meal. Supper for those who wanted it would be cereals or toast.

Portion size and the choice of meals available was commented upon favourably by the majority of patients and staff we spoke to. The ability to meet any special dietary requirements was in place, however staff were unsure if the desserts served were sugar free for patients who were diabetic. Reassurance must be provided that food served for all patients is suitable for their needs.

Hot and cold drinks were readily available in the dining room for patients to help themselves. Patients could buy and store their own snacks and their cupboards were opened twice a day for patients to have a treat.

There was no in-house access to a dietician and staff said if specific dietary advice was required then advice would be sought via an external route.

During our visit we observed a lunch time and were pleased to note how staff and patients were eating together and interacting. The food served looked appetizing and patients and staff were enjoying salad, soup and fish finger sandwiches. Tablemats were placed on the table along with condiments, which contributed to the positive dining experience we observed.

Requirements

Reassurance is required that all food served for the patient group meets their dietary and medical requirements.

Recommendation

The menus displayed in the dining room were printed on A4 size paper and would benefit from being printed on larger paper to make the writing bigger.

Training

A review of five staff files was undertaken and we noted how consistent the files were regarding the storage of information. Each file had a contents page that corresponded with dividers so you could locate specific information quickly and easily. All the files reviewed had an application form, job description, interview notes, two references, a contract and medical questionnaire.

A system was in place to record and monitor Disclosure and Barring Service (DBS) checks and we noted and endorse the good practice adopted by the hospital to renew DBS checks every three years for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a persons integrity and character.

Professional registrations were managed centrally and electronically, with the hospital being notified when registrations were due to expire.

An annual appraisal system was in place for all staff. The statistics provided showed that 100% compliance was achieved for 2015. Figures for 2016 showed a 33.3% compliance for support staff and 75% compliance rate for registered nursing staff. All other staff were current and had until the end of March 2016 to complete their appraisals.

Following our previous visit in September 2014, a supervision system had been put in place for all staff. However, supervision at Church Village had not been fully embedded and this had been recognised by management. Of the five staff files we reviewed only two members of staff had supervisions recorded in 2016. The hospital has devised a supervision plan to further improve and embed supervision throughout the hospital and the plan will be monitored via the internal governance processes.

A programme of mandatory training was in place for all staff. Qualified staff had an overall compliance rate of 84.4% and support staff had 86.7%. Statistics provided showed that staff had achieved 100% compliance in a number of areas. Some of the courses included safeguarding vulnerable adults, moving and handling, deprivation of liberty safeguards, emergency procedures and health and safety.

A small percentage of support workers had late or expired training in a number of areas and these need to be reviewed to ensure all staff complete their mandatory training programme.

A review of complaints was undertaken and we found only two complaints had been made in 2015 and two in 2016. The complaints made in 2015 had both been closed and the lessons learnt column on the complaints log had been completed. One of the complaints reviewed did not have the original complaint letter on file however, it had been typed into the database entry.

The two complaints logged in 2016 were recent complaints and were not closed pending meetings with the hospital manager, which had been scheduled. Both complaints were documented on the log that was at the front of the complaint folder.

Requirements

A review of the support staff statistics from the Foundations for Growth (FfG) system is required to ensure the staff with late or expired training have completed or booked onto courses.

Continued progress to fully embed staff supervision in line with the supervision plan 2016 is required.

Governance

Under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, the registered provider must provide a written report on the areas listed within Regulation 28 to HIW on a six monthly basis. HIW has not received copies of any reports undertaken by the registered provider.

Requirement

Regulation 28 visits need to be carried out on a six monthly basis and reports sent to HIW.

Application of the Mental Health Act

We reviewed the statutory detention documents of five of the detained patients at Priory Church Village. The statutory documentation we reviewed was well organised and compliant with the Act.

All patients being cared for at Priory Church Village were transferred in to the hospital and detained under the Mental Health Act. The transfer papers reviewed were completed in accordance with the Act.

Where a patient had been subject to the renewal of detention the correct forms had been completed within the required timescales. The statutory documentation stated why detention under the Act was still the most appropriate way of providing care for the patient. Hospital managers' hearings were held as required on the renewal of detention.

Patients were supported to appeal against their detention to the Mental Health Review Tribunal for Wales, or referred on the patient's behalf if patients had not appealed within the statutory timeframes.

Where patients were detained under Part 3 of the Act, *Patients concerned in criminal proceedings or under sentence*, documentation regarding their hospital orders were available.

All Section 17 leave³ authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed. However, not all expired leave forms on patients' files were clearly marked as no longer valid. This should be undertaken to ensure there is clarity to what Section 17 Leave is in place for each patient.

There was a record of a discussion with patients about their rights under Section 132 of the Act. An Independent Mental Health Advocacy service attends the hospital regularly.

Requirement

All expired Section 17 leave forms need to be reviewed and updated as no longer valid to ensure clarity.

³ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for five patients at the Priory, Church Village and identified the following observations:

- The diabetic goals in a patients care plan were generalized and need to be more specific.
- The care plans reviewed focused on what a patient could not do rather than what they can do.
- One patient had been at the hospital for a month and was still on an admission care plan. The care plan needs to be updated because the plan did not demonstrate that a review of their current needs had taken place and that their treatment/care was being delivered to meet their needs.
- A greater emphasis is required on discharge planning and recovery based goal setting to be achieved.
- An informal patient was nursed on 1:1 observations. Due to a risk of absconding, the care plan stated that the patient was not to leave and should they want to leave, then they should be detained. An urgent review and assessment needs to be undertaken to determine the patients status. (The risk of absconding would indicate that the patient was not agreeing to an informal admission to hospital)

(During the feedback meeting the hospital were provided with initials of the patients to ensure their care and treatment plans could be amended)

Requirement

All the areas identified must be addressed, including ensuring care plans focus on what patients can do rather than what they can't do, diabetic goals in care plans are specific and not generalized and review and update any patient on an admission care plan. Greater emphasis on discharge planning and recovery goals is required and an assessment regarding a patients capacity and status is needed.

6. Next Steps

The Priory, Church Village 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 The Priory, Church Village 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: Craegmoor Hospitals Limited
Hospital: The Priory, Church Village
Date of Inspection: 23rd – 24th March 2016

Page Number	Requirement	Regulation	Action	Responsible Officer	Timescale
13	<p>A review of the clinical room is required with specific attention given to:</p> <ul style="list-style-type: none">the storage of dressings and other supplies in order that the room is not clutteredThe door to the clinical room needs to be assessed to ensure it	15 (5) (a) (b)	<p>This has been moved into the dressing cabinet. The box was present due to a delivery having arrived.</p> <p>The door has never been opened by patients; however a bolt has</p>	<p>Laura Pocock, Clinical Services Manager</p> <p>Dean Harries,</p>	<p>Complete</p> <p>Complete</p>

	<p>cannot be opened by patients.</p> <ul style="list-style-type: none"> • The medication stored in the clinical room needs to be checked to ensure any medication withdrawn from a patient's medication regime is disposed of or returned. • Any medication opened has a date of opening on the packaging • The recording of signatures and times on medication records and charts • Standardized units of measurement being used specifically to record stock levels 		<p>been fixed at the bottom of the door to ensure security.</p> <p>Withdrawn or discontinued medication did not need to be disposed of as it is stock medication.</p> <p>The bottle identified was disposed of immediately.</p> <p>Times are now recorded in the controlled drugs book.</p> <p>The hospital has amended the system so that it is clearer.</p>	<p>Hospital Director</p> <p>Laura Pocock, Clinical Services Manager</p> <p>Laura Pocock, Clinical Services Manager</p> <p>Laura Pocock, Clinical Services Manager</p> <p>Laura Pocock, Clinical Services Manager</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
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	<ul style="list-style-type: none"> • A drug listed in the index page of the controlled drugs book needed to be removed • Pages in the controlled drugs book did not match the drugs recorded. 		<p>Completed immediately. This was one drug which has now been updated in the records.</p> <p>Pages have now been numbered.</p>	<p>Laura Pocock, Clinical Services Manager</p> <p>Laura Pocock, Clinical Services Manager</p>	<p>Complete</p> <p>Complete</p>
15	Reassurance is required that all food served for the patient group meets their dietary and medical requirements.	15 (9) (b)	All menus have been reviewed by the dietician and approved prior to being printed with nutritional value considered. Diabetic dessert is provided for patients who require this and there are also alternatives to other food types.	Dean Harries, Hospital Director	Complete
17	A review of the support staff	20 (1) (a)	All staff members who have	Dean Harries,	Complete

	statistics from the Foundations for Growth (FfG) system is required to ensure the staff with late or expired training have completed or booked onto courses.		expired training are informed and provided opportunities to complete the course.	Hospital Director	
17	Continued progress to fully embed staff supervision in line with the supervision plan 2016 is required.	20 (2) (a)	The plan is being followed to ensure supervision is embedded into practice.	Dean Harries, Hospital Director	Complete
17	Regulation 28 visits need to be carried out on a six monthly basis and reports sent to HIW.	28 (2) (a) (b) (c) & (3) & (4) (a) (b) (c) & (5) (a) (b) (c)	A regulation 28 visit was held on the 03/06/16 and will be sent to the HIW six monthly.	Dean Harries, Hospital Director	Complete
19	All the areas identified must be addressed, including ensuring care plans focus on what patients can do rather than what they can't do, diabetic goals in care plans are specific and not generalized and review and update any patient on an	15 (1) (a) (b) (c)	Care plan wording is being reviewed so that what the patient can do is captured. Diabetic goals are being reviewed so that they are patient specific. A care plan audit will be	Dean Harries, Hospital Director Dean Harries, Hospital Director	01/07/16 01/07/16

	admission care plan. Greater emphasis on discharge planning and recovery goals is required and an assessment regarding a patient's capacity and status is needed.		undertaken to ensure they have patient specific goals and reviews highlight progress made. Ensure admission care plans are signed off when they are no longer required. Patient is now detained.	Dean Harries, Hospital Director Dean Harries, Hospital Director Dean Harries, Hospital Director	20/07/16 Complete Complete
Recommendations					
15	The menus displayed in the dining room were printed on A4 size paper and would benefit from being printed on larger paper to make the writing bigger.		The menus have been sent to a printer to be increased in size.	Dean Harries, Hospital Director	01/07/16
Mental Health Act					
18	All expired Section 17 leave forms need to be reviewed and		S.17 forms that are no longer valid	Dean Harries,	Complete

	updated as no longer valid to ensure clarity.		are now clearly marked.	Hospital Director	
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