Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health/Learning Disability Inspection (Unannounced)

New Hall hospital: Mental Health Care UK

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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 peer 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 New Hall hospital on the evening of the 16 May and all day on the 17 and 18 May 2016.

New Hall is an independent hospital which was first registered with HIW in April 2002. At the time of our visit the hospital was registered to provide care to 32 patients. The hospital is registered to provide psychiatric treatment to male adults including those liable to be detained under the Mental Health Act 1983.

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 Mental Health Act reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our visit to New Hall hospital highlighted a number of noteworthy areas of practice and included:

- the good rapport we observed between the patients and staff
- the high level of morale within the staff group
- the patient group were very positive about the staff, care and treatment that they received
- the multi disciplinary team worked well with mutual respect and value for each disciplines views
- the number of positive initiatives linked to recovery were evident and included lifestyle and a substance misuse group
- the positive way staff embraced the inspection process
- the good level of advocacy support patients were receiving
- all the staff we talked to spoke of a supportive management team who listened and embraced ideas put forward to them
- the programme of refurbishment throughout the hospital was very positive
- patients had good access to a number of therapies and activities including occupational therapy and psychology (based on need)
- processes were in place for regular supervision, annual appraisal, identification of individual training needs and delivery of required training

Even with the good practice we identified, we found some areas that require improvement. A full list of the requirements is listed in Appendix A of this report, but a summary of the areas we have identified for improvement include:

- there needs to be an identified person in overall charge of the hospital during evening/night shifts
- a number of issues were identified when we reviewed patient documentation and these included insufficient detail within MDT hand written records and a lack of signatures; no care plans formulated for patients with diabetes despite this being identified as an issue and limited documentary evidence that the medication regime had been discussed with some patients

- The observation and engagement forms on Glaslyn ward were not routinely signed by the nurse in charge of the ward

- There was no nurse call alarm system on Adferiad and Clwyd wards (which was identified in October 2014)

- A number of vision panels on bedroom doors were in the open position and could not be controlled by patients from inside the room

- The patient information board within the nurses office on Clwyd ward could be seen from the adjacent corridor and the board needs to be covered to prevent this information being seen

- An outside sensor light in the secure smoking area on Glaslyn was not working

- The outside area on Glaslyn was littered with cigarette ends and needs to be cleaned

- Out of date food items were found in the fridge of the rehabilitation kitchen on Clwyd ward and regular checks need to take place to ensure food stored can be used and consumed safely

- On Glaslyn ward we identified a number of patient administration drug records and labels on individual medication boxes that did not correspond

- Despite the good level of localised governance systems and processes in place, there was little evidence of governance procedures from an organisational-wide perspective

5. Findings

Core Standards

Ward environment

New Hall independent hospital is a 32 bed all male service which consists of three wards including a purpose built low secure unit. The hospital is surrounded by large grounds with mature trees and is situated near the village of Ruabon, near Wrexham.

Since our last visit in October 2014, extensive refurbishment work had been carried out. A new reception area provided a dedicated hospital reception as well as access to a number of meeting rooms.

Adferiad Ward

Adferiad ward is an open rehabilitation ward and had 8 beds. The ward is located on the ground floor and provided a number of patient areas including an activity room, communal lounge and kitchen and dining room. Patients on Adferiand and Clwyd ward had access to some of the shared facilities.

The activity room had a computer and games console which could be used at anytime. In addition, there were books and art and craft materials as well as puzzles available for use.

The kitchen and dining room provided sufficient tables and chairs to enable everyone to eat together.

The rehabilitation kitchen was modern and equipped with the necessary equipment and utensils to allow patients to prepare and cook their own food. The fridge had out of date items which was reported to staff at the time.

A patient kindly offered to show us his bedroom and he told us that he chose the colours and wallpaper in his room. The room had a single bed and offered storage for personal belongings. From our observations it was clear that this bedroom had been personalised by the patient and that he was satisfied with his room.

The vision panels on bedroom doors were observed to be in the open position and there were no controls inside the room to alter this position, should the patient want to.

One bedroom had an en-suite while the others used shared toilet and bathroom facilities. We noted that the shower was not disability friendly and there were no nurse call alarms in the bathrooms and bedrooms.

Patients had access to outside areas which were clean and well kept. A wooden gazebo provided shelter and seating.

We observed the ward to be clean and free from any unpleasant odours. We did note that some fire doors were wedged open and this must not happen. In addition, there was a lack of signage on doors, specifically to indicate fire doors and this needs to be reviewed to ensure clear signs are displayed on doors etc.

Clwyd Ward

Clwyd ward is a locked rehabilitation ward, situated directly upstairs from Adferiad. The ward had 12 single bedrooms which all had a toilet and sink within the room. Shared bathrooms which included a bath and shower were available for the patient group.

During our visit we observed an unoccupied bedroom. The room had been refurbished to a high standard and contained sufficient furniture for patients to store their personal belongings. The room contained a single bed, chest of drawers, wardrobe and chair. However, there was no nurse call alarm system and patients could not control the vision panel from within their bedroom. This issue was identified in our October 2014 visit and it was disappointing that this had not been addressed at the time of the renovations and refurbishment.

Patients had access to a spacious lounge which contained 10 armchairs. A TV was attached to the wall as was some pictures. The lounge was bright due to the windows within the room and was decorated to a high standard.

The dining room was modern with three booths with tables on one side of the room and separate tables and chairs on the other. There were facilities to make hot and cold drinks and a serving hatch from which meals were served.

The ward had a gym which was shared with Adferiad and the room was equipped with a running machine, exercise bike, stepper machine and weights. Staff told us that they would support patients to use the gym and equipment.

The cinema room was also a shared facility with Adferiad ward and provided a large screen and comfortable seating for patients to enjoy watching films.

The activity room contained two computers and had cupboards which stored art and craft material. The room had a large table in the centre of the room with seating around it. The room was used for activities and every morning for a patient meeting.

The rehabilitation kitchen provided all the necessary equipment for the patient group to prepare and cook their own food. The kitchen also contained a table and four chairs. At the time of our visit the fridge had a number of out of date food items contained which we informed staff of.

Notice boards displayed an array of patient information including activities, advocacy and future trips. From the corridor of the ward the patient information board situated in the nurses station could be seen and it is essential that this information is kept private and hidden when not in use.

We noted the ward to be clean and observed some staff undertaking some cleaning duties during our evening visit. As with Adferiad ward, we noted some fire doors wedged open and doors without appropriate signage.

The ward had benefitted from the refurbishment programme, however there were some markings on the walls and minor tears in some seating and the wallpaper. We also noted that doors were slamming closed and the noise this was generating. It is essential that these are rectified as soon as possible.

Glaslyn Ward

Glaslyn is a low secure ward situated separately from Adferiad and Clwyd. The ward has 12 en-suite bedrooms with some rooms situated upstairs and some on the ground floor.

Downstairs was situated the majority of the patient areas. The activity room displayed lots of patient art work and photographs of trips out. The room was stocked with books and art and craft materials. The dining area had fixed seating and there were enough seats to allow all patients to eat together. A serving hatch and kitchen enabled staff to prepare and provide hot and cold drinks to the patient group as well as serving meals and snacks. The lounge provided patients with a TV and seating and an exit to an outside area. At the time of our visit the outside space was littered with cigarette ends which made it appear dirty. Two wooden benches provided seating and there was one outside light that wasn't working.

Upstairs were patient bedrooms, a lounge and staff offices. There were two working payphones and a number of patient noticeboards displayed throughout the ward with advocacy details, health and well being information including healthy eating and activities.

Requirements

A review of the doors throughout the hospital is required to ensure those that slam closed are adjusted to eliminate the noise.

A review of the ward environment is required to ensure scuffs, marks and repairs are undertaken to maintain the hospitals high standards.

A review of the default position of vision panels is required to ensure a patient's dignity and privacy is not compromised.

A review of all vision panels is required to ensure patients can control them from within their bedrooms to maintain their privacy and dignity.

A review of the signage across all wards is required to ensure appropriate signs are clearly displayed on fire doors etc.

Fire doors must not be wedged open.

The patient information board on Clwyd ward needs to be reviewed to ensure it cannot be seen by other patients and visitors from the corridor adjacent to the office.

A thorough clean and removal of the cigarette ends littering the outside space on Glaslyn ward.

The outdoor lights on Glaslyn ward need to be reviewed to ensure they all work and provide the necessary light during evenings and night times.

Safety

All the patients we spoke to said they felt safe at the hospital and the majority of staff said they had no safety concerns. We observed staff wearing personal alarms and all bedrooms on Glaslyn had a nurse call alarm in the room.

Our previous visit in October 2014 identified that there was no nurse alarm call system in the bedrooms or bathrooms on Adferiad and Clwyd wards and during this visit we noted this had not been installed. To ensure the safety of patients a nurse call alarm system is required in the bathrooms and bedrooms so an alarm can be raised easily in an emergency.

The staffing numbers and skill mix of staff during our visit were sufficient to ensure patients were cared for and activities and therapies provided. None of the staff we spoke to raised specific concerns regarding staffing numbers or staff skills/knowledge.

During our visit we identified a number of out of date items stored in the fridge of the rehabilitation kitchen on Clwyd ward. We informed staff at the time of these items which they arranged to be discarded. Regular checks need to be introduced to ensure all items stored in the fridge are safe for patients to use and consume.

When we arrived at New Hall on our first evening (16 May 2016) we were told that there was no one person in overall charge of the hospital. Our visit to Glaslyn ward on the same evening identified two Registered Nurses on duty, however, we were informed that neither one of them was overall in charge of that ward. A designated person needs to be allocated as in charge of a ward and also one individual needs to be allocated with overall responsibility of the hospital.

Requirements

To ensure the safety of patients a nurse call alarm system is required, specifically in the bathrooms and bedrooms on Adferiad and Clwyd wards so an alarm can be raised easily in an emergency.

In the interim and while the Registered Provider commissions a nurse call system, patient safety needs to be reviewed, specifically in toilets, bathrooms and bedrooms on Adferiad and Clwyd wards to determine how in the absence of a nurse alarm call system assistance would be provided.

Regular checks need to be introduced to ensure all food items stored in the rehabilitation kitchens are in date and safe to use and consume.

A designated person needs to be allocated in charge of a ward and one person needs to be allocated with overall responsibility of the hospital during evening/nights/weekends.

The multi-disciplinary team

A multi-disciplinary team (MDT) was in place which included the responsible clinician (RC), psychology, occupational therapy, nursing staff and a social worker. Healthcare Support Workers had and could also attend. The staff we spoke to were very positive about MDT meetings stating they worked in a professional and collaborative way.

MDT meetings take place on a weekly basis and staff told us they felt respected and that their professional views were valued and discussions were patient focused.

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

Staff said they attend regular staff meetings in addition to MDT and handover.

Privacy and dignity

All patients had their own bedrooms which provided them with adequate space to store and display personal belongings. Patients had access to shared toilet and showering/bathing facilities and all the patients we spoke to said they felt their privacy and dignity was respected at the hospital.

A payphone was situated near the main entrance of the hospital and patients could also use their own mobile phones to maintain contact with family and friends.

All of the patients we spoke to said they felt safe at the hospital and none of the staff we spoke to raised any privacy and dignity issues.

General Healthcare

We undertook a review of the clinic room on Glaslyn ward and identified a number of patient administration drug records and labels on individual medication boxes that did not correspond. This needs to be reviewed to ensure patient administration records and individual medication boxes reflect identification information.

The hospital uses an external pharmacy service to provide regular pharmacy audits for all three wards which was good practice.

The observation and engagement forms reviewed on Glaslyn ward were not routinely signed by the nurse in charge. Processes must be put in place to ensure paperwork is completed appropriately.

Due to the physical health needs of some patients and the gaps we identified in patient care plans regarding physical healthcare it is a requirement that a registered nurse is appointed to ensure that physical health needs are appropriately addressed. (See section 'Monitoring the Mental Health Measure' for specific observations regarding physical health care).

Requirement

The patient administration records and individual medication boxes must be reviewed to ensure they tally.

A review of the observation and engagement forms on Glaslyn need to be undertaken to ensure they are routinely signed off by the nurse in charge.

The physical health needs of the patient group need to be closely monitored and a registered nurse is required to ensure the physical health needs of patients are appropriately addressed.

Patient therapies and activities

New Hall had a number of facilities that offered patients at the hospital wide ranging activities and therapies, including a gym, cinema room, therapy kitchens, large grounds and arts and craft rooms. In addition to the facilities on-site, patients were encouraged and had opportunities to engage with community activities which included voluntary placements and attending college.

The hospital had dedicated occupational therapy (OT) support for all wards including Activities Co-ordinators. A daily patient's morning meeting took place across all wards. The meetings would ascertain what was going on that day and any requests the patients might have.

We observed activity timetables and notices displayed on the wards. Staff told us that all patients had their own individual timetables which were reviewed weekly. The generic activity timetable was reviewed every three months or as and when needed, based on patient feedback. OT complete a range of assessments including domestic and kitchen assessments and Model of Human Occupation Screening Tool (MoHOST). In addition, a 'My Interest Checklist' is completed every six months to ensure activities can be matched to patients.

During our visit we were invited by some patients to observe the work they had undertaken in transforming part of the hospital grounds. Patients had made a garden path and made raised beds in which flowers and vegetables were being grown. A chicken coup and a separate rabbit enclosure had been built by patients who were also responsible for their care and feeding regime. The efforts made by patients in transforming the space were noteworthy and there were plans to do further work to the area.

A range of psychology services and therapies were delivered to the patient group which included group and individual sessions. Psychology undertake their own assessments which feed into the overall care and treatment plans for each patient.

A social worker provided support and assistance to patients regarding a variety of issues and there was regular attendance by an advocate that patients and staff spoke highly of. In addition to the posters displayed on the wards, the advocate also visited the hospital on a weekly basis. In addition to the advocates one-to-one sessions, there was a forum in place in which the

advocate would gather views and feedback from the patient group and feed this back to hospital management to address.

The majority of patients we spoke to told us they had enough things to do and that they were asked what they liked to do. Facilities were provided for patients to attend their own laundry and access to other healthcare services such as a GP, dentist and optician were arranged by staff. A Well-Man clinic was in place and facilitated by staff.

Maintaining contact with family and friends was encouraged and patients had access to a payphone. Mobile phone usage was in place for some patients who had been risk assessed.

Food and nutrition

Feedback from patients and staff was mainly positive regarding the food served at the hospital and it was pleasing to observe staff and patients eating together during lunchtime. Patients were provided with three meals per day, including breakfast, lunch and tea. Supper was also available for those that wanted it. The menus are rotated on a 4-weekly basis and all the food was prepared and cooked on site.

Patients were provided with up to four options for lunch and tea which included a vegetarian option. Any patient with a specific dietary requirement was catered for.

The variety, quality and portion sizes of the food served were generally commented upon favourably by both patients and staff. Patients could buy and store their own snacks and take away meals were organized on a monthly basis.

Access to drinks and snacks outside of set mealtimes was not an issue, with patients having access to kitchen areas to make hot and cold drinks. Fruit was readily available, as was bread for toast, cereals and yogurts.

Patients were weighed regularly as part of the Well Man Clinic and access to a dietician was arranged via a GP and/or hospital if required.

The patients we spoke to knew the process for providing comments regarding food to the catering staff.

Training

A review of ten staff files was undertaken and we noted how consistent the information contained in the files was. All the files reviewed had an

application form, job description, two references, contract of employment, interview notes and medical questionnaires/vaccinations/immunization records.

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. All the files we reviewed had a current DBS in place.

The hospital had a system in place that managed and monitored professional registrations. The information we reviewed contained the staff members name, PIN/registration number, issue date and expiry date. All the staff on the sheet had a current registration.

Staff supervision was taking place on a regular basis and it was pleasing to note that the staff we spoke to said their discussions were meaningful and documented. Monthly supervision was the expected standard for staff to receive supervision but we were told that you could have supervision when you needed it. In addition to the managerial and clinical supervision, reflective practice sessions were also available for staff should they wish to participate.

New Hall had a system in place in which supervision for all staff was recorded and monitored. The spreadsheet provided during our visit highlighted that every member of staff had received at least one supervision session in 2016. Discussions with staff and the systems in place to record supervision demonstrated the value supervision has for the hospital and this was reflected in the positive staff attitudes and feedback.

Staff were receiving an annual appraisal and this was confirmed by all the staff we spoke to who said they had received an appraisal in the last 12 months. New Hall also had a system in place to record and monitor staff appraisals, which showed that all staff had a current appraisal in place.

A programme of mandatory training was in place for all staff and the statistics provided showed an overall compliance rate of 94%. Staff told us that there were opportunities to undertake external training if required.

At the time of our visit there were three sources of information providing dates when training had been completed. Within the individual staff file there were certificates and an individual training record which provided a list of the courses undertaken and date completed. In addition to these sources the hospital used data from their database which was their official record. During

our review of staff training we identified dates that were inconsistent with each source. One file reviewed stated that an employee had completed their Management of Actual and Potential Aggression (MAPA) training in January 2016 (as per the certificate and individual training record), however the training spreadsheet said October 2015. Although it was encouraging to see comprehensive records being kept, it is essential that all the data corresponds with each source being kept and some consideration needs to be given on how to ensure this is maintained on an on-going basis.

In addition, the MAPA training had a compliance rate of 86% with some staff having expired in 2015 and one in 2014. A review of the training statistics is required to ensure any staff member that has expired training completes this as soon as possible.

We identified a registered nurse that did not have sufficient knowledge of patient observational levels and ward policies. It is essential registered nurses know the patient group and policies in sufficient detail.

General discussions with staff confirmed that morale was very good amongst the team and positive comments regarding team working were highlighted to us, including management being visible, accessible and listening to staff.

Requirements

A review of the number of sources used to capture completed training data is required to ensure they all correspond.

A review of training, specifically MAPA, is required to ensure all staff members that have expired training receive an update as soon as possible.

All registered nurses must know the patient group in sufficient detail.

Governance

The hospital had in place a number of audits which were in place to inform the management team of how effective the service was and where improvements were required. However, despite the localised audits in place, there were still a lack of a robust organisation governance system in place to improve patient outcomes and professional practice and the general quality of the services delivered.

Requirement

Governance systems and processes must be improved at an organisational level to ensure appropriate levels of information are provided to inform the Registered Provider of patient outcomes and quality of the services delivered.

Application of the Mental Health Act

We reviewed the statutory detention documents of five of the detained patients being cared for on three wards at the hospital at the time of our visit. The following observations were noted:

- Thorough and orderly evidence provided in the Mental Health Act legal compliance notes held in medical records and patient case notes

- Evidence of scrutiny/audit by medical records and there was clear evidence that files showed the patients current legal status and up to date information

- The useful and innovative tool/checklist developed by medical records for Hospital Managers hearings, including who attends, information provided and outcome for patients

- Good evidence of the use of Mental Capacity Act, evidencing functional assessment of capacity, used when a patient is not subject to CO2/3 consent to treatment, e.g. when informal

- The Second Opinion Appointed Doctor (SOAD) request and response times were variable, however, for one patient section 62, continuation of treatment was applied whilst waiting the SOAD which we noted as good practice

- Historical legal detention papers of an Approved Mental Health Professional (AMHP) omission to delete specific information on Section B of Nearest Relative section of the HO6 form which had not been picked up by medical records

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for five patients at New Hall hospital and identified the following observations:

- Glaslyn Ward
    - There was an identified risk of 'moderate' and it was unclear of how this scoring had been given in the absence of a research based tool. We were informed that SMART had been purchased
    - Insufficient detail within MDT hand-written records and a lack of signatures on MDT hand written notes
- Adferiad Ward
    - A care plan in relation to diabetes had not been formulated even though it had been clearly identified as a risk. The last blood glucose test was dated December 2015
    - Care plan 5 mentions diabetes but there was no care plan/strategy developed for this
    - Little documentary evidence that the medication regime had been discussed with the patients on two care and treatment plans we reviewed
- Refer to section 'General Healthcare' regarding our requirements of the physical healthcare needs of the patient group.

(During the feedback meeting the hospital were provided with the patient initials to ensure entries could be updated/amended)

Requirements

The issues identified need to be addressed, specifically the usage of a research based tool; sufficient detail obtained from MDT written notes and signatures; documented evidence that a patients medication regime has been discussed with them and appropriate care plans developed for diabetes and other areas as identified.

6. Next Steps

New Hall 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 New Hall 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: Mental Health Care UK

Hospital: New Hall

Date of Inspection: 16th – 18th May 2016

Page Number	Requirement	Regulation	Action	Responsible Officer	Timescale
12	A review of the doors throughout the hospital is required to ensure those that slam closed are adjusted to eliminate the noise.	26 (2) (a) (b)	Estates to review all the doors to ensure the doors mechanisms minimize the noise caused by them slamming	Hospital Manager and Estates team	Complete
12	A review of the ward environment is required to ensure scuffs, marks and repairs are undertaken to maintain the hospitals high standards.	26 (2) (a) (b)	Estates to review any ongoing requirements for repair and decoration	Hospital Manager and estates team	On-going

12	A review of the default position of vision panels is required to ensure a patient's dignity and privacy is not compromised.	18 (1) (a)	To review the default position of the vision panels on the patient bedroom doors to maximize patient safety and dignity	Head of Estates	1 month
12	A review of all vision panels is required to ensure patients can control them from within their bedrooms to maintain their privacy and dignity.	18 (1) (a)	To review the vision panels on the patient bedrooms, to review the possibility of the patients being able to control the closure mechanism from the inside.	Head of estates	1 month
12	A review of the signage across all wards is required to ensure appropriate signs are clearly displayed on fire doors etc.	26 (2) (a)	Estate to review all appropriate signage is placed on all fire doors	Estates department	Complete
13	Fire doors must not be wedged open.	26 (4) (a)	No member of staff to wedge the fire doors open	All staff	Complete
13	The patient information board on Clwyd ward needs to be reviewed to ensure it cannot be seen by other patients and visitors from the corridor	15 (1) (b) 18 (1) (a)	Blinds to be placed on the patient information board to ensure the information is kept confidential	Estates / Ward staff	1 week

	adjacent to the office.				
13	A thorough clean and removal of the cigarette ends littering the outside space on Glaslyn ward.	26 (2) (a) (b)	Designated smoking areas to be fully cleaned on a regular basis	Service manager / Senior Nurses All staff on Glaslyn	Complete
13	The outdoor lights on Glaslyn ward need to be reviewed to ensure they all work and provide the necessary light during evenings and night times.	26 (2) (a)	All outside lights to be regularly maintained and to be in full working order	Estates and ward staff	1 week
14	To ensure the safety of patients a nurse call alarm system is required, specifically in the bathrooms and bedrooms on Adferiad and Clwyd wards so an alarm can be raised easily in an emergency.	26 (2) (a)	New nurse call system has be reviewed and purchased. Site survey has been completed, awaiting the product to be delivered and fitted	Head of Estates	1 month
14	In the interim and while the Registered Provider commissions a nurse call	26 (2) (a)	Service Managers and ward staff to ensure that staff are always available to patients that are in	Service Managers	Complete

	system, patient safety needs to be reviewed, specifically in toilets, bathrooms and bedrooms on Adferiad and Clwyd wards to determine how in the absence of a nurse alarm call system assistance would be provided.		isolated areas. Zonal observation or enhanced observations to be utilized as clinically necessary		
14	Regular checks need to be introduced to ensure all food items stored in the rehabilitation kitchens are in date and safe to use and consume.	26 (2) (a)	Occupational Therapy / Activity coordinators and Ward staff to monitor consumable items in the rehabilitation kitchen and discard any items that are out of date`	All Clinical Staff	Complete
14	A designated individual needs to be allocated as the person in charge of a ward and one individual needs to be allocated with overall responsibility of the hospital during evening/nights/weekends.	20 (1) (a)	The service managers allocate the nurse in charge for the night and day staff during the Rota meetings on Monday mornings. In the absence of the service managers, the senior nurses oversee the process	Service managers and senior nurses	Complete
15	The patient administration records and individual medication boxes must be	15 (5) (a)	Service managers and senior nurses to check the administration records,	Service managers and senior nurses	Complete

	reviewed to ensure they tally.		medications records to ensure they tally and meet all regulatory requirements Weekly clinical audits to be completed Speeds pharmacy to complete random audits on the patient records	Speeds pharmacy	
15	A review of the observation and engagement forms on Glaslyn need to be undertaken to ensure they are routinely signed off by the nurse in charge.	15 (1) (a) (b)	Service manager and senior nurses to oversee the process of ensuring that all observation and engagement forms are fully signed off by • The staff on observation • Nurse in Charge • senior nurse / service manager	Service manager and senior nurse	Complete
15	The physical health needs of the patient group need to be closely monitored and a registered nurse is required to ensure the physical health	15 (1) (a) (b)	MHC have provided the funding for a Practice Nurse for New Hall and the other two Hospitals. Recruitment are in the process of recruiting an appropriate and	Recruitment department and Hospital manager	3 months

	needs of patients are appropriately addressed.		skilled nurse to fulfill the physical health requirements of patient, alongside the: • GP • Consultant Psychiatrist • Local Primary Services • Nurses in New Hall		
19	A review of the number of sources used to capture completed training data is required to ensure they all correspond.	9 (f)	MHC has reviewed the training program and process. The new training department will now oversee the training data and certificates to ensure consistency	People Service and Training department	2 months
19	A review of training, specifically MAPA, is required to ensure all staff members that have expired training receive an update as soon as possible.	20 (1) (a)	New Halls current MAPA training stats have been reviewed and Linda Hull has completed some recent training and has booked in additional training in conjunction with the training department. This is to ensure that all clinical staff are up to date with their MAPA training	Linda Hull and the Training department	1 month
19	All registered nurses must	20 (1) (a)	Service managers and senior	Service managers	Complete and

	know the patient group in sufficient detail.		nurses to continue to utilize supervision, reflective practice, and practice related feedback to ensure nurses are fully conversant on the patient group they are supporting	and senior nurses	on-going
20	Governance systems and processes must be improved at an organisational level to ensure appropriate levels of information are provided to inform the Registered Provider of patient outcomes and quality of the services delivered.	9 (o) & 19 (1) (a) (b)	New Halls Governance meets all regulatory requirement as outlined in the HIW inspection. The action relates to MHC's organizational Governance process that is currently under review, with a proposal structure in place. This has been developed in conjunction with key inspectorate bodies and commissioners	Ryan Sandick	Immediate
21	The issues identified need to be addressed, specifically the usage of a research based tool; sufficient detail obtained from MDT written notes and signatures; documented evidence that a patients medication regime has been discussed with them and	15 (1) (a) (b) (c)	As discussed during the inspection, New Hall has purchased the research and validated risk assessment 'START'. Training will be delivered in the coming month to ensure that staff are well versed in its application.	New Hall MDT Professionals / Senior Nurses and Service managers	3 months

	appropriate care plans developed for diabetes and other areas as identified.		A practice nurse will be employed to cater for the physical health requirements of the patient, alongside the MDT and GP practice. Ward staff to ensure that their patients receive patient information leaflets in easy read format as required. MDT professionals to ensure that they write comprehensive records and identify with the colour code system. Written content to be audited as part of the clinical file audit		3 months Immediate Immediate