

Mental Health Inspection (Unannounced)

Heatherwood Court:

Wards: Chepstow, Caerphilly,
Caernarvon and Cardigan

31 October, 1 and 2 November 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
- Implementation of Deprivation of Liberty Safeguards (DOLS).

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.

3. Context and description of service

HIW undertook an unannounced mental health visit to Heatherwood Court, Llantrisant Road, Pontypridd CF37 1PL on the evening of 31 October 2016 and all day on 1 and 2 November 2016.

Heatherwood Court is a purpose built hospital providing a service for patients with a diagnosis of mental illness, who may be liable to be detained under the Mental Health Act 1983. It was first registered with HIW in December 2007 and is currently registered to accommodate 47 patients of either gender. The patient area within the hospital is made up of four units, with a central communal area for activities called "The Hub".

Chepstow unit

A 12 bedded single gender low secure ward; male at the time of inspection.

Caerphilly unit

A 12 bedded single gender low secure ward; female at the time of inspection.

Cardigan unit

A 12 bedded single gender low secure ward; female at the time of inspection.

Caernarvon unit

An 11 bedded single gender locked rehabilitation ward; female at the time inspection.

All units are registered as single gender and can change between male and female depending on the current patient group.

During the three day inspection, although we visited all four units, we concentrated mainly on Chepstow and Caernarvon; 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 Peer Reviewer and three members of HIW staff.

4. Summary

Our inspection at Heatherwood Court hospital took place across all four units but concentrated mainly on Chepstow and Caerphilly. Overall, we found that the service provided person centred care that was safe and effective. We saw good therapeutic relationships and a cohesive staff team. However we did issue an Immediate Assurance letter regarding the care and treatment plans of one individual patient. A satisfactory response was received on 30/11/16.

This is what we found the service did well:

- Since the last HIW inspection there was an improvement in the standard of documentation and the company had commenced electronic records
- Evidence of established unit-based multi-disciplinary teams that provided patient centred care.
- Physical health assessment, monitoring and recording was comprehensive.
- Mental Health Act and Mental Health Measure documentation was comprehensive and compliant with the relevant legislation
- There was a wide range of activities available to patients both within the unit areas, around the hospital site and within local communities
- Positive relationships with patients' families
- There was a designated vehicle so that patients could access the community.
- Satisfactory completion rates of staff mandatory training.

This is what the service is required to improve:

- Improved medicine management audits
- Tranquilisation algorithms² need to be readily available on every unit
- Vision panels must be returned to closed to maintain privacy
- GP records should be incorporated into care and treatment plans
- Emergency equipment bags should be easily available at all times
- Improved audits to ensure consistent recording of health tools / recordings
- Update Statement of Purpose to reflect current service

² Rapid tranquilisation is the administration of tranquillising drugs with the aim of obtaining a state of calm as soon as possible in an acutely disturbed or violent patient.

- Audit of legal documentation in patients records to ensure that all are fully completed
- Review patient records to ensure documents are systematically filed.

5. Findings

Core Standards

Ward environment

All units at Heatherwood Court were single gender and each patient had their own individual bedroom. Patients could personalise their bedrooms and there was sufficient storage for individual patient's belongings. After a risk assessment, and providing there were no significant risks, patients were able to lock their bedrooms which staff could over-ride if required.

All units had patient areas over two floors. Patient bedrooms were not en-suite with some situated upstairs with shared bathroom, shower and toilet facilities whilst some were downstairs close to the nurses office. The downstairs areas also consisted of the main patient lounges, dining rooms and smaller rooms for patient meetings, therapies and visitors, along with additional toilets.

Overall we found the environment, furniture and fixtures at Heatherwood Court Hospital to be well maintained and suitable for the patient groups. However, we observed that the carpet in the downstairs lounge area on Cardigan unit was stained and worn and although there were twelve patients on the unit, there were only eleven comfortable chairs / settees. The registered manager told us they were awaiting delivery of one other comfortable chair. All living rooms were tastefully decorated according to the preferences of the current patients

We noticed that hand cleansing gel dispensers were located on the main entrances to each unit. This enables patients and staff to sanitise their hands which reduces cross infection.

Each unit had their own secure garden which patients could access. There was also a courtyard in the centre of the hospital, where patient congregated and socialised. This was also the smoking area. Patients had reported in the "4wardz" monthly meeting (a meeting where patients can raise issues concerning any general issue) that this area was bleak and uninviting. The registered manager has therefore arranged for a local artist to visit and consult with patients for ideas, with a view to painting murals with their assistance. This is an example of both good community involvement and providers listening to patients.

Although the units appeared clean and well maintained, the carpets in the ward offices on Cardigan and Caerphilly required renewal. This was

discussed with the registered manager who assured us that these carpets were already on order.

The ward office on Chepstow was very limited in space, became crowded with staff entering notes on records answering the phones and was very noisy, with an alarm going off in the office each time a patient exited their bedrooms. This environment was not considered conducive to staff health and well – being, or effective ward management.

Requirement

The registered manager in discussion with staff should review and consider improvements to this working environment.

Safety

We saw that all staff on the wards had safety alarms which, in the case of an emergency, would raise a warning to others.

During our inspection we saw that permanent staffing levels were insufficient to manage the challenging behaviour and risks posed by some patients. For example a significant number of patients required enhanced observations for their own safety and for the safety of others. To effectively provide this care there were a high number of agency staff supplementing the substantive staff. We were told that there were ten substantive posts vacant at the time of the inspection.

We also saw the use of patient at a glance boards³ on each unit with the exception of Chepstow unit. This was discussed with the unit manager and the registered manager and although there were plans to improve the process, until the improvements are in place we suggested the reintroduction of the current process.

We observed medicine administration to patients whilst we were on the units and found inconsistency in efficiency and safety across the hospital. On Caernarvon the drugs fridge, cupboard and trolley were unlocked. There was an incorrect balance in the controlled drugs book and a number of entries had not been countersigned. We discussed an error of incorrect balance on 3/10/16 with the unit manager and suggested this was pursued with the visiting pharmacist.

³ The PSAG (Patient Safety at a Glance) board promotes situational awareness for the entire clinical team.

Requirement

The registered manager must ensure that regular medicine management audits are undertaken to ensure correct recordings and safe medicine management.

Requirement

The registered manager should discuss the auditing of drugs with the visiting pharmacist.

On Cardigan unit we saw a more orderly management of medicines with medicine records and storage safe and correct. The process for administering medication to patients, although not unsafe, was cumbersome; with staff having to dispense in the clinical room, walk through the nursing office to give medication to patients through the hatch in the nursing office door. We discussed this with the registered manager who told us that this had already been identified and discussions for improved access were in place.

We asked to see the policy for rapid tranquilisation treatment but it was not readily available. There needs to be an algorithm to guide treatment which is easily available on every unit.

Requirement

The registered manager needs to ensure that there is a policy and an algorithm to guide rapid tranquilisation treatment easily available on every unit.

The multi-disciplinary team

All the staff we spoke with commented positively on multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a regular basis and all disciplines were represented including; consultant psychiatry, psychology, occupational therapy, social workers, medical staff and support staff.

We were told that MDT meetings were collaborative and that professional views and opinions from all disciplines were sought and staff felt respected by each other.

Psychology services were available for patients across the hospital; with ward based psychology and social recovery workers, who worked closely with nursing staff to deliver psychological therapies to patients.

New patients were assessed by the psychology service and interventions for patients then began. Patients generally received one, one-to-one session per week and attended group sessions if appropriate. Group sessions included substance awareness and misuse, thinking skills, anger management, mindfulness and compassion focus therapy (CFT).

There were independent advocates available and patients stated that access to the service was good. Patients also had access to the statutory Independent Mental Health Advocacy (IMHA) service. This service would be on a referral basis, patients could contact the service themselves or staff members would refer on the patient's behalf.

Privacy and dignity

The majority of patients we spoke with confirmed that their privacy and dignity was respected throughout the hospital. Almost all of the patients we spoke with said that when they were admitted they were given a patients guidebook, shown around the ward and a member of staff explained the daily routine. All patients had their own bedroom and were able to make it as homely as possible within their individual risk assessments. .

During our inspection we observed that some vision panels on patient bedroom doors were left in the open position, therefore impacting on patient privacy. We discussed this with the unit staff at the time and later with the registered manager. It was explained that the usual default position for vision panels was closed and only opened by staff to undertake observations and then reclosed.

Requirement

The registered provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and are not left open.

All patients had access to a telephone in order to keep in touch with family and friends. Patients were also able to use the unit office phones if the call was to contact professionals in relation to their hospital care.

All patients said they were able to meet with their named nurse in private and there were also rooms available for patients to meet with family and friends in private.

There was a room at the entrance to the hospital where children could visit family members. Although we saw some reading books, there was very little else to keep children occupied. It would be beneficial to have toys available to make the visit less stressful.

We were told that Heatherwood Court does not have a dedicated seclusion room. Patients' challenging behaviours are managed by low stimulus environments (such as their bedrooms, de-escalation and diversion techniques and the use of the systematic and recognised approach to the

management and prevention of aggression adopted by the organisation. This ensures that dignity is maintained at all times.

Patient therapies and activities.

There was a wide range of well maintained facilities to support the facilitation of therapies and activities. The hospital employs occupational therapists, and life skills coaches. The different disciplines of staff we spoke with were very positive about this arrangement and felt that the units were able to offer a wide range of activities for patients.

On admission every patient was assessed and provided with an individual timetable that included various therapeutic activities as well as unit-based activities. There were opportunities for literacy and numeracy classes which could lead to formal qualifications and the possibility of a college course for some patients. Many patients were attending life skills classes which included shopping and cooking. There was a DIY workshop, a gym, art and crafts, including pottery classes. We visited the coffee shop and general shop where patients could work to gain customer and retail skills.

Patients had access to laundry facilities so that they could maintain or learn these practical skills ready for discharge from hospital. .

Patients who were well enough to leave the unit could access the local shop in the village as well as visiting Pontypridd and Cardiff as part of the occupational therapy programme.

We observed on the female units that patients who chose to remain on the units were involved in art and crafts, board games, computer games, reading books and newspapers, model making, playing cards and watching TV. However the male patients told us that the computer had broken a few weeks ago and there was very little else to do.

General healthcare

To assist with monitoring the physical health of patients the hospital had employed a GP who held clinics at the hospital three times a week. Staff and patients told us that the physical health of patients was a high priority at the hospital and the GP was very pro-active.

We discussed communication and the recording of any consultations / treatment and found that the GP records were independent to the hospital records; although they were stored on site and were accessible in an emergency. It would be advisable if the treatments prescribed by the GP were recorded as part of the care and treatment plans.

Requirement

The registered manager should ensure that all patients care and treatment are documented in a central record to allow sharing of health information.

There was a main clinic / treatment room where the GP was based. This was also where the emergency first aid equipment was stored. This equipment is essential for the critical care of patients and is usually required in an emergency situation. However, access could be restricted if the GP was examining a patient and the door to the room was locked. We suggested that more of the emergency equipment bags were purchased and were stored nearer to the wards. The registered manager was in agreement.

Requirement

The Registered Provider must ensure that there are sufficient amounts of emergency equipment / bags which are easily available in an emergency.

We also saw evidence of Well Women Clinics, Healthy Eating sessions, smoking cessation classes and looking after own health skills. Patients would be escorted to visit the local dentist or optician if and when required.

Staff on the units had started using the The National Early Warning System (NEWS)⁴ system for some patients. However this was not completed regularly and there were significant gaps in the entries. This resulted in one patient diagnosed with possible sepsis⁵ not having any recordings for a month. If the hospital is introducing specific health tools it needs to be consistent and the rationale for using the tool should be recorded

Requirement

The registered manager must ensure that all documentation is consistently completed and the rationale for using specific health tools should be recorded.

Food and nutrition

There were kitchens on each unit for patients to access their own hot and cold drinks.

⁴ The NEWS system assists healthcare staff to consistently detect deterioration in patients' condition, so that they can call for urgent medical help.

⁵ Sepsis is also referred to as blood poisoning or septicaemia. It is a potentially life-threatening condition triggered by an infection or injury.

All food was prepared and cooked in the main hospital kitchen from which the units were served. Patients told us that overall they were satisfied with the quality, quantity, variety and choice of meals. This was a regular topic on the 4wardz meeting agenda and any requests were openly discussed.

The menus were on a four week rotation basis which, we saw, gave patients a variety of options for meals and snack. Staff told us that patients with specific/special diets were catered for and patients with diabetic needs confirmed that this was the case.

There was sufficient fresh fruit provided to each unit for patients to eat and drinks and snacks were available outside of meal times. Patients could buy and store their own food. The units also had a take-away evening or patients could purchase food in the coffee shop if they wished.

Training

We looked at a sample of seven staff files and found that overall the structure of the files was consistent with evidence of; references, disclosure and barring service checks (DBS) and an open recruitment process. These files did not include records of supervision or annual appraisals; these were stored, locked on the units. Staff also told us that they can attend weekly group psychology reflections sessions if they wish to do so.

Staff also told us that some agency staff did not have the same training in areas such as restraint and that this was an issue at times. We discussed this with senior management and were assured that the agency had recently accepted an offer to undertake the same restraint training as the hospital to ensure consistency in techniques, which would provide safer practice for patients.

The registered manager confirmed that the hospital used the same agency staff where possible to maintain continuity of care for patients. We asked to see the induction training for the agency staff and although some records were forwarded to HIW electronically, other requested records were unavailable

We reviewed the training records and although there were some gaps, on the whole training was accessible and up to date. Staff said that they would benefit from further emergency training specific to their area of work.

Requirement

The registered manager, as part of the annual appraisal process should discuss training needs of staff in relations to their personal /

professional development and meeting the potential emergency needs of patients in relation to their area of work.

Governance

We read the current Statement of Purpose⁶ and saw that it still referred to Heatherwood Court as a medium secure hospital. The hospital changed to low secure approximately a year ago and therefore the document needs updating.

Requirement

The registered manager needs to ensure that the statement of purpose is current and sets out the current service offered.

We looked at the complaints system and found that, although we couldn't access all areas, we were satisfied that the records were of a very good quality, with clear detailed descriptions, acknowledgements and independent investigations.

Incidents were recorded electronically and we found they were of variable quality. All described the incident but some lacked information regarding the lead up to the incident; others did not record the actions or follow up after the incident. These omitted details may constrain the ability to learn lessons.

We saw minutes of regular management meetings for the registered manager, clinical lead, unit managers, operations manager, house keeping, catering, psychologists, occupational therapists, life skills coaches and patients. This assured us that communication was open and lines of accountability were clear.

We observed the delivery of care throughout our visit and saw good therapeutic relationships being maintained. There was a cohesive team, working in the best interest of patients at all times. Leadership, in most areas, was effective, with newer managers requiring some support to learn different processes.

There was one patient who was of concern to both the hospital staff and HIW reviewers. It was increasingly evident that the hospital could no longer offer the level of security that the patient required and this was having a negative effect on the patient involved, other patients, therapeutic relationships and staff morale. We discussed the situation at length with senior staff and the police and although the hospital were very reluctant to serve notice on the patient, as there was a duty to care, the commissioning authority (the health

⁶ The document which sets out the terms and conditions of the service being provided by a registered service.

board that placed the patient in Heatherwood Court) were slow to review the case. **HIW served a non-compliance notice on Heatherwood Court to ensure that all documentation regarding this patient was current and correct. This assurance was received on the 21/11/16.** HIW in their capacity as regulators of health care in Wales have written to the commissioning authority outside of this report to gain assurance that this patient receives appropriate care in an establishment which meets the identified needs and within the least restrictive means.

We saw records of provider visits which were in line with regulation 28(2) of the Independent Health Care (Wales) Regulations 2011.

We also saw the results of the 2016 service user satisfaction survey, which indicates that the service is listening to what their patients want. Results were positive and complementary to the service provision.

Application of the Mental Health Act

We reviewed a total of seven sets of mental health documentation which were kept within patients' files, from three of the four wards. We found that they were well maintained and systematically filed. This allows for ward staff to easily verify legal status and review information on patients.

Patient Detention

For each of the detentions under Section 2, *Admission for assessment*, or Section 3, *Admission for treatment*, at least one of the doctors providing the recommendation was Section 12 approved. The statutory documentation stated why detention under the Act was the most appropriate way of providing care. All statutory documentation had been completed correctly.

Where patients were detained under Part 3 of the Act, *Patients Concerned in Criminal Proceedings or Under Sentence*, copies of the documentation relating to their detention was available within their files.

Ongoing detention

Where patients had been subject to the renewal of detention, the correct prescribed forms had been satisfactorily completed within the required timescales.

Appealing against detention

Patients had been informed of their right to appeal against their detention; it was evident that if patients wished to appeal to the Hospital Managers' Hearings and Mental Health Review Tribunals that the processes were followed. Hearings were held within the correct detention periods.

Section 132 provision of information

There was clear evidence that patients were provided with regular information about their detention and their rights under the Act. When necessary, where patients refused to engage with staff or were unable to understand the information, staff would regularly attempt to provide the information to patients.

An Independent Mental Health Advocate (IMHA) from the designated independent mental health advocacy service attended regularly at Heatherwood Court. Patients spoke positively about the service provided.

Consent to treatment

We saw that the documentation for Patient subject to Consent to Treatment provisions of Section 589 of the Act were correctly documented and authorised. Where applicable a copy of the consent to treatment certificates were kept with the patients' Medication Administration Record (MAR Chart). Where a Second Opinion Appointed Doctor (SOAD) had been required to

authorise the consent to treatment certificate, a record of this process was entered in to the patient's notes.

Section 17 leave of absence

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed.

It was also recorded in patients' notes; how well leave went and any issues or concerns that occurred during the leave period, however we found many of the forms did not record the return to unit time.

Requirement

The registered manager must ensure that all legal documentation is fully completed.

Some patients said that they did not always receive their leave on the date arranged due to staffing issues. We discussed this with the registered manager who confirmed that on occasions this was the case. However this leave would not be forfeited but would be arranged within that month. We saw that the hospital made innovative arrangements to ensure patients accessed their section 17 leave. For instance on Caernarvon unit all patients were from outside Wales and home leave could be difficult due to the distance and staffing. However one patient was taken to Bristol train station and arrangements made for safe travel home. This was clearly risk assessed, documented in the care plan and agreed by the MDT.

Monitoring the Mental Health Measure

All 46 of the 47 patients currently at Heatherwood Court were subject to the Mental Health (Wales) Measure 2010, the one remaining patient was on leave.

We reviewed four sets of patient care and treatment plan documentation.

It was noted that the patients had two sets of Care Plan files, one specific to mental wellbeing and one for physical health. We saw that patients views were evidently considered throughout the care planning process.

Overall we saw evidence of good record keeping with unmet needs recorded, care plans reflecting the mental health measure and clear evidence of interventions and who has responsibility for delivery. All records demonstrated that consideration was given to pre-discharge and after care planning although this could be documented in a clearer, systematic manner.

Requirement

The registered manager should ensure that care plans are maintained in a systematic order.

6. Next Steps

Heatherwood Court 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 health board's Improvement Plan should clearly state when and how the findings identified at Heatherwood Court Hospital will be addressed, including timescales.

The health board's 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 inspection process.

Appendix A

Mental Health/ Learning Disability: Improvement Plan

Hospital: Heatherwood Court

Date of Inspection: 31 October, 1 and 2 November 2016

Page Number	Recommendation	Action	Responsible Officer	Timescale
Page 10	The registered manager in discussion with staff should review and consider improvements to this working environment.	<p>This has been discussed in various forums including local governance in December 2016 and there are no plans to relocate the nurses' station.</p> <p>The nurses' station was moved last year after lengthy discussion with the staff team, the board and the estates department in order to provide a larger quiet room for patient use.</p> <p>An air conditioning unit will be requested through our Estates</p>	Carla Rawlinson	14 th December 2016


		<p>Department and the desk provision will be reviewed.</p> <p>The unit manager and psychosocial recovery worker have been issued with laptops so that their work can be more portable. In addition this situation was exacerbated for a prolonged period in relation to a patient safety need as the upstairs workstation was not accessible for use. This situation has now been resolved.</p>		
Page 11	The registered manager must ensure that regular medicine management audits are undertaken to ensure correct recordings and safe medicine management.	<p>Visiting pharmacy supply medication management folders for all Units and undertake weekly audits which produce actions for various clinicians to address. Unit Managers will then ensure all actions are addressed.</p> <p>The Unit Managers will ensure that weekly checks are undertaken to ensure audit of controlled drugs.</p> <p>Unit Managers will ensure clinical</p>	Unit Managers	31 st January 2017

		rooms are audited daily to ensure cupboards and trolleys are locked.		
Page 11	The registered manager should discuss the auditing of drugs with the visiting pharmacist.	A meeting will be arranged with visiting pharmacist as well as the existing arrangements where the pharmacist discusses any issues with clinicians following audit.	Carla Rawlinson, Registered Manager/Rebecca Conlon, Clinical Lead Manager	31 st January 2017
Page 11	The registered manager needs to ensure that there is a policy and algorithm to guide rapid tranquilisation treatment easily available on every unit.	The policy working group are reviewing this policy in collaboration with the visiting pharmacist. Once ratified the RM/CL will ensure all Nurses are aware of the policy and undertake Ashtons e-learning in regard to rapid tranquillisation . In the meantime an algorithm poster widely used in the NHS has been requested for display in each medication room.	Carla Rawlinson Registered Manager Rebecca Conlon Clinical Lead Manager All Nurses	31 st March 2017
Page 12	The Registered Provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and are not	The local procedure surrounding this will be identified as a theme for staff supervisions throughout December 2016 and January 2017 to remind staff	Unit Managers	31 st January 2017

	left open.	of the importance of privacy and dignity.		
Page 13	The registered manager should ensure that all patients care and treatment are documented in a central record to allow sharing of health information.	All MDT members and qualified nurses have access to the shared drive that holds patient care plans. GP entries are available to everyone on Carepartner.	Carla Rawlinson/IT dept	2 nd November 2016
Page 14	The Registered Provider must ensure that there are sufficient amounts of emergency equipment / bags which are easily available in an emergency.	<p>This issue was discussed at local governance in December 2016. Our view is that we have sufficient emergency equipment for the site and as this equipment has been held centrally in the GP room since the hospital opened in 2007 there are concerns that changing this would impact on the speed with which staff currently access the emergency equipment.</p> <p>The Health and Safety Manager has formally said that we are covered in terms of what equipment we have at Heatherwood, where it is stored and how much we have. (The Health and</p>	Carla Rawlinson, Registered Manager	14 th December 2016

		<p>safety (First Aid) regulations. Provision 3 of the regulations.</p> <p>The only suitable alternative areas for an AED to be held would be in medication rooms on the units. It is noted that access could be restricted by the GP's use of the room however this is only two days out of seven and it is our view that access to this equipment could be equally restricted in terms of only qualified nurses having fob access to medication rooms whereas all staff have fob access to the GP room. In addition access is more likely to be restricted by patient behaviours on a unit and distress may be caused to patients seeing staff enter to retrieve emergency equipment.</p> <p>Finally if a medical emergency arose when the GP was on site we would expect her to provide assistance, patients always have a staff chaperone so would not be left</p>		
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		<p>unattended.</p> <p>An anti-ligature privacy screen/curtain to be placed around the examination couch is being ordered through the estates team.</p> <p>Oxygen is risk assessed to be held in the GP room only.</p>	Andy Keen, General Manager	31 st January 2017
Page 14	The registered manager must ensure that all documentation is consistently completed and the rationale for using specific health tools should be recorded.	An SBAR form to be used in conjunction with NEWS charts which clearly evidences what action to take based on scores has been developed by the Clinical Lead Manager, this has been shared by e-mail and is currently being reinforced face to face with each nurse by the clinical lead manager. It has already been fully introduced and is in use on one unit and is being introduced to the remaining three units.	Rebecca Conlon, Clinical Lead Manager	31 st January 2017
Page 15	The registered manager, as part of the annual appraisal process should discuss training needs of	New performance management processes have been developed by the central HR team and training on	Andy Keen, General Manager	1 st May 2017

	staff in relations to their personal / professional development and meeting the potential emergency needs of patients in relation to their area of work.	this has been delivered to all staff with managerial/supervisory responsibilities including senior support workers. As part of this new process it is anticipated that all staff will have a personal development plan in place to commence in May 2017.		
Page 15	The registered manager needs to ensure that the statement of purpose is current and sets out the current service offered.	An annual review will take place in January and the statement of purpose will be amended to reflect the new RI. However the current version of the statement of purpose number 8.5 submitted by Andy Mallet in January 2016 makes reference to the building meeting medium secure standards but clearly lists patients requiring medium security the exclusion criteria.  Heatherwood Court Statement of Purpose	Carla Rawlinson, Registered Manager	31 st January 2017
Page 17	Non-compliance notice The registered provider must ensure that the documentation pertaining to this individual patient	I can confirm, as the registered manager and on behalf of the registered provider, that as a multidisciplinary team we have now updated the documentation pertaining	Carla Rawlinson	14 November 2016

	(HT) is current and reflects the care and treatment delivered.	<p>to the identified patient thus ensuring as per Regulation number 23(1)(a)(i)(ii) that his care and treatment plans are current and fully reflect the patient's lack of engagement and breakdown in therapeutic relationships. In addition we have amended the recent multi-disciplinary team records in respect of the check box to reflect that this patient is no longer suitably placed as per the free text and details in the minutes.</p> <p>We continue to press ABM University Health Board to transfer the patient, notice having expired, but are having no meaningful engagement on their plans to transfer the patient.</p>		
Page 19	The registered manager must ensure that all legal documentation is fully completed.	Raise as an agenda item at unit team meetings in January 2017, followed up by an e-mail to staff with yes/no voting buttons attached to allow for monitoring of staff awareness regarding accurate and full completion	Unit Managers / Senior Support Workers	31 st January 2017

		of S17 leave documentation.		
Page 20	The registered manager should ensure that care plans are maintained in a systematic order.	A care and treatment plan audit has been undertaken by the Clinical Lead Manager to review consistency across units. This will be repeated in February 2017 to monitor actions and improvements and 3 monthly thereafter. Monthly unit manager file audits continue and are reviewed for compliance at local governance meetings.	Rebecca Conlon, Clinical Lead Manager, Unit Managers	28 th February 2017