Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Focussed Review: Staffing, Governance, Patient Incidents and Patient Care Documentation (Unannounced)

Hillview Independent Hospital

Inspection date: 17, 18 and 19 January 2021

Publication date: 30 April 2021

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: **0300 062 8163**

Email: **hiw@gov.wales**

Fax: **0300 062 8387**

Website: **www.hiw.org.uk**

Digital ISBN 978-1-80195-354-2

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice**
Influence policy and standards:	**Use what we find to influence policy, standards and practice**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced focussed inspection of Hillview Independent Hospital on the 17, 18 and 19 January 2021. This service was previously inspected in December 2019 and this visit was prompted by a number of concerns being reported to HIW.

Hillview Hospital – Regis Healthcare Ltd

Hillview is an Independent Hospital and is registered to provide child and adolescent Mental Health Services to females aged between 13 (thirteen) to (eighteen) years of age who are diagnosed with a mental disorder and who may be liable to be detained under the Mental Health Act 1983. The hospital has three wards:

- Brenin ward – 12 bedded unit, used for admissions
- Ebbw ward – 6 bedded ward. Transition ward, with all admissions coming from Ty Seren ward on an identified discharge pathway.

How did we do this?

The team comprised of two members of HIW staff who visited the hospital. This arrangement was due to the Coronavirus pandemic and the need to reduce the number of people attending the hospital to minimise any risk to patients and staff at Hillview hospital.

The review was carried out over a night/early morning and one other full day and one other half day and focussed specifically on:

- care plans and risk assessments
- patient observations
- staffing including; the use of agency
- safeguarding/Incidents/patient concerns
- Governance and audit.

2. Summary of our inspection

We observed a good rapport between staff and patients throughout the inspection. The staff team were committed to providing a high standard of care to patients.

We reviewed some good examples of patient care plans and risk assessments. However we found that a number of care plans and risk assessments that had identified self-harming behaviours did not have sufficient detail in the documentation to ensure these were being managed appropriately.

We found the personal alarm system for staff and visitors was not fit for purpose and required immediate attention to ensure staff, patient and visitors' safety.

There were some comprehensive governance and audit systems in place. Our review of the pharmacy audit and restraint data did highlight issues that we asked the registered provider to review and submit their findings to HIW.

Our inspection found that there were some areas of noteworthy practice, these are set out below:

- We observed staff interacting with patients respectfully throughout the inspection
- Due to COVID-19, video calling could be used by patients to maintain contact with family and friends
- There were a good range of therapies, recreational and social activities offered to the patients
- We found some good examples of care plans and risk assessments
- We reviewed some comprehensive governance and audit reports

However, we identified the service was not compliant in a number of areas detailed below;

- A review of care and treatment plans highlighted a number of concerns. Specifically, some care plans lacked explicit detail concerning how identified risks need to be managed. Wound care was also poorly documented in terms of how staff should monitor wounds for improvement/deterioration

- The personal alarm system for staff and visitors was not fit for purpose. When an alarm was activated the incorrect location was displayed on the panel in the nurses' office. No staff responded to the alarm because it can only be heard if staff were in the ward office

- A review of the comprehensive restraint data showed significant high numbers of restraints taking place. Whilst the numbers included data for patients who received restraint whilst undergoing nasogastric[1] (NG) feeding and patients who were subject to a "soft" restraint the number of restraints still seemed excessively high.

- Environmentally, we found the carpet on the stairway to the first floor was marked and stained. In addition, there were bits of what appeared to be fluff and paper debris on the carpet. These areas require action to maintain a good standard of cleanliness

- The clinic room on Ebbw ward was very congested with old medication books that required archiving and boxes stored above the medications cupboard that appeared to overhang and could potentially fall. The drugs cupboard was also full and required sorting to ensure medications were being used in a systematic order

- Issues identified from the pharmacy audit need to be reviewed and the outcome reported to HIW.

These are serious issues and resulted in the issuing of a non-compliance notice to the service.

[1] Nasogastric intubation is a medical process involving the insertion of a plastic tube through the nose, past the throat, and down into the stomach.

At the time of publication of this report HIW has not received sufficient assurance that appropriate action has or will be taken to address the improvements required in relation to our observations around high numbers of restraints.

3. What we found

Quality of Patient Experience

We observed staff interacting and engaging with patients appropriately and treating patients with dignity and respect.

Patients had a range of educational opportunities, recreational activities and therapies available to them both within the hospital and the community.

We spoke with staff and some patients during the visit, to ensure that the patients' perspective is at the heart of our approach to inspection.

Dignity and respect

During the inspection we observed staff interacting and engaging with patients appropriately and treating patients with dignity and respect. We heard staff speaking with patients in calm tones throughout our visit and observed positive professional engagement and interaction between patients and staff.

The staff we spoke with were enthusiastic about their roles and ensured they supported and cared for the patients appropriately.

All patients had their own bedrooms with en-suite facilities. Bedroom access is monitored throughout the week to encourage engagement with their education and therapeutic activities. Patient bedrooms can be personalised, however, the degree of personalisation was dependant on the behaviour and risk assessment of each patient.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. The hospital had a visitor room for patients to meet with their family and friends. Due to the pandemic, alternative arrangements were in place, including video calling to enable patients to maintain contact with family, friends and other professionals, including advocacy.

Delivery of Safe and Effective Care

We found some aspects of the patient care documentation and risk assessments required improvement to ensure patients were receiving safe and effective care. We identified a lack of detail in patient documentation for wound care and self-harming behaviours and how these identified risks are to be managed.

We found the hospital environment was equipped with suitable furniture, fixtures and fittings for the patient group. Improvement is required to ensure cleanliness is maintained due to the stained carpet and bits of debris (fluff and paper) on the floor that was observed on our night visit.

The personal alarm system requires urgent attention to ensure staff safety is maintained. Activated alarms are not responded to due to wrong location being displayed on the activation panel in the nurse's offices and alarms can only be heard if staff are situated in the nurse's office on each of the wards.

Managing risks and promoting health and safety

Access to the hospital building was direct from the car park which provided appropriate access for persons with mobility difficulties. Visitors were required to enter the hospital via a reception area which helps to deter unauthorised persons from entering the building. Access through the hospital was restricted to maintain the safety of patients, staff and visitors.

Staff had access to personal alarms, a pager and hand held portable two-way radios. All visitors who have contact with patients are issued with a personal alarm for the duration of their visit. During our inspection we found that the alarms provided were not fit for purpose. On 18 January the Inspector requested that a member of staff on Brenin ward activate their alarm, in the nurses' office, to assess the level of responsiveness from the other staff. The Inspector and the member of staff waited over 10 minutes and no other member of staff arrived at the office to establish why an alarm had been activated.

When an alarm is activated, the location of the person activating the alarm is displayed on a panel located in the nurse's office. During the test described above, the location of the alarm, that was activated, did not correspond with the location shown on the display panel. In addition, the sound that came from the panel in the office could only

be heard there, so unless staff were present in the offices located on the wards no one was aware of their activation. One member of staff stated that pagers were also available, however upon further investigation it was established that only a small minority of staff had a pager and no staff on Brenin ward, at the time of the test activation of the personal alarm, was carrying one.

The issues identified above were also confirmed by staff in our discussions with them. Staff confirmed that they relied upon the two-way radios instead of personal alarms. However, when a change of shift takes place, there are not sufficient numbers of radios and furthermore some are not fully charged for the next shift.

These issues identified pose a significant safety risk for staff, visitors and patients. We recommended that the hospital review their safety system and ensure the system is fit for purpose and that activated alarms can be responded to in a timely manner.

The hospital appeared well maintained and suitably furnished. The furniture, fixtures and fittings at the hospital were appropriate for the patient group.

Improvement needed

The registered provider must ensure that personal alarms used at the hospital work and that staff can respond to an activated alarm promptly, regardless of location. In addition, sufficient numbers of alarms are required for staff on all shifts and for visitors.

Infection prevention and control (IPC) and decontamination

Generally, throughout the inspection we observed the hospital to be visibly clean and free from clutter. However, at the time of our inspection on the 17 January, we noted some areas that appeared unclean. The stairway leading to the first floor had carpet which was stained. In addition, there were bits of what appeared to be fluff and paper debris on the carpet that indicated a lack of housekeeping at weekends. Staff told us that there was no housekeeping staff at weekends and we recommended that this is reviewed and changed to ensure cleanliness is maintained at all times.

Due to the COVID-19 pandemic, all staff and visitors have their temperatures checked upon arrival. Hand sanitiser and face masks are available and these are required to be worn by staff and visitors throughout the hospital. Staff told us they had access to appropriate personal protective equipment (PPE) and cleaning equipment.

The hospital had two patient bedrooms that were used to shield patients who may present with any symptoms of COVID-19. In addition, staff testing for COVID-19 was in place due to a member of staff who had tested positive.

Improvement needed

The registered provider must ensure that hospital cleanliness is maintained at all times, including having housekeeping staff at weekends. The carpet on the stairs, leading to the first floor must be thoroughly cleaned and/or replaced to ensure compliance with infection prevention and control standards.

Medicines management

On the first night of our inspection, the clinical room on Ebbw Ward was untidy and congested. The drugs cupboard was very full and required sorting to ensure medications were being used in a systematic order.

There were completed/old medication books (drugs liable for misuse and controlled drugs) and filing that required archiving. A container stored on top of the drugs cupboard required moving because it had the potential to fall.

These concerns were raised with staff at the time. The registered provider must ensure that the clinical area is maintained to an appropriate level of cleanliness and is an organised workspace.

Improvement needed

The registered provider must ensure clinical areas are organised and free from unnecessary clutter to enable a safe working space for nurses

Safe and clinically effective care

A total of 6 sets of patient care documentation were examined from Brenin ward throughout the 3 day inspection.

We found good examples of care plans and risk assessments in place, specifically for Patient D. The care plan identified that this patient can be physically aggressive towards staff. We found that the care plan and risk assessments had sufficient interventions documented to ensure safe care of the patient.

Of the other care plans we reviewed, we identified a number of areas that required improvement. The following observations were made:

The care notes for patient A were examined on the 18 January and the following observations were made:

- The 24 hour therapeutic engagement record on bathroom privacy did not provide sufficient detail in terms of the patient's access to toiletries. The care plan requires specific details to clearly state if the patient can have full access to their toiletries or if staff are required to dispense quantities of products when required
- It was documented that the patient will require nasogastric (NG) feeding, but there was no care plan in place covering this process/procedure
- The risk reduction care plan stated "attempt grounding techniques with me", but there were no techniques listed. In addition, the notes stated "when the nurse comes they will monitor if I am calming down", but again there was no specific detail on how this is managed.

The care notes for patient B were examined and it was observed that:

- The patient has a history of self-injurious behaviour and detailed information is required for how and when staff need to intervene when head banging behaviours start
- The risk reduction care plan stated "attempt grounding techniques with me", but there was no entry on how this should be achieved.

The care documentation for patient C was examined and it was noted that:

- The patient has a history of self-injurious behaviour and the wound care plan on the system had been archived due to a previous wound closing. However, there was no up to date wound care plan in place that clearly described and measured the newly opened wound. Without a comprehensive wound plan in place, staff would not be able to effectively monitor any progress or deterioration in the wound in a timely manner
- During periods where the patient's behaviour is unsettled and presenting an increased risk of self injury caused by head banging, the level and timing of intervention needs to be detailed within the 'maintaining a safe environment' section of the care notes.

The care documentation for patient E was examined and it was noted that:

- The patient exhibits head banging behaviours but the care documentation needs to fully describe how and when intervention is required to manage this.

The care documentation for patient F was examined and it was noted that:

- There was no written detail in the care documentation under the "attempt grounding techniques" section
- The patient requires 5:1 care, however during our observations we saw as many as 9 staff members present with the patient. Whilst it may be necessary to change staff because of prolonged levels of restraint, having so many staff

in a confined area appears excessive and requires review to ensure the environment remains safe for staff and not overly crowded for the patient.

Care documentation for patient G (Ebbw ward) were examined and the following observations were made:

- The 24 hour therapeutic engagement documentation dated 17 January 2021 had not been completed since lunch time. Despite the patient declining offers of food and drink at various times throughout the day, the documentation did not record the refusals. Therefore it appeared from the documentation that the patient had had been offered very limited fluid that day.

The issues identified in this section present an increased risk of harm to patients. We could not be assured that care was being provided in a manner that ensures the welfare and safety of the patient. The absence of specific detail in the care plans and risk assessments outlined above meant that staff did not have a framework to guide them and enable them to deliver safe and effective care.

During the inspection we received comprehensive data regarding the number of restraints that take place across all wards on a monthly basis. A review of this data showed significant high numbers of restraints are taking place. Whilst the numbers included data for patients who received restraint whilst undergoing NG feeding, patients who were subject to a “soft” restraint and reflect the numbers of challenging patients that the hospital currently cares for, the number of restraints recorded appeared excessively high. Therefore the registered provider is asked to review this data and provide evidence to HIW that the level and number of restraints is proportionate and always used as a last resort. A further breakdown of the data is required to identify which restraints were as a result of NG feeding and “soft” restraint. This further analysis must be shared with HIW as a matter of urgency.

Improvement needed

The registered provider must ensure that there are comprehensive risk assessments and care plans in place that provide specific and sufficient detail that enable staff to clearly provide continuity in the delivery of safe and effective care.

The registered provider must review the restraint data to ensure that the level and number of restraints is proportionate and always used as a last resort. A further breakdown of the data is required to identify which restraints were as a result of patients receiving NG feeding and subject to a “soft” restraint. This further analysis must be shared with HIW as a matter of urgency.

Quality of Management and Leadership

We found a clear organisational structure was in place at Hillview, which provided clear lines of management and accountability.

We saw some comprehensive systems of governance and audit in place to ensure the hospital focussed on continuously improving their services.

Staff had a programme of mandatory training in place as well as receiving supervision and appraisals. This ensures staff keep their skills and knowledge up to date.

The pharmacy audits highlighted issues that we require the registered provider to review and submit their findings to HIW.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

The pharmacy audits reviewed highlighted an issue regarding medication on a T3 form[2]. We requested the registered provider review the issues highlighted within the audit and submit their findings to HIW. It was also unclear why the audit referenced the English Mental Health Act documentation rather than the Welsh.

In addition, the robustness of the organisation's care plan audits need to be reviewed considering the issues we identified, which are listed in the previous section. As a result of these findings, we could not be assured that the registered provider's audit

[2] A T3 form is used in England by a Second Opinion Appointed Doctor (SOAD) to certify that medication for mental disorder treatment is appropriate in the case of a detained patient who is either refusing or incapable of giving consent.

systems were effectively assessing and monitoring quality, nor that they were robust in their ability to identify, assess and manage risks relating to the health, welfare and safety of patients.

Improvement needed

The registered provider must review the actions highlighted in the pharmacy audits and submit their findings to HIW

The registered provider must ensure that care plan audits for all patients on all wards are effective at identifying issues of concern and tracking the completion of corrective action.

Workforce recruitment and employment practices

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability.

The majority of staff we spoke to told us staffing numbers were sufficient to care for the patient group. A night-time coordinator provides cover to enable nursing staff to take their breaks. Due to the level of patient observations that were in place at the time of our inspection, a high amount of agency staff were being used to manage any shortfall. We were told that where possible, agency staff were being blocked booked to enable consistency of care for the patient group.

Whilst there were a number of registered nurse vacancies, there was evidence that the hospital was attempting to recruit into the vacancies. At the time of the inspection there were seven registered nurse post vacancies. In addition to some other vacancies, including a ward doctor, teacher and two ward managers, the hospital had recruited a number of healthcare support workers. This provided an increase above their core numbers.

Improvement needed

The registered provider must continue their programme of recruitment to ensure sufficient staffing levels are in place to provide a safe environment

Workforce planning, training and organisational development

The hospital had a programme of mandatory training in place. The staff we spoke to said they had received a range of training and during the visit we noted that training was taking place.

Discussions with staff confirmed that team meetings take place. Staff said they felt up to date regarding any actions/issues arising. In addition, staff told us they received supervisions sessions and staff appraisals were undertaken.

4. What next?

Following the visit HIW held a service of concern review meeting where it decided, due to the findings of the inspection, that a non-compliance notice should be issued.

The areas for improvement identified in this report and the non-compliance notice are presented in the improvement plan that can be found at Appendix A. This includes details of action being taken by the provider to address the issues raised. At the time of publishing this report HIW is sufficiently assured that that appropriate action is being taken but we will be monitoring the service closely to ensure improvements are embedded within hospital practices and are sustained permanently.

Appendix A – Improvement plan

Service: Hillview Independent Hospital

Date of inspection: 17, 18 and 19 January 2021.

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Patient Experience				
No issues identified at this inspection				
Delivery of safe and effective care				
The registered provider must ensure that personal alarms used at the hospital work and that staff can respond to an activated alarm promptly, regardless of location. In addition, sufficient numbers of alarms are required for staff on all shifts and for visitors.	Regulation 15 (2)	The Regis Healthcare Ltd (RHL) Board of Directors have authorised and made funding available for a new alarm system to be installed at Hillview Hospital. ● The Management Team and the IT Department have consulted Alarm companies and obtained a quote (see embedded document). ● An extensive site survey has been carried out by alarm companies and the Hillview Team. ● Projected date of installation of the alarm system to commenced from the 29/03/2021.	**Eric Pwamang**	**29th March 2021**

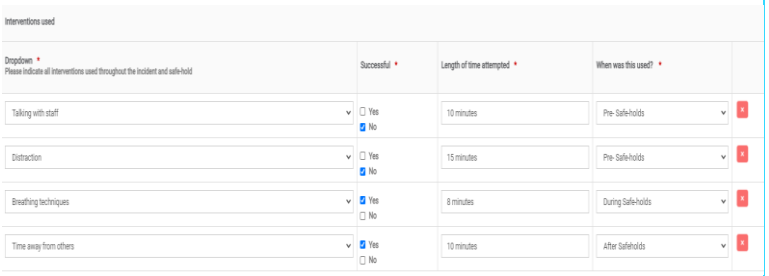
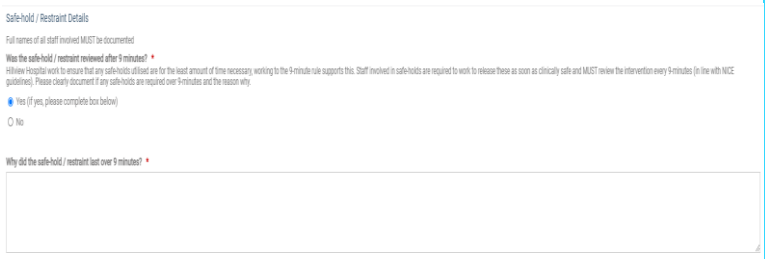
Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that hospital cleanliness is maintained at all times, including having housekeeping staff at weekends. The carpet on the stairs, leading to the first floor must be thoroughly cleaned and/or replaced to ensure compliance with infection prevention and control standards.	Regulation 26 (2) (a) and (b)	The Regis Healthcare Ltd HR department has recruited into the Housekeepers position with a full team of 5 cleaners who cover the full week (7 days) for all areas of the hospital. Regis Healthcare Ltd has also completed the laying of new carpets in all of the communal areas and areas identified by HIW in their January 2021 visit. The Carpets have been replaced. The Regis Healthcare Ltd Board has approved funding to re-invest and refresh the whole hospital.	**Deborah Fry/Ben Morgan** **Ben Morgan**	**Complete and continued monitoring.** **Complete and continued monitoring.**
The registered provider must ensure clinical areas are organised and free from unnecessary clutter to enable a safe working space for nurses	Regulation 15 (5) (a) and (b)	The Regis Healthcare Ltd Hospital Management team have instituted a daily regime of Quality Walk/spot checks so as to check various aspects of the service operations including; the environment, health and safety of the hospital, patient concerns etc. A report is shared with the ward manager at morning meetings so as to ensure that concerns are readily remedied.	**Ashburn Svinurai**	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that there are comprehensive risk assessments and care plans in place that provide specific and sufficient detail that enable staff to clearly provide continuity in the delivery of safe and effective care.	Regulation 15 (1) (a), (b) and (c)	The Regis Healthcare Ltd has a weekly audit process for Risk Assessments and Care Plans which supports the daily updates on Care Plans and Risk Assessments for clinical teams in the hospital. The reviewing of risks and updating care plans are integral to the morning meeting during weekdays and through the manager on-call/senior nurse at weekends. Senior managers of the Hospital Management Team have also been carrying out a 2 weekly care plan and Risk assessment surgeries (see attached) so as to imbed the culture into the hospital. Clinical formulation meetings are also held once a month. These are multi-disciplinary and multi-agency formulation meetings to share crucial information and to jointly draw up risk management plans. Risk formulation meetings are held in order to manage heightened risks.	**Dr. Lisa Thomas-Gray & Ashburn Svinurai**	**Complete and continued monitoring**
The registered provider must review the restraint data to ensure that the level and number of restraints is proportionate and always used as a	Regulation 15 (1) (a), (b) and (c) and Regulation 16 (2) (b)	The provider, Regis Healthcare Ltd – RHL (Hillview Hospital) has engaged with comparable services to try to benchmark the levels of restraints in CAMHS LSU services. Hillview hospital in its bid to continually	**Dr. Lisa-Thomas Gray**	**Ongoing**

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
last resort. A further breakdown of the data is required to identify which restraints were as a result of patients receiving NG feeding and subject to a “soft” restraint. This further analysis must be shared with HIW as a matter of urgency.		ensure that restraints are proportionate, are part of the young person’s care plan and are always used as the last resort have committed circa £20000.00 in the training of our own staff to become train the trainers who have started training staff from the hospital service. The values of RHL (Care, Compassion, Courage, Communication, Commitment and Competence) are central to their delivery of the training which re-emphasises “de-escalation before hands-on every time. The trainers will champion and role model the reduction of restraint by also using Positive behaviour support knowledge/skills. They will be ward based when they are not tutoring and training others which will further help with embedding practice and culture. They will be exemplary role models and role model/promote the use of verbal interventions. Recent data from restraints in Hillview Hospital (RHL) has seen a month on month decrease in the number of restraints in the hospital with the RHL looking to further decrease the occurrences. RHL has also been noted to use very low amounts of “chemical		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		restraints" and will continue to monitor this trend so as not to rely on "chemical restraints". The team at Hillview Hospital work hard to ensure that if hands-on are required it is the last resort and done for the least amount of time whilst ensuring that safety, privacy and dignity is maintained at all times. The incident review forms which staff complete during each incident contain a section whereby they are required to enter which interventions are used during the incident to reduce the Young Person's level of distress. The form allows staff to indicate techniques used prior, during and post incident, the successfulness of them and duration used (figure 1). This provides the team with increased data to monitor the effective strategies used with each Young Person which are then fed back to the wider team. The ability to log pre, during or post "incident" information has recently been added to provide further data to support the young person and the care team. In addition, the care team work to a '9-minute rule' for incidents where hands-on are required to maintain safety of a young person. The '9-minute' rule involves		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		the team supporting the Young Person to review the necessity of the safe-hold every 9 minutes whilst working to release holds at this time. If it is deemed clinically necessary to Staff (mainly the Nurse in Charge/ “incident lead”). Staff are also required to carry out “post restraint de-briefs” with the young person to ascertain their experience of the restraint and to learn from it. There is a mandatory section to be completed with the rationale for this (figure 2) for each hold. The rationale for this is reinforced to staff during induction training, additional training sessions, handover, morning meetings and in care plans. Staff (mainly the Nurse in Charge) are also required to carry out “post restraint de-briefs” with staff so as to reiterate good practice and to learn from each other on how they could have carried out the restraint to facilitate a better experience for the young person and the staff team. Regis Healthcare Ltd has also started a Restraint/Least Restrictive Practice Newsletter which will be published on a 2 monthly basis so as to inculcate a culture of “least restrictive” behaviours and practices (Attached first iteration).		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Figure 1- Example of interventions which can be logged  Interventions used Dropdown * Please indicate all interventions used throughout the incident and safe-hold Successful * Length of time attempted * When was this used? * Talking with staff — Yes / No — 10 minutes — Pre- Safe-holds Distraction — Yes / No — 15 minutes — Pre- Safe-holds Breathing techniques — Yes / No — 8 minutes — During Safe-holds Time away from others — Yes / No — 10 minutes — After Safeholds **Figure 2 – Example of staff needing to record why a hold lasted over 9 minutes**  Safe-hold / Restraint Details Full names of all staff involved MUST be documented Was the safe-hold / restraint reviewed after 9 minutes? * Yes (If yes, please complete box below) No Why did the safe-hold / restraint last over 9 minutes? *		
Quality of Management and Leadership				
The registered provider must review the actions highlighted in the pharmacy audits and submit their findings to HIW	Regulation 19 (1) (a) and (b)	The Medical Director and Responsible Clinician written response to the queries raised is as below	**Dr Anand Pananjape**	**Complete and continued monitoring.**

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		which indicates there was some need for clarity by the team: “With regards to YP1, she has been on CO3 and she has never been on T3. With regards to YP2 who is now discharged, she has been on CO3 and has never been on T3. With regards to YP3, she has been on T3 certificate which was completed on 22nd of April 20 and she has not been on CO3. I hope this clarifies the issues raised. Kind regards Anand”		
The registered provider must ensure that care plan audits for all patients on all wards are effective at identifying issues of concern and tracking the completion of corrective action.	Regulation 19 (1) (a) and (b)	The Regis Healthcare Ltd has a weekly audit process for Care Plans which are supported by daily updates for clinical teams in the hospital especially at ward rounds, primary nurse 1:1’s and morning meetings.	**Dr. Lisa Thomas-Gray**	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		The reviewing and updating care plans are integral to the morning meeting during weekdays and through the manager on call/senior nurse at weekends. Senior managers of the Hospital Management Team have also been carrying out a 2 weekly care plan and Risk assessment surgery (see attached) so as to imbed the culture into the hospital. Clinical formulation meetings are also held once a month. These are a multidisciplinary and multi-agency formulation meetings to share crucial information and to jointly draw up risk management plans Risk formulation meetings are held in order to manage heightened risks.		
The registered provider must continue their programme of recruitment to ensure sufficient staffing levels are in place to provide a safe environment	Regulation 20 (1) (a)	The Regis Healthcare Ltd HR department have been very successful in a long running recruitment campaign and regularly running induction programmes for new recruits of an average of 9 new Health Care Support Workers every month. The Department has recruited 107 healthcare workers in the last year (2020). We have a total of 124 core healthcare support workers employed (110	**Deborah Fry**	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		full-time, 14 part-time). This is 40 above the initial 84-core establishment required. We continue to build our register of bank Healthcare Support Workers and have 11 currently employed on our bank register. The recruitment of Nurses continues to be a national challenge.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Eric Kasise Pwamang

Job role: CEO

Date: 05/03/2021