



Independent Mental Health Service Inspection (Unannounced)

Hillview Independent Hospital

Inspection date: 15 – 17 November 2021

Publication date: 8 July 2022

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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 independent mental health inspection of Hillview Independent Mental Health Hospital on the evening of the 15 November and the following day, 16 and 17 November 2021.

Hillview is an independent hospital and is registered to provide child and adolescent Mental Health Services to females aged between 13 (thirteen) to 18 (eighteen) years of age who are diagnosed with a mental disorder and who are detained under the Mental Health Act 1983. The hospital has three wards:

- Brenin Ward – Admissions Ward
- Ebbw Ward – Transition Ward
- Ty Seren Ward – Admission Ward

Our team, for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one expert by experience reviewer. A HIW inspector led the inspection.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We identified a number of areas that required significant improvement particularly around Infection Prevention and Control, Medication Management and Governance and Leadership. Due to concerns about patient safety, we issued a Non Compliance Notice, where we write to the service immediately after our inspection with our findings requiring urgent remedial action.

Significant improvements were also required in the completion of clinical documentation to accurately and clearly record the care provided at the hospital.

We identified concerns regarding the frequency of incidents. Whilst the service looks after a complex patient group, frequency of incidents was noted to be an issue at both this and the previous inspection, and the service needs to do all it can to manage and mitigate these incidents and ensure that all incidents are recorded.

The governance and audit processes at the hospital were inadequate and failed to monitor and maintain quality and safety at the hospital.

This is what we found the service did well:

- We observed a good rapport between the patients and staff
- Some patients we spoke with were positive about their experience at the hospital
- The Mental Health Act documentation we reviewed was completed to a good standard
- The completion of mandatory training.

This is what we recommend the service could improve:

- Action is required to ensure governance processes operate as effectively as possible
- Cleanliness of hospital and clinical rooms
- Management and storage of medication
- Organisation and completion of care plans
- Improve details recorded in incident forms with more robust analysis.

We had some immediate concerns about patient safety which were dealt with under our non-compliance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. These were in relation to the delivery of safe and effective patient care.

Details of the immediate improvements required are summarised below and the actions the provider has/is taking to address them are provided in Appendix B:

- The hospital failed to provide a clean and safe environment
- The medication fridge on Ty Seren Ward was unlocked and the inside of the fridge was dusty and contained spilt liquid medication
- We were not assured that safe administration, dispensing and disposal of medication was being used and properly audited at the hospital, resulting in direct risk to patient safety
- The system of recording and monitoring of incidents where restraint was used to manage patients was not effective, it did not provide assurance that all incidents are being accurately recorded
- Inspectors identified an incident that HIW referred to the local authority safeguarding process
- Care plan records were not comprehensive and were difficult to find and navigate
- Governance and audit processes at the hospital failed to maintain quality and safety at the hospital.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed.

3. What we found

Background of the service

Regis Healthcare Limited is registered to provide an independent hospital for Children and Adolescent Mental Health (CAMH) patients at Hillview Hospital, Ebbw Vale, Gwent NP23 5YA.

The service has three wards that provide care to people under the age of 18 years. The service was first registered on 15 January 2014

The service employs a staff team which includes the responsible individual, registered nurses, and health care support workers. The multi-disciplinary team includes psychiatrists, psychologists, assistant psychologists, occupational therapists, technical assistants, teachers, teaching assistants and activities coordinators. There was also a large administrative team which supported the clinical teams in the daily running of the hospital.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed that staff interacted with patients respectfully throughout the inspection.

Further improvements can be made to the ward environment to make it a more welcoming and interesting for the patient group. A greater focus on maintaining a clean and tidy environment throughout the day would also help provide a better patient experience.

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

Health promotion, protection and improvement

Within the hospital there was a range of relevant information leaflets for patients, families, and other visitors. These areas contained information on mental and physical health and well-being.

There was a school within the hospital, known as Ty Seren, which provided patients with educational input whilst being cared for at the hospital. The school had dedicated teaching and support staff to facilitate lessons. However, we noted that the classroom only had tables and chairs and did not have any educational resources or posters on the wall to make it a more interesting and welcoming environment for the patients.

There were a range of resources available in the hospital including arts and crafts, books, and board-games. The input from occupational therapy technicians and senior support workers helps provide a range of activities, within the hospital and the community. Patients also had access to a hospital gym which was well equipped and suitable for the patient group.

On the first night of the inspection the main patient areas on both wards had debris and dust on the carpet floors and food wrappers were discarded on the

floor. These areas appeared very untidy but had been cleaned when the inspection team returned the following day.

We saw some patients taking part in activities with staff and observed some good engagement and interactions. When staff did engage, it was done appropriately, however we also saw occasions where there was not engagement.

Patients were able to access GP, dental services and other health professionals in the community as required. Staff had access to designated hospital vehicles which enabled staff to facilitate patients' activities and medical appointments in the community.

Hillview Hospital is a non-smoking unit, smoking is not permitted anywhere within the building or the hospital grounds. There were garden areas which the young people could access and there was also an area where family pets could attend and visit the patients.

There were posters in the ward areas relating to healthy eating and five ways to well-being.

Improvement needed

The registered provider must ensure that:

- The hospital remains clean and tidy at all times
- The environment is improved to make it more pleasant and interesting for patients
- All staff have good interaction with patients when on observations.

Dignity and respect

We noted that all employees, ward staff and senior management, interacted and engaged with patients appropriately and treated patients with dignity and respect.

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

We observed staff taking time to speak with patients and address any needs or concerns the patients raised; this demonstrated that staff had responsive and caring attitudes towards the patients.

The hospital policies and the staff practices we observed contributed to maintaining patients' dignity and enhancing individualised care at the hospital.

During the first evening of our inspection a patient information board containing names and observational levels of patients on Ebbw ward was uncovered and was in a patient area. The registered provider must ensure that this board is covered to protect patient confidentiality.

The registered provider's statement of purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

The bedrooms in the hospital offered adequate storage and patients were able to personalise their room with pictures and posters. Patients could not lock their bedroom doors, however doors could be closed depending on patient risk. On the first night of the inspection, we noted that all patients were observed in their bedrooms with their doors open. Patients told us that staff generally respected their privacy and dignity.

Improvement needed

The registered provider must ensure that staff maintain patient information confidentially within the ward offices.

Patient information and consent

The hospital had a written statement of purpose and a patient information guide which was made available to patients and their relatives/carers.

We saw advocacy posters which provided contact details about how to access the service. Advocacy information and registration certificates from Healthcare Inspectorate Wales, along with information on the complaints process and how to raise a complaint were also on display.

It was positive to note that staff had made efforts to contact Advocacy on behalf of the young people who had raised concerns that Advocacy had not been contacting them when requested. Entries in patient notes confirmed that staff would follow up these requests on behalf of the patients.

Due to Welsh Government restrictions associated with the Coronavirus (COVID-19) legislation, Advocacy were no longer visiting patients. However, patients were able to contact a representative of the statutory advocacy service either by telephone or making an appointment to speak to a representative which would be facilitated via video call.

There was a sensory room¹ available on Ebbw Ward which can be of benefit for patient with a diagnosis of Autistic Spectrum Disorder (ASD) or Learning Disability at the hospital. We noted that there were no easy read or plain English versions of documents for patients, however we were told that these were available and could be printed when required.

Improvement needed

The registered provider must ensure that information is available in easy read format for patients.

Communicating effectively

Through our observations of staff-patient interactions on the wards it was evident that staff ensured that they communicated with patients effectively. Staff took time to undertake discussions using words and language suitable to the individual patient. However, in meetings attended by some patients with the multi-disciplinary team, medical language was used, and speech was not adjusted to make it easy for patients to engage or fully understand.

Staff spoke to the young people in terms of their engagement, compliance and dietary intake as opposed to them asking in familiar language how they felt their care was going, or if they had any concerns or wanted to change anything related to their care.

It is important that young people are involved in discussions about their care and that the words and style of communication used by the multi-disciplinary team enables the young person to gain full understanding and share how they are feeling.

In addition, during the MDT meetings we observed there was a lack of discussion and debate. It is important that every member of staff contributes to discussions and all views are considered and discussed when making important decisions on a patient's level of risk and needs. Staff we spoke with also indicated that they

¹ A sensory room is a special room designed to develop a person's sense, usually through special lighting, music, and objects. It can be used as a therapy for children with limited communication skills.

have little engagement with the senior management team and rarely see them on the wards.

The registered provider should encourage staff to have their voices heard during meetings. Professional debates with all members of staff should be encouraged to ensure that all views and opinions are valued and considered. In addition, the multi-disciplinary team and the hospital directors should reflect on the comments made by staff and consider how they can be more present on the wards to engage and support staff.

Improvement needed

The registered provider must ensure that:

- Multi-disciplinary team communicate with young people using language that is easily understood
- Multi-disciplinary team have meaningful discussions with the patient and involve the patient in the discussion
- Multi-disciplinary team and hospital director spend more time in ward areas.

Care planning and provision

Each patient had their own individual activity planner which included individual and group sessions, based within the hospital and also the community when required authorisation was in place.

Staff and patients spoke very favourably regarding the activities and the occupational therapy team. Some of the young people had also achieved educational qualifications whilst at the hospital.

Throughout the inspection we observed patients participating in individual and group activities within the hospital.

Equality, diversity and human rights

Established hospital policies and systems ensured that patients' equality, diversity, and rights are maintained. Mental Health Act detention papers had been completed correctly to detain patients at the hospital.

Due to Welsh Government restrictions associated with COVID-19 legislation, visitors were not allowed on to the hospital wards. However, some patients could

meet with family and friends within the hospital grounds. All patients could maintain contact with family and friends by telephone and video calls.

Citizen engagement and feedback

There were regular patient meetings and surveys to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback. We saw evidence of recent patient surveys and action plans demonstrating how the hospital was implementing improvements and changes based on the outcome of the patient survey.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital. It was evident that an independent person is assigned to investigate the complaint and actions were taken in line with the registered provider's complaint policy to ensure that complaints were dealt with appropriately.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Legal documentation to detain patients under the Mental Health Act were compliant with the relevant legislation.

Clinical rooms were very disorganised and untidy and medication audits were not regularly completed. We identified out of date medication and that some medication was not being stored correctly.

Care plan documentation we viewed was not completed with explicit details to accurately document the clinical and therapeutic needs of each individual patient. The registered provider has insufficient patient record quality audit procedures to ensure that patient records are completed in sufficient detail, and to improve clinical records, care, and practice.

In addition, the registered provider must improve the completion and analysis of incident forms and ensure that all staff are able to complete the forms.

Managing risk and health and safety

The hospital car park can be secured via a locked gate and access is gained via the intercom for visitors or an electronic key fob for staff. This is to deter unauthorised persons from attempting to enter the building. However, the gate was open on the first night of the inspection and the inspection team were able to access the car park easily.

Visitors were required to enter the hospital via a reception area and register on arrival. The hospital was organised over two floors. There was level access to the main entrance and ground floor with a lift available to provide access to the first floor. These arrangements allowed patients and visitors, including those with mobility difficulties, safe and easy access to the unit. Access through the hospital was restricted for safety reasons.

Staff wore personal alarms and radios which they could use to call for assistance if required. There were also nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required.

On the first night of the inspection whilst having a tour of Ebbw Ward the electronic key fob to gain entry into the ward area was not working correctly. The staff member swiped the key on a number of occasions before we gained access onto the ward. The staff member advised us that this sometimes happens. It is important that all electronic key fobs work correctly and are reliable so staff can enter secure areas without delay during an emergency.

Staff told us that the lift had broken in Ebbw ward. Some patients on Ebbw Ward had additional mobility needs and using the stairs was difficult for them. It is important that the lift is fixed to ensure patients or visitors can use the lift if required. In addition, we noted that the air conditioning unit in the quiet room on Ty Seren had broken.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These identified potential ligature points and what action had been taken to remove or manage these.

There were weekly audits of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

Improvement needed

The registered provider must ensure that:

- Hospital gate is always locked
- All electronic key fobs to access the ward areas are working correctly
- Confirm that the broken lift on Ebbw Ward has been repaired
- Confirm that the air conditioning unit on Ty Seren has been repaired.

Infection prevention and control (IPC) and decontamination

The inspection team considered the hospital environment during a tour of the hospital on the first night and the remaining days of the inspection. The

inspectors' observations concluded that there was not a clean environment provided on all wards and staff areas. This was because:

- A torn mat with exposed foam was noted in the quiet room
- Cobwebs were visible in the nurse's office on Ty Seren Ward. The office was cluttered, and food was stored in this area
- Cobwebs on ceiling and dust and debris on shelves in clinical room on Ebbw Ward
- Unpleasant smell from the bin in the occupational therapy storage room bin on Ebbw Ward
- Unclean medication fridges with spilt liquids
- Unpleasant odours were prevalent in a number of the bathroom areas. We recognise that this may have been due to recent use however the lack of ventilation in these rooms means that unpleasant odours can linger. The bins were also full of paper towels and require emptying more often.

There appeared to be systems of regular audits in respect of infection control. However, the audits we examined did not reflect the issues we identified during the inspection as highlighted above. Consequently, based on the findings above we would query the effectiveness of the environmental audits. The registered provider needs to improve governance and oversight of this audit activity through supervision or spot checks to establish if the recordings of the audits accurately reflected the environment.

There was also confusion amongst staff in regards to their roles and responsibilities. Some staff told us that night staff were responsible for cleaning and organisation of the clinical areas, whilst other staff told us that cleaning staff or day staff are responsible for organisation and cleaning of the clinical areas. The registered provider must ensure that all staff have a clear understanding on their roles and responsibilities.

Two of the patient fridges on Ty Seren Ward , although clean, contained open food items without expiry dates and cereal decanted from original boxes were also missing expiry dates. The equipment used to heat patients' food was not clean and was sticky and dusty.

In Ebbw Ward the patients' kitchen had a staff bottle of liquid drink in the fridge with no name on it. There were two bottles of ice cream sauce with no opening dates and two soft drink bottles with no opening dates. The registered provider

must ensure that foods contain details on when a product is opened, the use by date and the patients' name. In addition, staff food and drink should not be stored in patient fridges.

Hospital laundry facilities are available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs.

We saw evidence to confirm that Hillview updated relevant policies and procedures to meet the additional demands of 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. Each ward had areas set aside where if a patient became symptomatic, they could be isolated, and barrier nursed in their bedroom within a protected area. None of these areas were required at the time of inspection.

Regular communication via meetings and emails ensured everyone has up to date advice and guidance on COVID-19.

Improvement needed

The registered provider must ensure that:

- A robust system of governance is in place to monitor and supervise that environmental audit are completed accurately
- All staff have an understanding on their roles and responsibilities
- Foods contain details on when product is opened, the use by date and the name of the patient
- Staff food and drink items are not stored in patients fridges.

Nutrition

Patients were provided with their meals at the hospital. The hospital had a three week rotation menu with options for lunch and evening meals, this included gluten free and vegetarian options. The menu displayed near the kitchen area shows a choice of meals.

Patients also had access to snacks and refreshments and some patients on Ebbw ward had access to facilities to prepare their own meals. There was a

hot/cold drinks machine in a room off the ward which patients could access to make a drink accompanied by staff.

Posters about healthy eating and five ways to well-being are displayed in the ward areas.

There were a number of patients who required nasogastric (NG) feeding at the hospital. However, in one patient's records we viewed we noted that the patient was eating meals but was having their medication given to them via a NG feed.

There was no evidence in the patients care plan supporting this intervention. In addition, there was no justification or rationale recorded as to why this patient was receiving their medication via NG feeding. The registered provider must ensure that all decision making around administering NG feeding is documented and justified.

In addition, the patient's care plan and minutes of the meeting when this decision was made, must be updated so that staff have the relevant knowledge and understanding as to why this type of intervention is required. The registered provider must be able to demonstrate that all other less intrusive measures of providing medication have been tried, and that the medicines used are safe for administration in this way and comply with medication guidelines.

Improvement needed

The registered provider must ensure that:

- Decisions to administer medication via NG feeding is documented and justified
- Details of the NG feed are documented in patient care plan and minutes where this decision was made are available for staff to check
- Administration of medication via NG feed complies with medication guidelines.

Medicines management

The clinical rooms on Ty Seren and Ebbw Wards were very untidy and disorganised. Cupboards in both clinics had not been emptied for some time and shelves were dusty and dirty.

We observed one staff member attempting to find an NG connection and due to the disorganised cupboard, the staff member was unable to easily locate this

item. In addition, we found batteries, envelopes containing cash, and nail clippers being stored in the drugs cupboard on Ebbw Ward.

On the first night of the inspection the medication fridge on Ty Seren Ward was unlocked and there was evidence of dust and a spillage of liquid inside the fridge. The fridge contained expired Lorazepam medication which had an orange sticker stipulating that it had been opened on the 26 June 2021 and had expired on the 26 September 2021.

We also noted the following expired medication being stored in the medication cupboard on Ty Seren Ward. Tegretol tablets expired on 2 February 2021. This issue was also dealt with under our immediate improvements process.

The following medications in Ty Seren Clinic had expired:

- Cavilon cream expired 21 July 2021
- Fusidic Acid opened 24 July 2021. Manufacturers information on box states expires 4 weeks after opening tube
- Flaminal forte expired September 2021
- Calamine lotion expired 22 October 2021.

In addition to the above, there were two green medicines return bins stored behind clinical waste bin under sink in Ty Seren clinic room. One bin was dated 30 December 2020 and was full of medication but not closed. An inspection team member was able to retrieve two strips of medication from the bin; both bins were covered in dust and sticky. Cleaning materials were also stored on shelves in clinical area alongside medications.

In Ebbw Ward clinical area the following issues were identified:

- Hypoglycaemic box expired 30 November 2020
- Out of date forceps
- Old prescription sheets not filed away
- Old patient records and other miscellaneous paperwork by the side of the fridge
- Box of eye wash with 1 bottle open contained no date and faulty top.

We reviewed a sample of medication charts in both clinical rooms and found all to be correct with the exception of Ty Seren Ward, there were 15 missing entries

between October and November 2021 in the Controlled Drug book with only evidence of one signature.

The issues highlighted above regarding medication and the observations on the clinical rooms being disorganised and untidy highlights lack of robust audits taking place. As mentioned in the environmental section of this report, clinical audit documentation appears to be in place. However, these audits did not accurately reflect the findings of the inspection team when they reviewed the environment and documentation previously audited by the provider.

The above facts highlighted that there are no governance oversight, supervision or spot checks to establish if the recordings of the audits accurately reflected the medication and clinical environment. The medication expiry dates suggests that accurate audits at the hospital had not been completed for some time.

The hospital uses a system for ordering medication, and we saw that there was medication available for emergency use, however this was due to expire in December 2021. We were told that due to the hospital being declared as 'being in incident' due to positive COVID-19 cases, the external pharmacy was no longer visiting weekly to oversee any medication use and undertake any audits. In the absence of external pharmacy audits, the registered provider must ensure that clinical room audits are completed at the required frequency.

There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature. Staff had access to all relevant medicine management policies at the hospital along with the current British National Formulary (BNF)*2. The drug administration policy was also available to staff in both clinic rooms.

Improvement needed

The registered provider must ensure that:

- Clinical room is organised, clean and tidy
- Expired medication is disposed of

*2 British National Formulary is a pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about individual medicines.

- A robust system of governance is in place to monitor and supervise that clinical and medication audit are completed accurately
- Clinic room audits are completed at the required frequency
- Controlled Drugs book are completed correctly with no missing entries
- Improve lighting in clinical room on Ebbw Ward.

Safeguarding children and safeguarding vulnerable adults

The hospital had a designated social worker. Staff told us that that there were good links with the local authority's adult safeguarding team. Whilst there was a process in place for reporting safeguarding concerns, during an interview with a patient they disclosed that the actions of staff impacted upon her feeling safe at the setting and during physical interventions she felt intimidated by staff actions and how they communicated with her. We escalated these concerns. This was also dealt with under our immediate improvement process.

Medical devices, equipment and diagnostic systems

Weekly audits of resuscitation equipment take place and staff documented when these had occurred to ensure that the equipment was present and in date. However, we found an emergency 'grab bag' and oxygen stored on a wall behind office door on Ty Seren that was dusty and the booklet for checklist of equipment was worn with frayed pages.

Improvement needed

The registered provider must ensure that medical devices are clean and checklist booklet is replaced.

Safe and clinically effective care

We have identified areas for improvement throughout this report that require meaningful action in order to ensure safe and clinically effective care is provided at Hillview.

Previous inspections undertaken by HIW keep on highlighting similar issues with the provider. The service tends to improve after an inspection; however, the improvements are not sustained long term. The registered provider must demonstrate that they can make improvements and sustain improvements to

ensure that patients at the hospital are being provided with safe, consistent, and effective care.

As identified during previous inspections, Hillview Hospital have processes in place to manage and review risks and maintain health and safety at the hospital; these remained in place at the time of this inspection, however supervision monitoring, and compliance with these processes needs to be improved.

The number of restraints continue to remain high, even when considering the high needs of the patient population. Staff told that us that restraint was a daily occurrence due to the nature of the client group. Improvements had been made in the recording and interpretation of restraint data after previous inspections. However, improvement is still required in terms of detail of the incident and why a particular type of restraints is chosen over other less restrictive interventions.

During meetings we attended staff spoke about the use of supine restraints taking place. No discussions, debates or professional curiosity took place as to why this type of restraint was used. The registered provider must ensure that there is analysis of incident restraints to identify what worked and what didn't work. This should include why seated restraint was ineffective and floor restraint being required, specifically supine restraints which should always be used as a last resort. This can help staff learn from incidents and restraints and ensure that effective and appropriate restraints are used in the future.

In one set of patient notes examined, information on the restraint form was conflicting. Information recorded indicated that the restraint lasted 30 minutes to an hour and in later entry it states restraint lasted 3 minutes. This form was also lacking descriptive detail. The registered provider must ensure that all restraint data is captured correctly, accurately recorded and ensure that forms are robustly monitored and scrutinised.

In another patient incident form where a patient sustained an injury it was difficult to understand exactly what had taken place during the incident and there was lack of detailed description recorded on the incident form.

Some staff informed us that staff who are required to complete the form according to procedures did not always do so. Staff told us that there are occasions where they fill in forms for staff who are unfamiliar with the forms. Staff told us due to the excessive amounts of incidents that occur, they often did not have time to complete incident forms within their working day.

The hospital director was able to provide evidence of audits and data analysis on incidents. The above evidence outlined that further improvements, and more

robust supervision over incident report recordings and accurate audit completions is required.

It is essential that staff complete incident forms with a detailed description of what has taken place. Training for completion of these forms must be provided for staff unfamiliar with the process. The registered provider must intrusively supervise staff to ensure all staff are complying with policies and procedures when completing incident forms.

Improvement needed

The registered provider must ensure that:

- More robust monitoring, supervision and compliance is given to managing risk and safety at the hospital
- Descriptive detail of incident recording continues to improve
- Staff who are unfamiliar with content of incident forms receive training
- Monitor staff compliance with policies and procedures for completion of incident forms
- Staff complete incident forms for all incidents that take place at the hospital.

Participating in quality improvement activities

During our discussions with the new hospital director, she provided us with examples of where they are reviewing the service provision and looking to develop some aspects of the hospital. Plans for developing an outside area for the patients, consist of a cycle track and an astro turf area. In addition, the hospital director was looking to develop more sensory areas.

Records management

Patient records were electronic, and password protected to prevent unauthorised access and breaches in confidentiality.

Some documentation was difficult to find even with the assistance of staff. This is documented in the care planning section below.

All patients have a 'This is me Care Passport' which included key information such as, things you must know to keep me safe, things that are important and likes and dislikes of the patient. This demonstrated that the hospital made sure that health care professionals had a good understanding on information that was important to the patient.

Mental Health Act Monitoring

We reviewed the statutory detention documents of 3 patients across the hospital.

The Mental Health Act documentation and supporting processes are currently being managed on a temporary basis by the personal assistant to the hospital director. The newly appointed Mental Health Act Administrator is due to start in December.

All records were found to be compliant with the Mental Health Act and the Mental Health Act Code of Practice for Wales (the Code). Robust systems of audit were in place for management and auditing of statutory documentation. There were clear records of patients being informed of their statutory rights verbally and in writing, regularly throughout their detention.

Patients' detentions were reviewed within timescales at hospital managers' review panels. There was clear evidence of patients being invited to appeal through a formal process and of being actively supported to do so through the Mental Health Act Administrators office, advocacy services and the MDT who provided well written, comprehensive reports for these appeals.

Mental Health Review Tribunals and Hospital Managers Review Panels had been held virtually throughout the pandemic.

Although Mental Health Act documentation was fully compliant with the Mental Health Act there was no front sheet with patient details, which would make any future audit or review easier to complete. We would advise that the hospital includes a front sheet containing patient details.

All staff have Mental Health Act training as part of the induction programme and specific mental health training is part of staff mandatory training modules.

Overall, the Mental Health Act documentation was well organised however we did identify that section 17 leave forms did not document any patient involvement.

An audit of each patient's Mental Health Act documentation had been completed between June and August, however there was no audit summary available to highlight any issues or further actions which needed to be taken.

There was evidence that mental capacity to consent had been assessed on admission, but it was in the form of a running record in the clinical notes. There was no evidence of a more formalised capacity assessment with clear criteria being completed (see National Institute for Health and Clinical Excellence Guideline (NG108))

Improvement needed

The registered provider must ensure that:

- Section 17 leave forms document patient involvement
- Audit summaries of records are available
- Evidence based assessments for capacity are included in Mental Health Act records.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of four patients.

Care plan records were not comprehensive, and it was difficult to establish locations of care plans at the hospital. Even with staff assistance, some staff could not direct us to the care plans and the information we required.

Attempting to follow the care and treatment of an individual was complex and time consuming across the individual sources. This would be of particular concern for an agency member of staff attending the ward for the first time where it would be very difficult for them to understand patient behaviours and the appropriate actions to take to manage them.

The difficulties the inspection team encountered with patient care plan documentation highlighted that it would make it very difficult for unfamiliar staff to locate the vital information they need to care for patients safely and effectively.

Of the care plans we reviewed; we identified some areas that required improvement:

- Care plans did not always demonstrate patient involvement or clearly record the views of the patient

- The risk reduction plan for a patient known to head bang lacked detail around managing this type of challenging behaviour. Instead, it referred the reader to a generic head banging protocol which does not provide specific guidance for staff on when and how they should intervene when head banging behaviours start for this particular patient
- It was unclear if risks are being regularly reviewed or management plans updated after incidents
- No evidence of care plans being signed
- There was no evidence to demonstrate that care plans are being regularly assessed and monitored.

In addition to the above, a patient who had returned from hospital did not have a care plan in place following discharge from hospital as to how the injury should be managed. There was no evidence that the Personal Emergency Evacuation Plan had been updated to reflect limited mobility.

There were no details on any future hospital appointments. Further examination of this patient's contemporaneous notes highlighted three episodes of non-epileptic seizure. We could not find any additional notes to determine when or how these non-epileptic seizure had occurred. There was no evidence of any physical health assessments being undertaken on this patient for the seizure episodes.

The inspection team witnessed this patient appearing to faint in the car park of the hospital. Following that incident, we reviewed the notes. There was no evidence of any physical observations being taken, no notes to direct how to manage future fainting incidents and this incident was not mentioned in any contemporaneous notes.

In another set of notes examined we identified that a patient had been involved in a significant number of incidents since admission to the hospital. However, the care plan failed to identify any changes to the care and treatment plan following incidents. The weekly care plan review from June 2021 – August 2021 states 'care plan reviewed and remains relevant'.

In addition, the above patient's risk assessment contained the following information. It is documented between January – August 2021 "Patient displays aggression to others", however the risk assessment from April – November 2021 stated, "No recorded risk to self". Considering the number of incidents this patient had been involved with, a care plan focussing on how to manage the behaviours should have been developed to support the patient and also staff involved in the incidents.

The most recent risk assessment was updated to reflect that the patient was having suicidal ideations, but we were unable to locate a plan for how staff were managing this concern.

In addition, an entry in the above patient's notes related to a different patient whose name is repeated twice in patient's record. This is a breach in information governance and demonstrates lack of attention by staff when recording information in notes.

Further records viewed highlighted that some patients' records did not evidence physical assessments taking place. In one patient's record we reviewed the National Early Warning Scores (NEWS)³ charts which identify risks of serious illness. There were occasions where scores of 3 were recorded and there was no evidence this was escalated or reported.

All the above issues further highlight that there is a deficiency in the audits taking place. In order to improve patient care and safety it is essential that accurate, consistent, and robust audits take place in order for the hospital to assess, evaluate and improve patient care and staff practices.

These matters were also dealt with under our immediate improvements process.

³ identify paediatric patients at risk for clinical deterioration

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Throughout the inspection, staff demonstrated their commitment to provide care for patients within the hospital. It was also positive to see the progress patients had made since our last inspection.

The governance and audit processes at the hospital still require improvement to ensure there is robust oversight of quality and safety at the hospital.

A number of the findings from this inspection are replicated from previous inspections. This demonstrates a failure to maintain improvements and learning outcomes from inspections.

Governance and accountability framework

The significance of the areas of improvement identified in the “Delivery of safe and effective care” section of this report highlights the need for improvement in audit and governance regarding many aspects of environment of care, patient safety, care planning and incident recording and monitoring.

A new hospital director had been appointed and during discussions with the new and current hospital director they continued to express that the correct audits were in place at the hospital. Whilst hospital management expressed a view that the correct audits were in place at the hospital, our findings suggest that the effectiveness and comprehensiveness of these audits needs to be strengthened. The registered provider must ensure that a review is undertaken on the robustness and accuracy of the organisation’s audits relating to care plans, environment, incident and restraint data, medication, and clinical room audits.

A review is needed, to consider the issues identified throughout this report. As a result of these findings, we could not be assured that the registered provider’s audit 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. These matters were also dealt with under our immediate improvements process.

Improvement needed

The registered provider must ensure that there is an improvement in audit and governance processes across all areas of the organisation.

Dealing with concerns and managing incidents

As detailed earlier, there were established processes in place for dealing with concerns and managing incidents at the hospital, however significant improvements are required.

Arrangements were in place to disseminate information and lessons learned to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Workforce planning, training and organisational development

We observed good team working on the wards. It was positive to hear the impact and significant benefit that that disciplines, including psychology, occupational therapy and activities co-ordinators were having on the patient group.

We also noted some improvements with patients since our last visit which was pleasing to see and a credit to the staff involved in their care.

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that completion rates were high. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details.

Workforce recruitment and employment practices

The staffing levels appeared appropriate to maintain patient safety within the hospital unit at the time of our inspection. It was positive to note that there was a dedicated Night Co-ordinator who oversees the hospital on each night shift. This role provided leadership and support for ward staff. The Night Co-ordinator that

we met with on the first night of the inspection was able to provide information regarding the hospital staffing and patient group.

Staff explained the recruitment processes that were in place at Hillview. It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service checks were undertaken, and professional qualifications checked. They also confirmed that appropriate processes were in place to check the skillset of agency staff prior to commencing work at the hospital.

Newly appointed staff undertook a period of induction under the supervision of the heads of care. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

During staff interviews, staff reported challenges with acquiring sufficient numbers of female staff to meet requests for a female care team.

During discussions with senior management at Hillview they acknowledged that there was a reliance upon the use of agency staff. Recruitment and retention of staff was difficult due to the complex needs of the patient group and the geographical area of the hospital. We were told that efforts would always be made to try and ensure that staffing gender requirements for patients are complied with.

There are a large number of vacancies at the hospital. We were told that additional deputy ward manager positions had been advertised, the clinical lead vacancy had been advertised, and interviews were taking place for the vacant ward manager role. There was a continuous recruitment for health support workers who would support the bank staff system.

The management team told us they were trying to fill vacancies and recruit permanent staff to reduce the requirement to use agency staff. Management need to continue their programme of recruitment to ensure sufficient staffing levels are in place to provide a safe environment and consistent care for patients.

The hospital had a clear policy in place for staff to raise any concerns, this was displayed in the staff room. Occupational health support was also available to staff.

Improvement needed

The registered provider must ensure that it continually ensures that:

- Staffing requirements meet the needs of the patient group
- Staffing vacancies are filled
- Service needs to review and improve current recruitment and retention of staff to maintain stable staffing group for patients.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic, and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns highlighted during the inspection. Immediate improvement plan attached below.			

Appendix B – Immediate Improvement plan

Service: Hillview Mental Health Hospital

Date of inspection: 15 – 17 November 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

<p>The registered provider must make sure all areas of the hospital are thoroughly cleaned and decluttered and evidence ongoing compliance with infection prevention and control standards.</p>	<p>3/01/22</p>	<p>Regulation 26 (2) (a) and (b)</p>	<p>At present the housekeeping team consist of five staff members who work over the 7 days and include evening and weekends. (<i>Please see embedded cleaning schedule and rota</i>). To further evidence and support robust governance of the cleaning team, further bathroom audits have been implemented .</p> <p>After the day staff have left, the night team clean the wards, empty the bins, and sanitise all high traffic areas – this is done once the ward is settled and YP are in bed.</p> <p>At time of inspection, it was noted that noted that the bathroom bins were "<i>full of paper towels</i>" these are emptied throughout the day and as noted above at night. The bins are small and fill quickly with the paper towels used to wipe hands. The bins have been replaced and further cleaning routines implemented.</p> <p>HIW evidence report noted that there "<i>appeared to be what looked like dried blood staining</i>" (p.1) on a "<i>TV cabinet on Ty Seren Ward</i>". Immediately prior to HIW arriving on site and accessing the wards there had been several incidents on the wards, one of which included a YP head-banging on the TV unit in Ty Seren. There is a process for staff cleaning areas which have blood present because of the YP engaging in self-harm as soon as practical and safe following an incident. The necessary means to complete this task are on all wards.</p>
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			<p>In addition, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p>
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<p>The registered provider must ensure that fridges in clinical areas are cleaned and locked</p>	<p>3/01/22</p>	<p>Regulation 15 (3)</p>	<p>The nursing team are aware that they are responsible for cleaning the clinic rooms and fridges. Memorandums reminding them of this responsibility have been sent.</p> <p>In addition, clinic room audits have been revised and are being robustly monitored by the Senior Management Team.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>The senior management team continue to robustly and intrusively carry out spot checks and audits to ensure compliance.</p>
<p>The registered provider must ensure the clinical room is organised and any out-of-date medication is disposed of.</p>	<p>03/01/22</p>	<p>Regulation 15 (5)</p>	<p>Clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>In addition, in-person reviews/audits have re-commenced by Ashtons pharmacy which further support the services governance and audit processes.</p>

			<p>Clinic rooms on both wards have been refurbished to allow for a more conducive working space and ensuring robust governance and compliance.</p> <p>At time of review, due to supply difficulties from Ashton Pharmacy we have also been unable to source the 'de-naturing' kits as they are on back order. Regis Healthcare Ltd - Hillview Hospital, have placed a large backorder for these to ensure adequate provision going forward, some of this will be reserved for emergencies when we can't access Ashtons on our regular order process.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p> <p>There is a system in place to record any short-dated stock. All nurses employed are aware that as part of the weekly Clinic Audit, they are to check the expiry dates of medication and document that this has been completed. If any medication is expiring within 3 months, the date is highlighted, and the Ashton's Short-Dated Stock Form is completed.</p>
<p>The registered provided must ensure they have an appropriate system in place to monitor any out-of-date medication, and</p>	<p>03/01/22</p>	<p>Regulation 15 (5)</p>	<p>At time of inspection, a Young Person had been admitted with medication that was out of date. These had been kept as this has been alerted to the previous service. The medication has since been 'de-natured'. The medication was ordered on 14th October (2 days) after admission, during this time she was administered in-date medication which she was also admitted with.</p>

<p>demonstrate that medication stock is audited correctly</p>			<p>As part of the Nursing team induction, it is a requirement for them to be familiar with the admission, transfer, and discharges process to further aid in the management of medications.</p> <p>Any out-of-date medication should be 'de-natured' within 24 hours, as per Regis Healthcare Ltd - Hillview Hospital Policy. As noted above there are supply difficulties from Ashton Pharmacy in sourcing the 'de-naturing' kits and are on back order. Regis Healthcare Ltd - Hillview Hospital, have placed a large backorder for these to ensure adequate provision going forward.</p>
<p>The registered provider must ensure that the controlled drugs book on Ty Seren is accurately completed.</p>	<p>17.11.2021</p>	<p>Regulation 20</p>	<p>Clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>Communication has been sent to the nursing team outlining the requirements as per NMC regulations of ensuring the controlled drugs are completed accurately.</p>
<p>The registered provider must ensure that there is robust and intrusive supervision and monitoring on IPC audits</p>	<p>03/01/22</p>	<p>Regulation 15 (7) 8 (a)</p>	<p>Hillview Hospital has been declared "in incident" due to positive COVID-19 cases since 5th October 2021. All bar one case has been identified as a track and trace not originating from inside the hospital.</p> <p>Regular communication with the team across site reminding them of the importance of ongoing adherence to COVID-19 guidelines and</p>

<p>to ensure they are accurately completed.</p>			<p>protocols will remain ongoing. For staff members where there are repeated breaches, the necessary actions are taken.</p> <p>The Health and Safety lead at Regis Healthcare Ltd - Hillview Hospital, provided evidence of IPC audits regularly carried out across site. In addition, the implementation of Quality Walkaround (QWR) which include robust checks and governance regarding the IPC compliance.</p> <p>Regis Healthcare Ltd - Hillview Hospital has introduced uniforms for Healthcare works to support with ensuring staff are 'below the elbow' when in clinical areas.</p> <p>As part of the governance processes the service has a Clinical Audit and Effectiveness meeting to further ensure robustness of processes and learning occurs from actions / reviews carried out.</p>
<p>The registered provider must provide assurances that robust systems and processes are in place for accurately recording all incidents and restraint data.</p>	<p>03/01/22</p>	<p>Regulation16 (1) (a) (b)</p>	<p>Regis Healthcare Ltd - Hillview Hospital, implemented the new electronic patient record system in May 2019. Since this time, all incident forms reported for the Young People within the service have been recorded on the system – Careblox.</p> <p>In reference to incident forms, they go through several processes:</p> <ol style="list-style-type: none"> 1. Members of staff complete the forms following an incident, which are then signed off by a nurse and lastly by an Auditor to review quality. 2. They are reviewed during the Patient Safety and Clinical Handover each morning. Any incident forms missing which

			<p>are outlined during the meeting are requested to be completed and followed up.</p> <ol style="list-style-type: none"> 3. They are reviewed by the psychology team, who utilise the data to look for themes, patterns, changes and conduct functional analysis and report. The data from incident forms are also used to ensure accurate reflection of risks is contained within the FACE risk assessment, risk management plans, therapeutic engagement forms and clinical formulations. 4. Incident data is reviewed by the clinical team during ward rounds CTP/CPA meetings and specifically within the least restrictive practice meetings. 5. Monthly clinical governance reports are generated using the service wide data to further explore trends, lessons learnt and reviewed to continually work to reduce incidents. <i>Clinical governance reports shared with PMVA tutors to allow for further analysis and review to aid the service in continuing to work to reduce safe holds across site</i> <p>As Hillview Hospital work with a blended team of permanent, bank, contracted and agency staff training is provided to ensure all staff are familiar with how to record incidents and the importance of it.</p> <p>In addition, agency staff receive a ward induction on the use of Carebox when commencing work at Regis Healthcare Ltd - Hillview Hospital.</p> <p>Furthermore, Regis Healthcare Ltd - Hillview Hospital welcome and encourage agency staff to join the induction training to promote</p>

			<p>learning and familiarity with the services processes. In May 2020, a ward information folder was also created which provides a wealth of information to aid staffing their role including the utilisation of the Careblox system. These are located on all wards.</p> <p>The HIW evidence reported noted <i>“that incident forms were not completed by staff who were required to complete the forms. Staff told us that there are occasions where they fill in forms on behalf of staff who are unfamiliar with the incident forms”</i> (p.4). It is acknowledged that at times staff who are not allocated to the Young Person will complete an incident form. If this occurs this is clearly indicated on the incident form.</p> <p>In addition, as noted above there is a ward information folder supporting staff on how to complete incident forms. As the staff are repeatedly reminded of the importance of reporting incident forms and the content, we do support ‘buddying’ up when completing the forms when new to the process to support learning and familiarity.</p> <p>At present Regis Healthcare Ltd - Hillview Hospital, has not been approved to install CCTV within clinical areas on the wards. The team firmly believes that having CCTV within the service (in clinical areas) would further aid the review process of incidents, recording and accuracy of them. It is hoped that having CCTV within clinical areas can be agreed in 2022, to further support maintaining the safety of the young people.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of incident form completion and issues arising.</p>
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<p>The registered provider must ensure that any safeguarding issues raised by patients are recorded. The registered provider must also demonstrate that they respond appropriately to any allegations of abuse and follow correct reporting procedures.</p>	<p>03/01/22</p>	<p>Regulation 16 (1) (a) (b)</p>	<p>As a service, we record all HIW notifications and safe-guarding referrals on one spreadsheet to maintain visibility and all necessary actions are triangulated to ensure the safety of all our young people.</p> <p>Any disclosures made by the Young People are recorded on Careblox and there is an audit process to ensure these are reviewed and necessary actions taken. Following review of the disclosure, all necessary procedures and professional protocols followed and recorded.</p> <p>Young Persons complaints have been added to the Regis Healthcare Ltd - Hillview Hospital register which allows for recording of all necessary actions, evidence, and outcomes.</p> <p>At present Regis Healthcare Ltd - Hillview Hospital, has not been approved to install CCTV within clinical areas on the wards. The team firmly believes that having CCTV within the service (in clinical areas) would further aid the review process of incidents, recording and accuracy of them. It is hoped that having CCTV within clinical areas can be agreed in 2022, to further support maintaining the safety of the young people.</p> <p>On each of the wards there are notice boards which outline who the safeguarding lead for Regis Healthcare Ltd - Hillview Hospital is.</p>

			<p>Furthermore, we are supporting further members of the Senior Management team and nurses to complete advanced Safeguarding training.</p> <p>Senior Managers can access the disclosure log (alerts also sent when a disclosure form has been completed).</p> <p>These are then reviewed and shared with key professionals involved in the Young Persons care and all necessary action taken e.g., MARF submission.</p> <p>Regis Healthcare Ltd - Hillview Hospital governance of MARF's completed / submitted includes documenting them on a spreadsheet which also has HIW notifications. This joint-live document ensures triangulation of information between internal and external professionals / agencies. This log is then reviewed monthly by key members of the team to ensure all actions and necessary updates are completed.</p>
<p>The registered provider must ensure that there are comprehensive risk assessments and care plans in place that provide specific and sufficient detail to enable and guide staff to provide safe and effective care</p>	<p>03/01/22</p>	<p>Regulation 15 (1) (a), (b) and (c)</p>	<p>Each Young Person has a comprehensive FACE risk assessment and up-to-date scores. The FACE risk assessment scores are reviewed in ward rounds and the YP have sight of them and can comment if they are unsure or disagree with the risks noted.</p> <p>In addition, they have a maintaining safe environment care plan and risk reduction care plans. All risks are outlined on the front of each YP therapeutic engagement forms along with an explanation of the score and noted coping strategies which the YP have stated aids them in de-escalating at times of heightened distress.</p>

			<p>The layout and categories of Regis Healthcare Ltd - Hillview Hospital care plans have been agreed by HIW and no changes have been made since then. As noted throughout the action plan, Regis Healthcare Ltd - Hillview Hospital, use Careblox to record all clinical aspects of the Young People's care records.</p> <p>Within Careblox there is a clear guide section on the left-hand side where all the clinical documentation can be found. All sections are clearly labelled e.g., Contemporaneous Notes, Key Contacts, Nursing Care Plans, PEEPs, Incidents, Psychology, Psychiatry etc.</p> <p>Furthermore, each Young Person has a comprehensive 'therapeutic engagement form' which outlines their risks (current and historical), FACE scores, actions to reduce risk, coping strategies and de-escalation techniques. In addition, the majority of the YP also have a PBS plan incorporated within the therapeutic engagement form. All these details are in an easy format to enable staff to provide safe and effective care.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of incident, risks and if care plans have been updated following this. Regis Healthcare Ltd - Hillview Hospital carry out regularly audits to ensure that care plans are reviewed and remain current.</p>
<p>The registered provider must ensure that they provide HIW with</p>	<p>03/01/22</p>	<p>Regulation 20 (1) (a) (b) (2) (a)</p>	<p>In May 2020, a ward information folder was introduced, which shows step-by-step guides in how to access Careblox (patient record</p>

<p>assurances that systems are in place to ensure unfamiliar staff have a good knowledge on patients to provide safe and effective care.</p>			<p>electronic system). This guide is also sent to the agencies to support staff having a good working knowledge of Hillview Hospital.</p> <p>As Hillview Hospital work with a blended team of permanent, bank, contracted and agency staff training is provided to ensure they are familiar with how to record incidents and the importance of it. Furthermore, permanent, contracted and bank staff receive training during induction. Agency staff are encouraged and welcome to join the training, the ward information folder provides a wealth of information to aid them in their role including utilised the Careblox system.</p> <p>In addition, through the incident audit process, any staff found to be completing unsatisfactory incident forms are called to complete refresher / additional training. A record of this is kept.</p> <p>Furthermore, Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital work to ensure that agency staff are block booked, when possible, to reduce the frequency of irregular staffing/high turnover of unfamiliar faces. In addition, the service has a dedicated team to ensure there is effective and robust measures focusing on recruitment to increase core staff team.</p> <p>All staff have an induction to support their orientation of the ward and they also have access to the ward information folder. Furthermore, ward staff must attend / receive the Patient Safety and Clinical handover for the ward they will be working on before each shift.</p> <p>To further support unfamiliar staff, the front page of the Young Peoples therapeutic engagement forms outlines risks and risk</p>
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			<p>reduction strategies and has photographs of them to aid them in their role.</p> <p>Regis Healthcare Ltd - Hillview Hospital– Hillview hospital has an audit procedure monitor compliance of incident forms and induction processes – outlined above.</p>
<p>The registered provider must demonstrate how they ensure that unfamiliar staff have a good knowledge on completion of incident forms and that all staff are completing incident forms when incidents occur.</p>	<p>03/01/22</p>		<p>In May 2020, a ward information folder was introduced, which shows step-by-step guides in how to access Careblox (patient record electronic system). This guide is also sent to the agencies to support staff having a good working knowledge of Hillview Hospital</p> <p>As Hillview Hospital work with a blended team of permanent, bank, contracted and agency staff training is provided to ensure they are familiar with how to record incidents and the importance of it. Furthermore, permanent, contracted and bank staff receive training during induction. Agency staff are encouraged and welcome to join the training, the ward information folder provides a wealth of information to aid them in their role including utilised the Careblox system - <i>Please see embedded copy of ward information pack above.</i></p> <p>In addition, through the incident audit process, any staff found to be completing unsatisfactory incident forms are called to complete refresher / additional training. A record of this is kept.</p> <p>Furthermore, Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital work to ensure that agency staff are block booked, when possible, to reduce the frequency of irregular staffing/high turnover of unfamiliar faces. In addition, the service has a dedicated team to</p>

			<p>ensure there is effective and robust measures focusing on recruitment to increase core staff team.</p> <p>All staff have an induction to support their orientation of the ward and they also have access to the ward information folder. Furthermore, ward staff must attend / receive the Patient Safety and Clinical handover for the ward they will be working on before each shift.</p> <p>To further support unfamiliar staff, the front page of the Young Peoples therapeutic engagement forms outlines risks and risk reduction strategies and has photographs of them to aid them in their role.</p> <p>Regis Healthcare Ltd - Hillview Hospital– Hillview hospital has an audit procedure monitor compliance of incident forms and induction processes.</p>
<p>The registered provider must ensure that patients' needs are met, specifically when care plans identify that patient should have female staff allocated for observations due to previous trauma.</p>	<p>03/01/22</p>	<p>Regulation 18 (1) (a), (b)</p>	<p>The team recognises that a considerable proportion of the Young People they support have a considerable number of Adverse Childhood Experiences, which have often been perpetrated by specific genders. However due to the size of the team supporting the Young People and the need to always maintain patient safety, we cannot and never promise any Young Person to solely be supported by one gender.</p> <p>For example, if a male staff member is supporting a Female Young Person to the bathroom (YP not having unsupervised bathroom access), they will be swapped for a female staff to support in preserving dignity and safety.</p>

			<p>There are several clinical documents which state that we cannot only support all females to carry out the therapeutic engagement (observation). Furthermore, review of the daily staffing allocations, evidence that predominantly patient is supported by female members of staff.</p> <p>During bedroom access, the team works to ensure that Young People are predominantly supported by female staff as this is when many choose to change into pyjamas and access their showers. As noted above, male staff are swapped for females to ensure dignity and safety is maintained.</p> <p>As a service Hillview Hospital working from a trauma informed approach. The core of working from a trauma-informed approach is in being able to “<i>anticipate and respond to potential practices that may be perceived or experienced as retraumatizing to clients</i>” and support them to “<i>forge new ways to respond to specific situations that trigger a trauma-related response</i>” (SAMHSA, 2014, p.19).</p> <p>The team support the theory of ‘pro-social’ modelling to aid Post-Traumatic Growth with the Young People. There is a plethora of research which supports the need to support those experiencing PTSD with their recovery and the negative impact that avoiding stimuli associated with the event can have.</p> <p>Furthermore, working from a trauma-informed perspective as a service, we are cognizant of the importance of supporting the Young People with ‘corrective emotional experiences’, which allows for</p>
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			<p>emotional situations to be “<i>processed in a new</i>” (Starkman, 2017) way, thereby aiding recovery.</p> <p>For the one Young Person who the HIW inspectors raised this concern, the clinical team have contacted their NSW commissioner asking for an alternative placement to be sought for their bespoke needs of an all-female staffing and resident placement.</p> <p>In addition, Regis Healthcare Ltd - Hillview Hospital – Hillview Hospital make concerted efforts to staff to a 70/30 female to male ratio of ward staffing to further support the Young People. However, this is not always achievable due to the national / global recruitment difficulties in several sectors. This has been added to the corporate risk register to ensure it remains a focus.</p>
The registered provider must ensure that patients have access to wheelchairs when required	03/01/22	Regulation 18 (1) (a), (b)	Regis Healthcare Ltd - Hillview Hospital, has two wheelchairs on site. These are stored in safe area and signs are on each ward informing staff of their location. Use of these is risk assessed and has access as and when required.
The registered provider must ensure that governance and audit arrangements are adequately embedded	03/01/22	Regulation 19	<p>Regis Healthcare Ltd - Hillview Hospital, has a governance process which includes:</p> <ul style="list-style-type: none"> • Ward Governance • Medicines Management

<p>throughout the hospital and demonstrate that information is being regularly assessed, monitored, and documented, to ensure the quality of the service and to identify, assess and manage risks relating to safe patient care.</p>			<ul style="list-style-type: none"> • HR surgery • Health and Safety Governance • Employee Network • Clinical Audit and Effectiveness • Security Governance • Least Restrictive and Lessons Learnt • Bed Management • Integrated Governance • Corporate Governance <p>Further audits carried out are outlined in a calendar which is distributed service wide.</p> <p>As noted in numerous areas throughout the action plan, there are audit processes in place for care plans, risk assessments, medications, clinics, and reporting to ensure that risks are managed appropriately. During the HIW inspection feedback they specifically asked the team to be “<i>intrusive</i>” in the management of these audits and areas within the service, this is being enacted.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p>
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Service / health board Representative:

Name (print):	Eric Pwamang (CEO and RM) and Dr Lisa Thomas-Gray (Hospital Director)
Role:	CEO / Registered Manager and Hospital Director
Date:	10.06.2022

Appendix B – Improvement plan

Service: Hillview Hospital

Ward/unit(s): Ebbw, Brenin, and Ty Seren Ward

Date of inspection:

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
Quality of the patient experience				
The registered provider must ensure that the hospital remains clean and tidy at all times.	3. Health promotion, protection, and improvement	At present there is a team of cleaners who support during the days and evenings throughout the week and weekend. In the evenings, the cleaners focus on high traffic areas, sanitising and ensuring that the wards are cleaned, and bins emptied etc. Following the HIW review in November 2021, the bathroom bins have been replaced with no further issues reported.	Lee Davies / Dr. Lisa Thomas Gray	Resolved & Ongoing

		The cleanliness of the serveries is checked and reviewed by the Night Unit Co-ordinators and reported on to the wider team. In addition, the Night Unit Co-ordinators are asked to identify an 'environmental review key person', to further support and review all areas.		
The registered provider must ensure that the hospital environment is improved to make it more pleasant and interesting for patients.	3. Health promotion, protection, and improvement	<p>The Young People are supported and encouraged to take ownership of areas on ward and decorate them appropriately. They have recently decorated the telephone rooms on ward. In addition, there are chalkboard areas on the ward, (requested by the YP) to further utilise and express themselves creatively.</p> <p>On Ebbw ward, the YP have painted a mural of sunflowers with positive quotes across two walls. Further art is also being created by them.</p>	Dr. Lisa Thomas-Gray	Resolved & Ongoing
The registered provider must ensure that all staff have good interactions with patients when on observations.	3. Health promotion, protection, and improvement	Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital make strenuous efforts to encourage staff to always have 'good interactions' with the Young People. Emphasis on this commences during staff induction training with designated session. It is also covered within other sessions to support training development and embedded good practices.	Clinical Ward Managers & Departmental Leads	Resolved & Ongoing

	<p>In addition, the Young People are asked in ward meetings if there are any issues to raise and complete surveys regarding satisfaction which further allows them to raise positive and negatives. It is important to note that outside of this the Young People have access to advocacy, hospital social worker, community teams, family, the whole staff team, and a plethora of meetings including ward rounds and governance to raise any issues they wish.</p> <p>Staff also receive regular supervision where it is further reinforced the paramount importance of support and therapeutic engagement with the Young People they are working with. Furthermore, therapeutic engagement competencies are completed with staff on a yearly basis or more regular if required.</p> <p>The team also send regular memorandums to staff reminding of the importance of good interactions when supporting the Young People.</p>	
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<p>The registered provider must ensure that staff maintain patient information confidentially within the ward offices.</p>	<p>10. Dignity and respect</p>	<p>Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital make strenuous efforts to encourage staff to always have ‘good interactions’ with the Young People. Emphasis on this commences during staff induction training, with designated sessions focused on this. It is also covered within other sessions to support training development and embedded good practices.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>Regis Healthcare Ltd - Hillview Hospital– Hillview hospital policy also outlines the importance of respecting and maintaining Dignity and Respect.</p>	<p>Eric Pwamang (Caldicot Guardian)</p>	<p>Resolved & Ongoing</p>
<p>The registered provider must ensure that information is available in easy read formats for patients.</p>	<p>9. Patient information and consent</p>	<p>These leaflets are co-produced with the Young People for input on content, readability and whether they meet their needs. If an easy read version is required appropriate adjustments are made. For example, in terms of medication information, easy read guides are then accessed and printed for the Young People. To prevent giving the Young People out-of-date information,</p>	<p>Clinical and Ward Managers</p>	<p>Ongoing monitoring</p>

		<p>we print as required for medical information. A Young Person also supported to write the Young Person and Parents Welcome guide.</p>		
<p>The registered provider must ensure that the MDT team communicate with young people using language that is easily understood.</p>	<p>18. Communicating effectively</p>	<p>Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital staff work from a person-centred perspective in all aspects of care and treatment delivery and not prescriptive.</p> <p>All the Young People are supported and encouraged to chair or co-chair their meetings. As a service, we actively encourage all professionals (internal and external) when engaging with the Young People and during meetings to not use ‘jargon’ and to ensure that communication is appropriate and effective for the Young Person.</p> <p>In addition, of staff induction training the importance of language is covered / discussed to ensure a consistent approach when supporting the Young People. Memorandums are also circulated as reminders of the importance of using appropriate language when supporting the Young People.</p>	<p>All Heads of Departments</p>	<p>Ongoing</p>

<p>The registered provider must ensure that the MDT team have meaningful discussions with patients and involve them in discussions.</p>	<p>18. Communicating effectively</p>	<p>Regis Healthcare Ltd - Hillview Hospital– Hillview Hospital work from a person-centred perspective in all aspects of care and treatment delivery.</p> <p>All the Young People are supported and encouraged to chair or co-chair their meetings. As a service, we actively encourage all professionals (internal and external) when engaging with the Young People and during meetings to not use ‘jargon’ and to ensure that communication is appropriate and effective for the Young Person.</p> <p>In addition, of staff induction training the importance of language is covered / discussed to ensure a consistent approach when supporting the Young People. Memorandums are also circulated as reminders of the importance of using appropriate language when supporting the Young People.</p>	<p>MDT</p>	<p>Ongoing</p>
<p>The registered provider must ensure that the MDT and senior management team, spend more time on the wards.</p>		<p>Regis Healthcare Ltd – Hillview Hospital have a pro-active and approachable team who make every effort to spend time of the ward with staff and Young People whilst ensuring all management responsibilities are undertaken including audits, governance, reviews etc.</p>	<p>MDT (senior management team part of MDT)</p>	<p>Ongoing</p>

		<p>Furthermore, the MDT and senior management team are on the ward every day in some capacity, attend ward meetings, governance meetings, reviews, ward rounds etc.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p>		
Delivery of safe and effective care				
The registered provider must ensure that the hospital gate is always locked.	22. Managing risk and health and safety	<p>Regis Healthcare Ltd – Hillview hospital, accept and recognise the importance of ensuring that the hospital gate is functional and closes promptly following access of vehicles. There is a delay for the gate to close following vehicles passing, which cannot be overwritten as it is a security measure.</p> <p>New gate intercoms have been installed since the last HIW inspection and reception staff informed to ask visitors for identification when unknown.</p>	Lee Davies (Health & Safety Lead)	Resolved with Ongoing
The registered provider must ensure that all electronic key fobs to access the wards are working correctly.	22. Managing risk and health and safety	Regis Healthcare Ltd – Hillview Hospital audit all electronic key fobs by reception and security manager on a regular basis, with a log to know what member of staff has what key pouch/fob at	Lee Davies	Resolved & Ongoing

		any time. Any electronic fob found/reported as defective it is changed immediately for one that is fully operational and audit database updated by security manager.		
The registered provider must ensure that the broken lift on Ebbw Ward is fixed	22. Managing risk and health and safety	Regis Healthcare Ltd – Hillview hospital has two operational lifts on a service / maintenance plan with Stannah. At time of inspection both lifts were operational. For clarification, one lift is located on Brenin side (by multi-faith room) and one on Ebbw side before main ward.	Lee Davies	N/A
The registered provider must ensure that the air conditioning unit on Ty Seren quiet room has been repaired.	22. Managing risk and health and safety	Regis Healthcare Ltd – Hillview hospital has air conditioning units located on the main wards. The service is looking to increase this provision throughout the hospital. At time of inspection the air conditioning unit noted by the team, has not been operational since for a prolonged period and is due to be removed. New project to renew air-conditioning on wards commissioned by board.	Dr. Lisa Thomas-Gray & Lee Davies	Ongoing
The registered provider must ensure that a robust system of governance is in place to monitor and supervise that environmental audit are completed accurately	13. Infection prevention and control (IPC) and decontamination	The Health and Safety lead at Regis Healthcare Ltd - Hillview Hospital, provided evidence of IPC audits regularly carried out across site. In addition, the implementation of Quality	Eric Pwamang (RM & CEO)	Ongoing with monthly governance meetings

		<p>Walkaround (QWR) which include robust checks and governance regarding the IPC compliance</p> <p>Regis Healthcare Ltd - Hillview Hospital has introduced uniforms for healthcare works to support with ensuring staff are 'below the elbow' when in clinical areas.</p> <p>As part of the governance processes the service has a Clinical Audit and Effectiveness meeting to further ensure robustness of processes and learning occurs from actions / reviews carried out.</p>		
The registered provider must ensure that all staff have an understanding of their roles and responsibilities.	13. Infection prevention and control (IPC) and decontamination	Please see above.	Chloe Johnson & Lee Davies	Ongoing
The registered provider must ensure that foods contain details on when product is opened, the use by date and the name of the patient.	13. Infection prevention and control (IPC) and decontamination	<p>The use by dates are checked by the Kitchen staff before items reach the servery, highly perishable items are checked daily. The service is also implementing additional controls in the form of labels being attached to items when opened, these will also include the Young Person's name where applicable.</p> <p>Staff have been informed to ensure that young people's food which are opened are dated as the</p>	Lee Davies & Chloe Johnson	Ongoing & Continuous

		housekeepers will dispose of all foods not correctly labelled or out of date.		
The registered provider must ensure that staff food and drink items are not stored in patients' fridges.	13. Infection prevention and control (IPC) and decontamination	All staff have been informed that food belonging to staff MUST NOT be stored in patient fridges as these will be disposed of and offending staff facing potential disciplinary processes The team carry out routine checks when carrying out their QWR's within the service. In addition, memorandums, and communication via email etc has also been disseminated reminding staff about this.	Chloe Johnson & Lee Davies	Ongoing & Continuous
The registered provider must ensure that decisions to administer medication via NG feeding is documented and justified.	14. Nutrition	This is currently documented, however following on from the HIW inspection the documentation has been further strengthened with rationales clearly within care plans.	Responsible Clinicians and Nurses	Resolved and Ongoing
The registered provider must ensure that details of the NG feeds are documented in patient care plan and minutes of meetings where this decision was made are available for staff to check.	14. Nutrition	This is currently documented, however following on from the HIW inspection the documentation has been further strengthened with rationales clearly within care plans and meeting minutes	Dietician, Nurses, and Responsible Clinicians	Resolved and Ongoing
The registered provider must ensure that administration of medication via	14. Nutrition	This is currently documented, however following on from the HIW inspection the documentation	Responsible Clinicians,	Resolved and Ongoing

NG feed complies with medication guidelines.		has been further strengthened with rationales clearly within care plans and meeting minutes.	Dietician & Nurses	
The registered provider must ensure that the clinical room is organised, clean and tidy.	15. Medicines management	<p>The nursing team are aware that they are responsible for cleaning the clinic rooms and fridges. Memorandums reminding them of this responsibility have been sent.</p> <p>In addition, clinic room audits have been revised and are being robustly monitored by the Senior Management.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>The senior management team continue to robustly and intrusively carry out spot checks and audits to ensure compliance.</p>	Ward Managers and Clinical Lead	Resolved and Ongoing
The registered provider must ensure that expired medication is disposed of.	15. Medicines management	Clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service	Ward Managers and Clinical Lead	Resolved and Ongoing

	<p>has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>In addition, in-person reviews/audits have recommenced by Ashtons pharmacy which further support the services governance and audit processes.</p> <p>Clinic rooms on both wards have been refurbished to allow for a more conducive working space and ensuring robust governance.</p> <p>At time of review, due to supply difficulties from Ashton Pharmacy we have also been unable to source the 'de-naturing' kits as they are on back order. Regis Healthcare Ltd - Hillview Hospital, have placed a large backorder for these to ensure adequate provision going forward, some of this will be reserved for emergencies when we can't access Ashtons on our regular order process.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p>		
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		<p>There is a system in place to record any short-dated stock. All nurses employed are aware that as part of the weekly Clinic Audit, they are to check the expiry dates of medication and document that this has been completed. If any medication is expiring within 3 months, the date is highlighted, and the Ashton's Short-Dated Stock Form is completed.</p>		
<p>The registered provider must ensure that a robust system of governance is in place to monitor and supervise that clinical and medication audit are completed accurately.</p>	<p>15. Medicines management</p>	<p>Clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment.</p> <p>In addition, in-person reviews/audits have recommenced by Ashtons pharmacy which further support the services governance and audit processes.</p> <p>Clinic rooms on both wards have been refurbished to allow for a more conducive working space and ensuring robust governance and compliance.</p>	<p>Eric Pwamang & Dr. Lisa Thomas-Gray</p>	<p>Resolved and Ongoing</p>

		<p>At time of review, due to supply difficulties from Ashton Pharmacy we have also been unable to source the 'de-naturing' kits as they are on back order. Regis Healthcare Ltd - Hillview Hospital, have placed a large backorder for these to ensure adequate provision going forward, some of this will be reserved for emergencies when we can't access Ashtons on our regular order process.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p> <p>There is a system in place to record any short-dated stock. All nurses employed are aware that as part of the weekly Clinic Audit, they are to check the expiry dates of medication and document that this has been completed. If any medication is expiring within 3 months, the date is highlighted, and the Ashton's Short-Dated Stock Form is completed.</p>		
<p>The registered provider must ensure that clinical room audits are completed at the required frequency.</p>	<p>15. Medicines management</p>	<p>The clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service has implemented Quality Walkaround (QWR)</p>	<p>Dr. Lisa Thomas-Gray and Eric Pwamang</p>	<p>Resolved and Ongoing</p>

	<p>which include robust checks and governance regarding the environment.</p> <p>In addition, in-person reviews/audits have recommenced by Ashtons pharmacy which further support the services governance and audit processes.</p> <p>Clinic rooms on both wards have been refurbished to allow for a more conducive working space and ensuring robust governance and compliance.</p> <p>At time of review, due to supply difficulties from Ashton Pharmacy we have also been unable to source the 'de-naturing' kits as they are on back order. Regis Healthcare Ltd - Hillview Hospital, have placed a large backorder for these to ensure adequate provision going forward, some of this will be reserved for emergencies when we can't access Ashtons on our regular order process.</p> <p>The Unit Co-ordinator's handover report has been expanded to allow for reporting of cleanliness and clinic matters.</p>		
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		There is a system in place to record any short-dated stock. All nurses employed are aware that as part of the weekly Clinic Audit, they are to check the expiry dates of medication and document that this has been completed. If any medication is expiring within 3 months, the date is highlighted, and the Ashton's Short-Dated Stock Form is completed.		
The registered provider must ensure that controlled drugs books are completed correctly with no missing entries.	15. Medicines management	<p>Clinic room audits have been revised and are being robustly monitored by the Senior Management Team. As noted above, the service has implemented Quality Walkaround (QWR) which include robust checks and governance regarding the environment</p> <p>Communication has been sent to the nursing team outlining the requirements as per NMC regulations of ensuring the controlled drugs are completed accurately.</p>	Clinical and Ward Managers	Lead Ward Resolved and Ongoing
The registered provider must ensure that medical devices are clean and checklist book is replaced.	16. Medical devices, equipment, and diagnostic systems	The checklist books have been replaced on the wards, however fraying of edges is inevitable due to usage.	Chloe Johnson & Lee Davies	Resolved and Ongoing
The registered provider must ensure that more robust monitoring, supervision, and compliance is given	7. Safe and clinically effective care	Patient safety and clinical handover takes place each morning to review and ensure that the processes are in place for managing the risk and	Chairs of the Patient Safety and clinical	Resolved and Ongoing

<p>to managing risk and safety at the hospital.</p>		<p>safety of the hospital. In addition, there is clear triangulation of information to ensure effective communication thus further aiding management of the risk and safety of the hospital.</p> <p>Furthermore, there is a list of current risk assessments which are reviewed as appropriate, along with HSE and RIDDOR reports / procedures.</p>	<p>handover meetings.</p>	
<p>The registered provider must ensure that descriptive detail of incident recording continues to improve.</p>	<p>7. Safe and clinically effective care</p>	<p>Regis Healthcare Ltd – Hillview Hospital continually strive to improve and descriptive detail on incident reporting is included in this. It is hoped that HIW will notice a marked improvement on their next visit.</p>	<p>Dr. Lisa Thomas-Gray & Chloe Johnson</p>	<p>Resolved and Ongoing</p>
<p>The registered provider must ensure that staff who are unfamiliar with content of incident forms receive training.</p>	<p>7. Safe and clinically effective care</p>	<p>Regis Healthcare Ltd, implemented the new electronic patient record system in May 2019. In reference to incident forms, they go through several processes:</p> <ol style="list-style-type: none"> 1. Members of staff complete the forms following an incident, which are then signed off by a nurse and lastly by an Auditor to review quality. 2. They are reviewed during the Patient Safety and Clinical Handover each morning. Any incident forms missing which 	<p>All departmental leads</p>	<p>Resolved and Ongoing</p>

		<p>are outlined during the meeting are requested to be completed and followed up.</p> <ol style="list-style-type: none">3. They are reviewed by the psychology team, who utilise the data to look for themes, patterns, changes and conduct functional analysis and report. The data from incident forms are also used to ensure accurate reflection of risks is contained within the FACE risk assessment, risk management plans, therapeutic engagement forms and clinical formulations.4. Incident data is reviewed by the clinical team during ward rounds CTP/CPA meetings and specifically within the least restrictive practice meetings. Minutes were provided to the HIW inspection team.5. Monthly clinical governance reports are generated using the service wide data to further explore trends, lessons learnt and reviewed to continually work to reduce incidents.		
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		<p>6. Clinical governance reports shared with PMVA tutors to allow for further analysis and review to aid the service in continuing to work to reduce safe holds across site.</p> <p>As Hillview Hospital work with a blended team of permanent, bank, contracted and agency staff training is provided to ensure all staff are familiar with how to record incidents and the importance of it.</p> <p>In addition, agency staff receive a ward induction on the use of Careblox when commencing work at Regis Healthcare Ltd.</p> <p>Furthermore, Regis Healthcare Ltd welcome and encourage agency staff to join the induction training to promote learning and familiarity with the services processes. In May 2020, a ward information folder was also created which provides a wealth of information to aid staffing their role including the utilisation of the Careblox system. These are located on all wards.</p>		
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		<p>It is acknowledged that at times staff who are not allocated to the Young Person will complete an incident form. If this occurs this is clearly indicated on the incident form.</p>		
<p>The registered provider must ensure that they monitor staff compliance with policies and procedures on the completion of incident forms.</p>	<p>7. Safe and clinically effective care</p>	<p>Regis Healthcare Ltd, implemented the new electronic patient record system in May 2019. In reference to incident forms, they go through several processes as highlighted above:</p> <p>Furthermore, Regis Healthcare Ltd welcome and encourage agency staff to join the induction training to promote learning and familiarity with the services processes. In May 2020, a ward information folder was also created which provides a wealth of information to aid staffing their role including the utilisation of the Careblox system. These are located on all wards.</p> <p>It is acknowledged that at times staff who are not allocated to the Young Person will complete an incident form. If this occurs this is clearly indicated on the incident form.</p>	<p>Dr. Lisa Thomas-Gray & Lee Davies</p>	<p>Resolved and Ongoing</p>

		<p>Staff are reminded of the importance of completing all documentation in a timely manner. In addition, The Unit Co-ordinator's handover report has been expanded to allow for reporting of incident, risks and if care plans have been updated following this. Regis Healthcare Ltd - Hillview Hospital carry out regularly audits to ensure that care plans are reviewed and remain current – copy of audit register was shown to HIW inspectors during review.</p>		
<p>The registered provider must ensure that staff complete incident forms for all incidents that take place at the hospital.</p>	<p>7. Safe and clinically effective care</p>	<p>Regis Healthcare Ltd, implemented the new electronic patient record system in May 2019. In reference to incident forms, they go through several processes as highlighted above.</p> <p>Staff are reminded of the importance of completing all documentation in a timely manner. In addition, The Unit Co-ordinator's handover report has been expanded to allow for reporting of incident, risks and if Regis Healthcare Ltd - Hillview Hospital carry out regularly audits to ensure that care plans are reviewed and remain current.</p>	<p>Dr. Lisa Thomas-Gray & Lee Davies</p>	<p>Resolved and Ongoing</p>

The registered provider must ensure that section 17 leave forms document patient involvement.	20. Records management	The Young People are actively involved in their Section 17 leave, many request this in ward rounds and documented via the Patient Changes request form.	Responsible Clinicians and Ward Managers	Resolved and Ongoing
The registered provider must ensure that MHA audit summaries of records are available.	20. Records management	There are regular audits carried out by the Mental Health Act Administrator. These are being reviewed in order to ensure further robustness with summaries available – this will then feed into the Clinical Audit and Effectiveness meeting.	Dr. Lisa Thomas-Gray	Ongoing
The registered provider must ensure that evidence based assessments for capacity to consent to treatment are included in Mental Health Act Records.	20. Records management	These are located on Careblox, and the Mental Health Act Administrator is working to ensure that they are also located in the Mental Health Act records.	Responsible Clinicians	Ongoing
Quality of management and leadership				
The registered provider must ensure that there is an improvement in audit and governance processes across all areas of the organisation.	1 Governance and accountability framework	Regis Healthcare Ltd - Hillview Hospital, has a governance process which includes: <ul style="list-style-type: none"> • Ward Governance • Medicines Management • HR surgery • Health and Safety Governance • Employee Network • Clinical Audit and Effectiveness • Security Governance • Least Restrictive and Lessons Learnt 	Eric Pwamang & Dr. Lisa Thomas Gray	Resolved and Ongoing

		<ul style="list-style-type: none">• Bed Management• Integrated Governance• Corporate Governance <p>The HIW inspection team were provided with copies of Regis Healthcare Ltd - Hillview Hospital, governance meeting minutes. In addition, they were shown additional audits carried out across the service including those by the Health and Safety officer to ensure compliance with COVID-19 regulations.</p> <p>Further audits carried out are outlined in a calendar which is distributed service wide.</p> <p>As noted in numerous areas throughout the action plan, there are audit processes in place for care plans, risk assessments, medications, clinics, and reporting to ensure that risks are managed appropriately. During the HIW inspection feedback they specifically asked the team to be “intrusive” in the management of these audits and areas within the service, this is being enacted.</p> <p>As noted above, the service has implemented Quality Walkaround (QWR) which include robust</p>		
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		checks and governance regarding the Environment.		
The registered provider must ensure that staffing requirements meet the needs of the patient group.	24. Workforce recruitment and employment practices	<p>Regis Healthcare Ltd - Hillview Hospital – Hillview Hospital make concerted efforts to staff to a 70/30 female to male ratio of ward staffing to further support the Young People. However, this is not always achievable due to the national / global recruitment difficulties in a number of sectors. This has been added to the corporate risk register in order to ensure it remains a focus.</p> <p>The service is also actively sourcing trainees in the form of Psychology, OT and Nursing to further support and meet the needs of the Young People and service.</p> <p>Robust selection, short-listing and interviewing for prospective employees is a continuous process, with the aim of attracting high caliber candidates.</p>	Dr. Lisa Thomas-Gray & Deborah Fry HR Director	Resolved and Ongoing
The registered provider must ensure that staffing vacancies are filled.	24. Workforce recruitment and employment practices	Regis Healthcare Ltd - Hillview Hospital – created and appointed to a new Recruitment Manager position late November 2022 and this post is supported by a Recruitment Assistant with the primary focus on recruitment to ensure that our staffing vacancies are filled.	Dr. Lisa Thomas-Gray and Deborah Fry HR Director	Ongoing

	<p>It should be noted that the UK has experienced one of the most acute workforce recruitment and retention crisis with high-demand and a low supply situation. Despite this, we have continued in our commitment by delivering of our rolling 12-month recruitment campaign to fill vacancies for Healthcare Support Workers and RMNs which remains ongoing.</p> <p>Adverts are “open” and placed on our own website, with recruitment agencies, and on the job site Indeed, which attracts many applicants. We also place key/senior positions on targeted websites, e.g., NHS job site and specific recruitment agencies.</p> <p>Robust selection, short-listing and interviewing for prospective employees is a continuous process, with the aim of attracting high caliber candidates. Since the Covid restrictions have lifted (from January 2022), our recruitment team have attended several recruitment fairs to ensure our vacancies and career opportunities reach a wider pool of applicants.</p> <p>Due to the national shortage of Nurses, Regis Healthcare has widened their search for talent</p>		
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		<p>through international recruitment of Mental Health Nurses from Ghana.</p> <p>Since February 2022 we have appointed seven international nurses from Ghana and we are in the process of supporting them through their journey of pre-registration with the NMC i.e., CBT and IELTS assessments, prior to sponsorship to the UK.</p> <p>We will continue to explore the opportunity of international recruitment for RMNS and HCWs where necessary due in response to the national shortage.</p>		
<p>The registered provider must ensure that they improve current recruitment and retention of staff to maintain stable staffing group for patients.</p>	<p>24. Workforce recruitment and employment practices</p>	<p>Regis Healthcare Ltd - Hillview Hospital – Hillview Hospital created and appointment to a new Recruitment Manager position late November 2022 and is supported by a Recruitment Assistant to ensure that our staffing vacancies are filled.</p> <p>We have continued with our commitment and delivery of our rolling 12-month recruitment campaign for Healthcare Support Workers and RMNs which is ongoing.</p> <p>As retention of staff is important to us, we conduct employee satisfaction surveys and we will shortly</p>	<p>Dr. Lisa Thomas-Gray and Deborah Fry HR Director</p>	<p>Work remains ongoing regarding recruitment -considering global staffing difficulties</p>

	<p>be delivering a rolling programme of employee engagement roadshows which will assist us in identifying areas that we may need to focus and improve upon. This will help us maintain a working environment that supports current staff remaining with our organization.</p> <p>Our HR Department, continue to hold confidential HR Surgeries to identify any areas that require remedial action and support for staff.</p> <p>We continue to capture valuable feedback through our exit interview process in order to gain an insight into the reasons why staff leave so that we can focus on areas of improvement.</p>		
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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 Pwamang (CEO /RM) and Dr Lisa Thomas-Gray (HD)

Job role: CEO / Registered Manager and Hospital Director

Date: 10.06.2022

