Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

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4 September 2013

Dear Mr Shields,

**Visit undertaken to St David's Hospital on the 26 and 27 June 2013**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to St David's independent hospital, on the evening of 26 June and all day on 27 June 2013. The visit highlighted areas that were noteworthy and included:

- A good rapport between patients and staff and the dedication of staff to a very challenging patient group.
- The complimentary feedback from patients regarding the quality and variety of food served at the hospital.
- The good range of easy read material available for patients, which included complaints procedure, reporting abuse and independent mental health advocate.
- The psychology input into the reflective practice/knowledge exchange programme for all staff.
- The good level of recording and analysis of incidents, PoVAs and complaints.

However, the visit also highlighted a number of issues of concern where improvement is needed. We provided a verbal overview of our concerns to your nominated manager at the end of our visit on the 27 June 2013 and a summary of these and identified regulatory breaches is now set out overleaf:



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| Issue of concern | | Regulation |
|---|---|---|
| 1. | There was insufficient staffing by night. On our night visit there were four support workers and one registered nurse on duty who were providing care and treatment to three patients requiring 1:1 observations. The number of staff was clearly not adequate for the number of observations being undertaken. An urgent review of staffing at night is needed and an increase of at least one support worker is required. | Regulation 20 (1) (a) |
| 2. | The amount of non-direct care tasks (cleaning duties) allocated to staff on night duty is excessive, especially with three patients on 1:1 observations. A review of the night cleaning schedule must be undertaken and chores reduced according to patient needs and requirements. | Regulation 20 (1) (a) & (2) (c) |
| 3. | At the end of the corridor on the first floor, a storage room with a fire exit door is located. The storage room contained broken furniture, toiletries and some identifiable patient belongings. The storage room must be cleared to allow easy access to the fire escape route in the event of a fire. In addition, all patient belongings need to be clearly labelled so staff know who owns them. | Regulation 26 (4) (a) & (b) and Regulation 18 (2) (b) |
| 4. | Some areas of the environment within the hospital were damaged and/or broken. These included the door near the kitchen which had a window pane missing and broken glass in a door on the first floor. All damaged areas must be repaired. | Regulation 26 (2) (b) |
| 5. | The entrance to the hospital needs attention. The door bell was missing and in the entrance hallway there is no reception and/or sitting area for visitors. HIW were informed that plans to redesign the entrance so that it is suitable for visitors is planned. | Regulation 26 (2) (a) & (b) |
| 6. | A shortage of staff was having a negative impact on community visits for patients. An appropriate number of staff must be available to enable essential community access for patients. | Regulation 20 (1) (a) & (b) |

[1] The OK Health Check is an assessment tool that incorporates a comprehensive checklist comprising of 123 items that act as indicators for assessing individual health needs.
[2] Crisis Prevention Institute (CPI) is a method of physical restraint and de-escalation techniques.

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|---|---|---|
| 7. | Where CPI (restraint) is used, each patient must have a specific care plan. There were no specific care plans for CPI for patients A, B and C. | Regulation 15 (1) (a) & (b) |
| 8. | A significant number of assessment forms were not completed for patient B. These included observation of eating and drinking and an assessment of depression. In addition, the patients belongings inventory had not been completed. All assessments for patients must be completed in a timely manner. | Regulation 15 (1) (a) & (b) |
| 9. | The OK Health Check[1] was not completed for patients B and C. The OK Health Check must be fully completed for all patients. | Regulation 15 (1) (a) & (b) |
| 10. | Crisis Prevention Institute (CPI)[2] techniques are used when transporting patients. The use of CPI when transporting patients needs to be urgently reviewed and the practice of transporting patients in a restraint must cease with immediate effect. | Regulation 9 (2) (a) (b) (c) (d) & 16 (2) (a) (b) |
| 11. | There was only limited evidence of staff receiving supervision. The responsible person must ensure a robust supervision system is in place for all staff and it is evidenced. | Regulation 20 (2) (a) |
| 12. | Staff morale was very low and feelings of not being valued were evident. Improvement in staff morale is essential. | Regulation 18 (2) (a) & (b) |
| 13. | Staff training records examined confirmed that CPI (restraint) training had not been up-dated for a significant number of staff. This area requires urgent attention. | Regulation 20 (2) (a) |

You are required to submit a detailed action plan to HIW by **20 September** 2013 clarifying the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr Sean Holcroft, Hospital Manager.

Yours sincerely

**Mr John Powell**
Head of Regulation

cc – Mr Sean Holcroft, St David's Hospital, Carrog, Corwen, LL21 9BG