



MHC

New Hall Independent Hospital

HIW Inspection Report Action Plan October 2014

Issues of concern	Person Responsible to complete	Details of action required	Outcome	Evidence/Status
<p>All admissions to the hospital must be appropriate.</p> <p>Patient A, on Glaslyn ward, did not have a mental health diagnosis and a learning disability diagnosis was recorded. The responsible person must ensure that all admissions are appropriate and meet the hospital conditions of registration</p>	<p>Hospital Manager and Forensic Multi-Disciplinary Team</p>	<p>Continue to undertake detailed assessment of patients prior to admission and identify the rationale for admission based upon the clinical needs of the patient and hospital conditions of registration</p>	<p>Patient A has a number of unconfirmed diagnosis, including Mental Illness, Personality Disorder and Learning Difficulties. The admission was to undertake a thorough assessment to identify the primary Mental Disorder that requires clinical interventions</p>	<p>Since admission patient A has been actively involved in a number of assessments and is half way through the 12 week assessment process. In the unlikely event, that it is deemed that patient A does not have a primary diagnosis of Mental Illness, the MDT will work alongside patient A's care coordinator and commissioner to identify a suitable placement for him</p>
<p>Review of the appropriateness of two admissions to Glaslyn ward within a 6 day period is required. Admissions should be appropriately spaced to allow opportunity for patients to settle and staff to complete the extensive patient care planning documentation</p>	<p>Hospital Manager Forensic Service Manager</p>	<p>To appropriately stage admissions a minimum of two weeks apart, to limit the disruption on the patient and ward environment</p>	<p>All new admissions will be staged, a minimum of two weeks apart</p>	<p>Change in admission frequency discussed and agreed in all key ward meetings, supported by communication from the Service Manager</p>



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<p>Four (4) sets of patient multi-disciplinary team (MDT) notes were reviewed and the following observations made:</p> <p>a. Patient A, Glaslyn ward:</p> <p>i. There was no risk management plan formulated.</p> <p>ii. There was no HoNOS assessment completed during the MDT meeting on 07/10/2014</p> <p>iii. There was no risk management plan for this patient following an allegation of an attempted inappropriate touch by a fellow patient.</p> <p>iv. The form completed in terms of patient rights under section 132 of the Mental Health Act 1983 (MHA) was dated the day before admission and the time stated 14:00hours when the patient was admitted at 15:00hours. In addition the reading of rights was not documented within the MDT notes.</p> <p>b. Patient B, Glaslyn ward:</p> <p>i. There was no risk management plan formulated.</p> <p>ii. There was no HoNOS assessment available.</p> <p>iii. The reading of rights under section 132 of the Mental Health Act 1983 had an inconsistency of dates. The section 132 form stated 07/10/2014 and the MDT notes stated 08/10/2014.</p> <p>iv. There was no capacity assessment available.</p> <p>c. Patient C, Glaslyn ward:</p> <p>i. The recovery plan was not available, however, we were informed it had been completed but was on the manager's computer.</p>	<p>Forensic Service Manager</p> <p>Senior Nurses</p>	<p>To update all documentation to the required standard</p> <p>To update all documentation to the required standard</p> <p>To update all documentation to the required standard</p>	<p>All documentation updated immediately following inspection</p> <p>All documentation updated immediately following inspection</p> <p>All documentation updated immediately following inspection</p>	<p>All updated and completed documentation is available for scrutiny in the patients notes</p> <p>All updated and completed documentation is available for scrutiny in the patients notes</p> <p>All updated and completed documentation is available for scrutiny in the patients notes</p>
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<p>ii. The risk management plan was not completed, because the plan was not available. iii. There was no discharge care plan in place</p>				
<p>There was no nurse call alarm system on Adferiad and Clwyd wards</p>	<p>Hospital Manager Rehabilitation Service Manager</p>	<p>To review the rehabilitation service for the necessity of a nurse call system for Clwyd and Adferiad</p>	<p>MHC is currently reviewing a wireless nurse call system to use in their hospital settings</p>	<p>Meeting has been arranged for a demonstration of a wireless nurse call system on 15th December 2014</p>
<p>The approved mental health professional (AMHP) assessment on first admission was not always available and must be followed up</p> <p>Discharge plans were not always available in the MHA administrators file</p>	<p>Mental Health Act Manager</p>	<p>These are available in the MHA files</p> <p>Discharge plans will be collated into a file both on the network and within a dedicated folder, to allow for progression of patient towards these goals</p>	<p>Audits to be completed and Care Coordinator/AMHP to action missing documentation</p> <p>Files to be held in the MHA files and a dedicated file on in the network patient details</p>	<p>Audit schedule and findings. Available for internal and external scrutiny.</p> <p>Audit and report with findings, available for internal and external scrutiny</p>