

Mr Steven Woolgar
2 Imperial Place
Maxwell Road
Borehamwood
Hertfordshire
WD5 1JN

Direct Line: 0300 062 8163
Fax: 0300 062 8387
E-mail: John.powell@wales.gsi.gov.uk

13 September 2013

Dear Mr Woolgar,

Visit undertaken to Llanarth Court Hospital on the 9, 10, 11 and 12 July 2013

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Llanarth Court independent hospital, on the evening of 9 July and all day on 10, 11 and 12 July 2013. The visit highlighted areas that were noteworthy and included:

- A good rapport between patients and staff and the level of commitment and dedication of staff to the patient group.
- A refurbishment programme that included the activity areas, comprising of the social club, children's visiting area and the cooking areas.
- The healthy eating menus introduced for all patients.

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 registered manager and other members of the Senior Management Team at the end of our visit on the 12 July 2013 and a summary of these and identified regulatory breaches is now set out overleaf:

Issue of concern	Regulation
<p>1. There were numerous issues relating to staffing, which included:</p> <ul style="list-style-type: none"> a. Insufficient staffing on Howell ward. During our visit there were 6 staff caring for 14 patients who were on a range of enhanced observations. b. Cancellation of activities, outings, education programmes and community leave because there was not enough staff. c. Staff unable to take breaks due to inadequate staffing levels. <p>These issues require an urgent review. There must be sufficient staffing available to ensure the safety of both staff and patients. In addition, adequate staff must be available to enable staff to have adequate breaks and patients to be enabled to participate in activities.</p>	<p>Regulation 20 (1) (a) & (b)</p>
<p>2. Complaints are categorised as either 'formal' or 'informal/non-complaints' and only the formal complaints are reported to Head Office. It is essential that one system for the monitoring of complaints is implemented and the Head Office of the organisation informed of all complaints. In addition, clarification is needed regarding the distinction between 'formal' and 'informal' complaints.</p>	<p>Regulation 19 (2) (b) (i) and Regulation 24 (1) (2) & (5)</p>
<p>3. Currently, if an incident occurs and a patient requires care in an ICS (intensive care suite) and the suite is unavailable on that ward, a patient may be transferred via a hospital vehicle to an available ICS on another ward. The use of CPI¹ transport techniques need to be urgently reviewed and this</p>	<p>Regulation 9 (2) (a) (b) (c) (d) & 16 (2) (a) (b)</p>

¹ CPI – Crisis Prevention Institute (CPI) is the preferred restraint technique used by Llanarth Court. CPI offer restraint training for safely resolving situations when confronted by anxious, hostile or violent behaviour, while still protecting the therapeutic relationships with those in care. Further information is available at the CPI website at www.crisisprevention.com

² HoNOS (Health of the Nation Outcomes Scales) is a set of 12 scales, each one measuring a type of problem commonly presented by patients in mental health care settings. A completed HoNOS score sheet provides a profile of 12 severity ratings and a total score. It is a numerical record of a clinical assessment but does not replace clinical notes or any other records. It is intended that it becomes an integral part of a minimum data set and a basic component of CPA (Care Programme Approach). Further information available at <http://www.rcpsych.ac.uk/traininpsychiatry/eventsandcourses/courses/honos/generalinformation/faq.aspx#whatis>

<p>practice is not covered in Partnerships In Care's policies and procedures.</p>	
<p>4. Patient medication administration records on Awen ward had a significant number of signatures missing and in some cases it was unclear from the record if medication had been administered. All non-administration of medication must be fully documented.</p>	<p>Regulation 15 (5) (a) & (b)</p>
<p>5. The clinic on Awen ward held cream and other externally administered medication for patients no longer being cared for on the ward. All medication specifically prescribed for patients must be disposed of appropriately when they are discharged.</p>	<p>Regulation 15 (5) (a)</p>
<p>6. The mask connected to the oxygen cylinder in the clinic room on Awen ward was not covered and was full of dust. The oxygen mask must be appropriately covered.</p>	<p>Regulation 15 (2)</p>
<p>7. A number of issues regarding care planning documentation was identified, specifically in relation to patient A. These included:</p> <ul style="list-style-type: none"> a. Only three care plans were in place for A when there were significantly more issues that had been identified. b. No restraint plan was located on the ward. c. No observation care plan was available. d. No care plan for a recent safeguarding alert. e. Patient A was on Tramadol to help manage the pain arising from burns, however there was no pain assessment/care plan in place. f. Activities participation not completed. g. The HoNOS (Health of the Nation Outcome Scales)² assessment for self harm was scored as zero. This was incorrect as the patient was known to have self harmed. <p>An urgent review of care documentation is required to address all the identified areas.</p>	<p>Regulation 15 (1) (a) (b) & (c)</p>
<p>8. A Healthcare support worker on Awen ward was overheard using inappropriate language to a patient. Using inappropriate language to a patient is not acceptable and the registered provider informed HIW that this would be dealt with immediately. Confirmation of the action taken is required.</p>	<p>Regulation 18 (1) (a) & (b) and (2) (a) & (b)</p>
<p>9. Partnerships in Care should consider the feasibility</p>	<p>Regulation 26 (1)</p>

<p>of converting Awen ward into two distinct units because of the diverse care and treatment needs of the patients accommodated there. This would mean that patients further along the care pathway were not hindered by patients who were making less progress. A report upon this area must be submitted to HIW by 31 October 2013.</p>	<p>& (2) (c)</p>
<p>10. Arbitrary decision making/blanket approaches were in place on Iddon ward in relation to caffeinated drinks and the amount of CDs/DVDs a patient could have. Decisions must be made on an individual basis and not as a blanket approach.</p>	<p>Regulation 15 (1) (a) (b) & (c) & 19 (1) (a) & (b)</p>
<p>11. Currently Llanarth Court has 4 vehicles to transport patients to activities and for section 17 leave etc. It is recommended a review of the number of vehicles is undertaken with a view to increase vehicle numbers to ensure patients receive leave and are enabled to attend community activities because some of these have been cancelled due to a vehicle shortage.</p>	<p>Regulation 15 (1) (a) & (b)</p>
<p>12. Photocopier, printer and computer access was insufficient on some of the wards. This meant that staff were leaving busy wards to photocopy and print essential documentation. Photocopying, printing and sufficient computers must be available on all the wards.</p>	<p>Regulation 15 (2)</p>
<p>13. The swimming pool had been out of use for some time. This was due to staff not having the appropriate life saving training and a technical problem. The provision of a pool is clearly advertised as an activity for patients at Llanarth Court hospital and it must be available for patients to use.</p>	<p>Regulation 15 (1) (a) & (b)</p>
<p>14. A review of governance/audit processes is urgently required. The Senior Management team at the hospital must have effective processes in place to quality assure all aspects of service provision and the effectiveness of the risk management, control, and governance processes in place. An important aspect of this process is ensuring that staffing numbers are adequate to meet all the patient needs including the range of observational levels.</p>	<p>Regulation 15 (1) (a) & (b) and Regulation 19 (1) (a) & (b)</p>

You are now required to submit a detailed action plan to HIW by **27 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 Philip Maliphant, Hospital Manager.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Powell', written in a cursive style.

Mr John Powell
Head of Regulation

cc – Mr Philip Maliphant, Llanarth Court Hospital, Llanarth, Raglan, Usk, NP15 2YD