<table>
<thead>
<tr>
<th><strong>Healthcare Provision:</strong></th>
<th>St David's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact telephone number:</strong></td>
<td>01490 430288</td>
</tr>
</tbody>
</table>
| **Registered Provider:** | Mental Health Care (St David’s) Ltd  
A subsidiary of Castlebeck Group Ltd |
| **Responsible Individual:** | Mr Bob Ellis (Retired)  
Now Mr Andrew MacGlashen |
| **Registered Manager:** | Mr Neil Wattret |
| **Number of places:** | 15 |
| **Category:** | Independent Hospital |
| **Date of first registration:** | 1\textsuperscript{st} March 2007  
Previously registered with CSIW as a Care Home for Younger Adults. |
| **Date of publication of this report:** | 2\textsuperscript{nd} September 2008 |
| **Date of previous published report:** | N/A |
| **Lead Inspector:** | Helen Nethercott |
| **Specialist Inspectors/Advisors:** | Hugh Apperley – Pharmacist  
Sarah Cullen – Assistant Regulation Officer |
GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the service’s compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

The HIW’s Inspectors are authorised to enter and inspect healthcare services at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities, self-assessment and the use of questionnaires. HIW try to find the best way of capturing the experience of patients, their relatives/representatives and staff employed within the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the service. Inspection enables the HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The service’s own statement of purpose

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year’s report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the HIW or with the registered person.

The Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the Healthcare Inspectorate Wales web site: http://www.hiw.org.uk/
OVERALL VIEW OF THE HEALTHCARE SETTING

St David’s Independent Hospital is a large detached premises set in its own grounds overlooking the River Dee just outside the village of Carrog, 7 miles from Llangollen in North Wales.

The premises were previously a residential and religious retreat before becoming a care home registered with the Care Standards Inspectorate for Wales. The service applied for registration with Healthcare Inspectorate Wales as an independent hospital and registration was approved on 1st March 2007. This is the first inspection report regarding compliance with the Private and Voluntary health Care (Wales) Regulations 2002. There are no previous requirements to carry forward. It is part of the Mental Health Care (UK) Group that provides a range of learning disability and mental health services across North Wales.

In August 2007 Mental Health Care (UK) Ltd was acquired by Castlebeck Group Ltd. As a consequence of this there have been significant changes to the senior management team. In March 2008 Andrew MacGlashen was nominated to HIW to take over as the Responsible Individual.

St David’s Independent Hospital was originally registered to accommodate up to 12 patients. An application to vary the conditions of registration as part of a refurbishment programme was approved by HIW in October 2007. The service is now registered to take up to 15 male adults with borderline or moderate learning disability that require treatment and rehabilitation. The service is registered to accommodate patients who may be liable to be detained for treatment under the Mental Health act 1983.

St David’s also supports individuals with learning disability who may also have co-existing secondary conditions such as difficult or challenging behaviour, mental health problems, ADHD or epilepsy. It is an ‘open’ service and is not registered to accommodate those who require any conditions of security.

On the day of inspection there were 14 patients accommodated at St David’s of whom 7 were informal, 5 were detained under the Mental Health Act 1983, 1 had a conditional discharge from detention and 1 was bailed from Court.

Staffing levels for the service are to be provided as described in the Statement of Purpose, which is a condition of registration.

A comprehensive care and clinical review was conducted in December and January. This involved capturing the views of both staff and patients about what it is like to be in the service and the way it is delivered. The review culminated in roadshows across the service in March 2008 when the findings were reported back to patients and staff. A written summary of findings was produced which included an easy read version. This is to be commended.
METHODOLOGIES USED IN THIS INSPECTION

The main inspection process was undertaken over the course of one day, with the Inspections Manager gathering information. The Registered Manager Mr Neil Wattret and other members of staff were involved in the process and were open and professional in approach.

Information was collated via analysis of documentation made available prior to and during the inspection, discussion with the staff team, a tour of the establishment and discussion with a number of patients who were present.

A number of the care plans were scrutinised. Other aspects of methodology used during the inspection included direct observation of care and other practices.

A physical viewing of the premises and grounds was undertaken, and an examination of policies, procedures, information leaflets, maintenance certificates and records. The viewing included, by the agreement and invitation of occupants, the general condition of individual rooms. Communal areas, the laundry, bathroom and lavatory areas were also viewed.

The premises were inspected primarily against the Private and Voluntary Health Care (Wales) Regulations 2002, in addition to the core National Minimum Standards for Private and Voluntary Healthcare services. These standards were also supplemented by the service specific standards for mental health establishments, including the standards for establishments where a persons may be detained under provisions of the Mental Health Act 1983.
INFORMATION PROVISION

Inspector's findings:

**Statement of Purpose**
A statement of purpose was developed to meet regulatory requirements at the time of registration with HIW in March 2007. It was revised at the time of the application to increase beds from 12 to 15 agreed in October 2007.

**Patient Guide**
An informative patient guide is in place. St David’s is registered to provide a service to patients with learning disabilities. The registered persons must ensure that information for patients is in a language and format to meet their needs and address any compromising factors in their literacy or comprehension of written material. The manager reported that it is planned the occupational therapist will undertake basic skills assessment with each patient but this had not yet been actioned.

**Notice Boards**
Notice Boards in the establishment displayed a range of information including, complaints and advocacy and ‘in house’ information.

**Arrangements for visiting**
Visitors are encouraged to visit at times when the therapy programmes are not underway. Child visitors are discouraged on the premises and particular arrangements for children to visit patients must be made with the Manager or staff at St David’s. Family and carers are invited to attend reviews and arrangements can be made in consultation with staff.

**New requirements from this inspection:**

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<thead>
<tr>
<th>Action Required</th>
<th>Timescale for completion</th>
<th>Regulation Number</th>
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<tbody>
<tr>
<td>0708/1The registered persons must ensure that information for patients is in a language and format to meet their needs and address any compromising factors in their literacy or comprehension of written material.</td>
<td>31 November 2008</td>
<td>Regulations 8(1)g, 14(1), 15(4)b, Standards C1.4, M15.4</td>
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</table>
QUALITY OF TREATMENT AND CARE

Inspector's findings:

Clinical Governance
There are systems and processes for clinical governance at St David’s as part of a clinical governance programme within Mental Health Care (UK).

A comprehensive care and clinical review was conducted during December 2007 and January 2008. Senior staff from both MHC and Castlebeck who were from a range of clinical backgrounds undertook the review. The reviewed focused on the experiences of patients and staff in receiving and delivering the service. At the end of the review the findings were reported via a series of roadshows. A summary of findings was also produced including an easy read version.

The findings of the review were reported under 12 key headings

1. **Fundamental care of service users** – service users reported they were happy with the majority of their care, and overall care was deemed to be good. There were specific ideas put forward for improvement.
2. **Service user relationships** – relationships were found to be well maintained and supported with people both inside and outside the establishment.
3. **Staff motivation** – staff were actively engaged in the review and provided frank feedback about problems and challenges as well as lots of ideas for improvement.
4. **Need for a change in culture** – the need for a more open, reflective and trusting culture was identified.
5. **Health and safety issues** – the need for a review of this particular area was established to ensure all areas are identified and corrected.
6. **Clinical model** – the need for a clear clinical model was established. Since the inspection the clinical model has been developed, communicated to HIW and implementation has begun.
7. **Role of nurses support workers** – the need for nursing and support staff to be more actively involved in therapies was identified. There was recognition of the training implications of this.
8. **Role of the manager** – more responsibilities are to be devolved to managers at a local level.
9. **Staff support and communication** – recognition of the need to ensure continuing professional development, appraisal, supervision and peer support is available to all staff. The development of an academic programme.
10. **Training** – need for specialist clinical training both at induction and ongoing.
11. **Quality/ clinical governance** – plan to integrate MHC clinical governance with that of Castlebeck.
12. **IT data systems** – need to improve data systems and support for staff.

The comprehensiveness of the review and the depth of involvement of patients and staff both in the review and the feedback is to be commended. The actions resulting from the review will be monitored by HIW as part of the ongoing inspection programme.

Policies and procedures
There are a range of corporate policies and procedures in operation across the company. A register of policies, procedures and protocols was seen that specifies the date the document was agreed for circulation, the date due for review, and the date the document was reviewed.
**Care Programme Approach**

A CPA policy was submitted to HIW. The manager reported that patient centred care is being delivered through the implementation of the Care Programme Approach. The multidisciplinary team meets regularly and reviews for each patient are held 6 monthly. There was evidence that carers and family members are invited to CPA reviews.

The manager reported that the audit programme was being developed. This would include audit for CPA.

**Patient Centred Care**

HIW has been advised that the new model of care ‘SHARED’ (Supportive Help Achieving Realistic and Effective development) to be implemented at St David’s is a user focussed programme based on a recovery model, dialectical behavioural therapy and cognitive behavioural therapy. It was reported that the model has been implemented in Castlebeck services for some time and is being established as an accredited training programme leading to degree level qualification via affiliation with the University of York.

Detailed activity plans were being developed for a number of patients. Nursing and occupational therapy staff described a broad range of activities on offer for patients through the occupational therapy centre such as bird watching, relaxation, anger management, metal detecting, literacy and numeracy skills, fishing, conservation project, photography, music, art and cooking skills.

Staff also gave accounts of patient holidays, and said that wherever possible patients have an annual holiday escorted by staff.

**Patient Views**

Staff reported that patient meetings are held regularly and minutes are kept from the meetings. This provides an opportunity raise any issues they may have. A number of patients asked to meet with the inspections manager as part of the inspection. They were all happy with the care and treatment received and said they would approach a member of staff if they had any concerns.

As referred to earlier in this report, patients were involved in focus groups to capture their views of the service as part of the clinical review. Patients were complimentary about:

- The way they were treated by staff.
- Availability of holidays.
- Activities and educational opportunities.
- Being able to make friends and their accommodation.

They identified the need for improvement in:

- Availability of cooking and activities at weekends and evenings
- Their involvement in planning meals and for meal times to be more relaxed.
- Bathroom and toilet facilities.
- Availability and number so staff to go out.
- Clarity regarding the points reward system.

**Advocacy arrangements**

There is an agreement for Conwy and Denbighshire Mental Health Advocacy Service to provide advocacy for patients at St David’s. The advocate visits St David’s every second week and spends time with individual patients. The manager reported that advocacy services are also available from Systems Advocacy and the Citizens Advice Bureau.
Privacy and dignity
Each bedroom was personalised with a selection of belongings, hi-fi, TV and other personal effects. All patients have a small safe in their room for small amounts of valuables.

St David’s is a single gender service. Not all rooms are provided with ensuite facilities but there are adequate facilities to bathe and shower in the establishment.

New requirements from this inspection:

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<tr>
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<td>None</td>
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**MANAGEMENT AND PERSONNEL**

**Inspector's findings:**

**Registered Manager**  
The registered manager of the hospital is Mr Neil Wattret. He is a registered nurse in learning disability and has many years experience in a broad range of learning disability services including secure hospitals.

**Responsible Individual**  
Mr Bob Ellis was the responsible individual for St David’s when it was first registered with HIW and the other Mental Health Care (UK) independent hospitals. He conducted the visits as required in the regulations. Regular meetings have also been developed with HIW to discuss progress and any issues that may arise.

In March 2008 Andrew MacGlashen, Operations Director was identified as Responsible Individual for St David’s and the other MHC (UK) independent hospitals in Wales.

**Human Resource Policies**  
A range of corporate policies and procedures are produced and reviewed by the human resources department at Mental Health Care (UK).

**Staffing**  
The manager reported in pre-inspection information that in the past 12 months 11 staff had left the service, and 4 had transferred elsewhere in the company. 14 staff had been recruited and there had been 5 internal transfers. There were vacancies for 3 registered nurses, 3 care support workers a housekeeper (part time) and cook (part time). This is a high turnover of staff and will be monitored by HIW.

The manager reported that there were 3 staff on induction on the day of inspection. It was also reported that the local vicar was currently awaiting CRB clearance as it was intended he would have closer links with the service.

On the day of inspection the following staff were present at the establishment:-
- Manager
- Senior Nurse and a registered nurse
- 7 care support workers
- 1 admin
- 1 cook
- 1 occupational therapist (OT) and 2 OT technicians plus 2 OTs shadowing from New Hall (another independent hospital in the group) to share good practice.
- 1 social worker
- 3 carpet layers (external contractors)

The service is supported by a multi disciplinary team provided centrally. This provides for 24/7 on call if required and dedicated input to the service.

**Training & Supervision**  
The manager reported that supervision was up to date and records were in place to support this.
The manager reported that a training plan is in place. Training records showed that staff were currently undergoing a programme of mandatory training refreshers in areas such as CPI, fire safety, first aid, manual handling, food hygiene, health & safety, infection control.

There was evidence of a small number of individual accessing training in cognitive and behavioural therapy approach (1), Aspergers (2) in 2007. However training was generally needed to focus on clinical needs in addition to statutory training.

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<tr>
<td><strong>0708/2</strong> The registered persons must ensure that training in relation to clinical need of patients must be planned and in place on an ongoing basis to ensure staff are suitable skilled and experienced to meet patients needs.</td>
<td>31September 2008</td>
<td>Regulation 17(1)a Standard C9, M6M47</td>
</tr>
</tbody>
</table>
**COMPLAINTS MANAGEMENT**

**Inspector's findings:**

<table>
<thead>
<tr>
<th>Number of complaints</th>
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<tbody>
<tr>
<td>The manager reported that there had been 6 complaints from patients and 4 complaints from staff.</td>
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</table>

The complaints from patients related food (2), clinical (1), medication (2), transport (4). A further complaint was sent to HIW by a member of staff and was investigated and resolved appropriately as no evidence could be found to support it. HIW is satisfied at this time there is a good level of recording complaints raised by patients and staff and that complaints appear to be investigated and managed appropriately, and that no further action is required.

**Information on complaints**

There was information on complaints on notice boards around the establishment. There is also an easy read version available within the company. A copy of which should be available at St David's.

**Whistleblowing policy**

A Whistleblowing policy is available for staff to use as necessary and is advertised on notice boards throughout the establishment.

**New requirements from this inspection:**

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HN/St Davids Hospital/0708
PREMISES, FACILITIES AND EQUIPMENT

Inspector’s findings:
St David’s independent hospital is located in a quiet setting on the hillside overlooking the Dee valley not far from the village of Carrog in Denbighshire. There is no direct public transport link to the establishment, however a local bus route is available from the village and the establishment has its own transport for patients.

Externally
St David’s Hospital is a large and spacious 3 storey premises set in its own extensive grounds. The establishment has previously been used as a religious retreat and a care home.

The main house is located at the end of a drive with a steep incline that would be difficult for those who are frail or with mobility problems. There is however adequate parking in front of the house and along the drive.

The occupational therapy area is located at the bottom of the drive. A wide range of activities are provided from here as referred to earlier. It appeared to be popular with patients.

Internally
The front entrance leads to an impressive wooden panelled entrance hall and stairway. At the time of inspection the carpets to the stairs and landings were being replaced.

The staff offices, clinic room and communal areas area accessed from the entrance hall.

Communal accommodation
Communal areas include 2 large lounges and a dining room. These areas are comfortably furnished to meet the needs of patients. The lounge areas open onto a terrace at the back of the building, which overlooks the Dee valley. There is also a large sloping lawned area. There is free access between the communal areas and the terrace, which is particularly enjoyed by patients in good weather.

Bedrooms
2 bedrooms are provided on the ground floor. The remaining 13 bedrooms are provided on the first floor.

Refurbishment
A programme of refurbishment has been underway to upgrade the building.

Plans have not yet been finalised for use of the second floor, which could be adapted to provide office accommodation for multi disciplinary team members or a separate step down flat.

At the time of inspection the following areas for action were noted:-
1. Bathroom A – tiles require replacing and a new floor was required in the toilet area.
2. Bedroom 3 – a damp patch on the ceiling requires investigation and corrective action.
3. Laundry room – damp patch on ceiling requires investigation and corrective action, flooring needs attention.
4. Bathroom B – the bath was leaking
5. Toilet E – there was no seat for toilet which needed resealing, no plug in basin, paint was flaking on the ceiling.
6. Bathroom C – bath panel was waterlogged as it had not been sealed properly, there was no towel rail, toilet was leaking, water temperature on bath needed checking to be within acceptable safe range.
7. Bathroom D – was out of use.
8. A drain was blocked outside the kitchen, the manager arranged for immediate action to be taken.
9. Circuit breakers required appropriate coverings.

Main Kitchen & Catering
2 storerooms adjacent to the main kitchen had just been refurbished and decorated to a good standard. The main kitchen is appropriately fitted out and was visited by the Environmental Health Officer/Food Safety Team on 7 November 2007.

Staff reported that supplies are provided by a local butcher and fruit and vegetable supplier. The inspections manager sampled the lunch menu on the day of inspection. Lunch appeared to be relaxed and patients were happy to discuss their time at St David’s. Staff join patients for lunch and sit down at the table to eat with them. It was reported that patients are able to assist in menu planning, and those spoken to on the day were generally happy with the menu choices

Laundry
The laundry is in the basement of the building. The manager explained that patients are escorted by staff to use machines for personal laundry.

Certificates
Relevant certificates were in place and copies were submitted to HIW with the pre-inspection information.

Fire
A fire risk assessment is in place and records were evident of fire training, fire drills and testing of alarms and emergency lighting. Records showed that drills took place in April, September and November with an average evacuation time of 4 minutes.

Clinical Waste
Contracts were in place for the removal of clinical and pharmaceutical waste.

New requirements from this inspection:

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<tr>
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<tbody>
<tr>
<td>0708/3 The registered persons must provide an update to HIW on the actions taken to rectify the following:- 1. Bathroom A – tiles require replacing and a new floor was required in the toilet area. 2. Bedroom 3 – a damp patch on the ceiling requires investigation and corrective action. 3. Laundry room – damp patch on ceiling requires investigation and corrective action, flooring needs attention.</td>
<td>31 August 2008</td>
<td>Regulation 24(2) Standard C19</td>
</tr>
</tbody>
</table>
4. Bathroom B – the bath was leaking.
5. Toilet E – there was no seat for toilet which needed resealing, no plug in basin, paint was flaking on the ceiling.
6. Bathroom C – bath panel was waterlogged as it had not been sealed properly, there was no towel rail, toilet was leaking, water temperature on bath needed checking to be within acceptable safe range.
7. Bathroom D – was out of use.
8. A drain was blocked outside the kitchen, the manager arranged for immediate action to be taken.
9. Circuit breakers required appropriate coverings.

| 0708/4 A copy of the EHO report and report on any associated recommendations to be forwarded to HIW. | 31 August 2008 | Regulation 24(2) Standard C21 |
RISK MANAGEMENT

Inspector's findings:

Risk Management Policy
A corporate risk management policy is in place. Risk assessments are part of the care management plans as part of the care planning process.

Management of Violence and Aggression
All staff receive training in the management of violence and aggression that is provided corporately. This training focuses on diversion and diffusion of the situation rather than restraint.

Training is provided centrally to manage incidents of violence and aggression, this comprises a 2-day course with a 1-day refresher. Seclusion is not provided at St David’s.

Medicines Management
Evidence was seen that there are measures in place to ensure the safe management and secure handling of medicines. The measures included patients’ photographs being placed on their records. Only nursing staff administer medicines and a clinic and medications audit occurs every Sunday.

A hygiene company is contracted to dispose of pharmacy waste bins. Receipt of medicines is logged in a medication stock book. The medicines are then stored, logged in and kept under lock and key in the clinic.

Evidence was seen that controlled drugs (CDs) are stored, administered and destroyed appropriately. Denatured CDs are left in their DOOP kits in the CD cupboard and given to a waste contractor separately. Oramorph 10mg/5ml is treated as a CD. Original prescriptions are retained at St David’s and issued to the pharmacy (through its representative) on receipt of the delivered medicines/drugs. The manager was advised this system did not comply with legislative requirements for controlled drugs and alternate arrangements were immediately put into place.

A local GP prescribes medicines for physical conditions. The psychiatrists in the service prescribe psychotropic medicines. Patients discuss new medication with a doctor who will not prescribe unless the patient has been informed.

There is currently no pharmaceutical input apart from a medicines supply. The BNF was March 2007 (and out of date). This should be updated and kept up to date.

The hospital has a policy for assessing if self-administration can occur. At the time of inspection, one patient was self-medicating. Standards are high, however an area of concern is the fact that the prescriptions are only received by the pharmacy after the delivery of medicines, which has since been resolved.

Resuscitation equipment
The manager reported that resuscitation equipment was in place and that staff had received the appropriate training. Training for administration of medical gases had not yet taken place. The registered person must ensure that training includes the safe storage of medical gases as well as safe administration.
**Mental Health Act**
The Mental Health Act Commission (MHAC) inspected St David’s Hospital on 1 August 2007. The report states that the files, records and documents were found to be well-organised and easy to access with legal documentation in good order.

The following 3 recommendations were made as a result of the visit:
1. To provide the MHAC with an updated plan of refurbishment and redevelopment.
2. To ensure that the aims and objectives set out in the Statement of Purpose and the Service Users Guide are being monitored with regard to the provision of occupational therapy services and meeting the assessed needs of patients.
3. To ensure that communication with external agencies strengthens via the CPA and that this is recorded in the documentation.

**New requirements from this inspection:**

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<tr>
<td>0708/5 HIW must receive confirmation of the arrangements to provide pharmacist advice to meet NMS M10.</td>
<td>30 September 2007</td>
<td>Regulations 14(5) Standard M10</td>
</tr>
<tr>
<td>0708/6 An up to date BNF must be available at all times for staff administering medicines.</td>
<td>31 August 2008</td>
<td>Regulation 8(1)g, 14(5) Standard C24.2</td>
</tr>
<tr>
<td>0708/7 An update on response to the recommendations made by the MHAC is to be provided as part of the response to this report.</td>
<td>31 August 2008</td>
<td>Regulation 15(1) Standards M41- M47</td>
</tr>
</tbody>
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RECORDS AND INFORMATION MANAGEMENT

Inspector's findings:

Data Protection Act
There was evidence that staff and patient records are stored to meet the requirements of the Data Protection Act.

Patient Records
A sample of patient records were observed as part of the inspection. All records contained risk assessment, identified problems and short and long term goals.

Entries in the records were dated, and signed although not entries were timed as required by the national minimum standards.

Staff Records
A representative cross-section of ten staff personnel files was inspected. It was evident that the wording of reference request forms was changed during 2006. This company-wide improvement has ensured that the questions now elicit detailed information from referees to build an accurate picture of the skills, character and experience of applicants.

Written records of recruitment interviews were on the majority of files viewed. It was recommended that these be kept on all individual files so that the performance of applicants at the interview stage is evidenced.

Mandatory training updates had been undertaken in November 2007 and this was evidenced as certificates and/or copies of certificates were present on all personnel files viewed. This was noted as an area of good practice.

Records of up-to-date Criminal Records Bureau disclosures were seen on every file viewed at St David’s. However records held at the head office were checked as part of the inspection. It was noted that the Responsible Individual and the Director of Legal Services and the Registered Manager did not have a CRB that had been issued in the last 3 years. A written notification for action was issued and confirmation was subsequently received that this had been rectified.

Records Archive
There is adequate space at St David’s to archive patient records to meet regulatory requirements. Records were observed to be stored in a designated area in the basement.

Patient Money
A spot check was made on records and balance and found to be up to date and correct. The manager reported that all patients have a small safe in their rooms for safekeeping of valuables.

New requirements from this inspection:

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RESEARCH

Inspector's findings:

It was reported that no research is undertaken in the establishment involving information from the running of the establishment, or the participation of staff or patients.

The manager must be assured that any staff undertaking external courses involving participation in a research project, and using information from the service provided at St David's are aware of the requirements to gain relevant approval and follow the policy.

HIW requires confirmation that a corporate research policy is in place to comply with Research Governance Framework published by Welsh Assembly Government and the requirements of the Mental Capacity Act.

New requirements from this inspection:

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<tr>
<td>0708/8 Research policy must be revised and updated to comply with published guidance from Welsh Assembly Government and the implementation of the Mental Capacity Act.</td>
<td>30 November 2008</td>
<td>Regulation 23 Standard C 34</td>
</tr>
</tbody>
</table>

Good practice Recommendations:

None
ACTION PLAN FROM REPORT

Inspector’s findings:
The focus of the inspection and report for this year has been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

Submission of a detailed action plan in relation to the 9 requirements is required as a result of this report as set out below.

The registered person must ensure that the action plan submitted identifies the actions taken in relation to the requirements and progress up to the time of submission of the action plan.

New requirements from this inspection:

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<tr>
<th>Action Required</th>
<th>When Completed</th>
<th>Regulation Number</th>
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<tr>
<td>0708/9. HIW requires the submission of an action plan addressing all the</td>
<td>31 August 2008</td>
<td>Section 31 (1) Care Standards Act 2000</td>
</tr>
<tr>
<td>requirements made this year and those carried forward in this report.</td>
<td>30 November 2008</td>
<td>The registration authority may at any time require a person who carries on or</td>
</tr>
<tr>
<td>The action plan must clearly identify</td>
<td>28 February 2009</td>
<td>manages an establishment or agency to provide it with any information relating to</td>
</tr>
<tr>
<td>1. the requirement,</td>
<td></td>
<td>the establishment or agency which the registration authority considers</td>
</tr>
<tr>
<td>2. the action to be taken,</td>
<td></td>
<td>necessary or expedient to have for the purposes of its functions under this Part.</td>
</tr>
<tr>
<td>3. person responsible,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. due date for completion,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. and a status report as of the day of the action plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The plan must be reviewed 3 monthly, and a copy submitted to HIW on the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>last day of the third month until all requirements have been met.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inspector’s Name: H Nethercott  Date: 2nd September 2008

Inspector’s Signature: [Signature]