

**BETSI CADWALADR UNIVERSITY HEALTH BOARD – MENTAL HEALTH CLINICAL PROGRAMME GROUP
 OLDER PERSONS SERVICES – BRYN HESKETH AND GLAN TRAETH
 ACTION PLAN IN RESPONSE TO H.I.W VISIT 18 AND 19 NOVEMBER 2009**

KEY:

GREEN – COMPLETE
YELLOW – NEAR COMPLETION
RED – NOT COMPLETE

Area of Concern	Action	By Whom/When	Further Information
Dignity and Respect Inspectors expressed concern regarding the lack of recognised pro forma for recording capacity and lack of precise knowledge of the terms amongst staff	Ward managers to ensure all staff receive up to date training on MCA. Ward rounds are used as the forum to discuss and formally record capacity and consent issues, through recognised format.	Service manager to ensure all staff within service are able to access training with immediate effect from November 2009. All ward managers to ensure process is adhered to and audited as part of internal CPA audit.	All staff have received training on MCA All staff receive MCA training. Updates due. Capacity forms completed in ward rounds.
Protected Meal Times/Access to Snacks Both wards have introduced protected mealtimes, which has been of great benefit to patients. It is essential that this is adhered to whilst not compromising the role of carers who wish to participate in the process when appropriate. Some concerns were noted regarding access to snack foods at Bryn Hesketh.	Ward managers to ensure relatives are engaged in the process of care planning and are aware of the purpose of protected mealtimes and how they can support mealtimes for patients. Bryn Hesketh to ensure that protected mealtimes apply to all agencies and support services. MUST assessments to utilise access to snack foods for all patients on the units.	Ward managers to ensure protected mealtimes approach is adhered to by all agencies and to reaffirm this by letter. With immediate effect November 2009	Protected mealtimes adhered to and audited monthly. Snack food sent from kitchen daily for all patients and further supplements sent for patients identified at risk via MUST assessment. Patients attending day hospital have tea/coffee & toast mid morning, lunch, tea/coffee & biscuits mid afternoon. There is always a supply of additional items on the ward if needed.

			Protected mealtimes notices displayed on ward. MUST Tools used. Foods and snacks received from Col Bay Hosp kitchen. Supplements obtained from dieticians.
Environment of Care Observation Panels in Doors The lack of observation panels in doors mean that staff have to open doors to make sure patients are checked. In Glan Traeth the panels were blocked off some years ago following a MHA commission visit where it was highlighted as a lack of privacy. Smoking Some concerns raised regarding lack of appropriate access and designated, covered smoking areas.	Estates have been contacted and suggested use of spy holes which was deemed inappropriate. Feasibility of changing doors or inserting viewports to be investigated via estates in absence of other appropriate management process Clinical Programme group are currently developing a protocol regarding smoking to include all inpatient units across the Health Board. This will include advice and support for service users to encourage them to refrain from smoking whilst in hospital. This has not been highlighted as a concern previously.	Service manager awaiting costing from estates to initiate further explore potential. Completion date has been put back to October 2010 Team to await response from Chief of Staff and Clinical Programme Group. Expected end of October 2010.	For further review by new Head of Programme and Interim Programme Manager Awaiting response. Patients are permitted to smoke outside on patio. We are compliant with the ‘no smoking in public places’ although those patients who do smoke and wish to continue to do so are accompanied by a staff member and go outside to smoke. Those patients who have expressed a wish to stop smoking have been provided with nicotine patches. Documented in care plans that families sign. We are awaiting

Lack of Accessible Communication Aids Concern was expressed regarding lack of loop system on Bryn Hesketh and lack of communication aids on both wards. Lack of appropriate signage for dementia units was also a criticism and appropriate means for patients to identify their rooms.	Bryn Hesketh ward is currently piloting use of pictorial signs. Signs have previously been placed on bedroom doors but have been removed by patients. Ward managers have agreed to explore use of photographs and other sources to improve environment. Loop system in Bryn Hesketh needs to be extended to cover reception area – Ward Manager to deal with this.	Ward managers to commence with immediate effect. Reviewed August 2010 – still not complete will review in 2 months.	further advice from management. Temporary signs have been used since raised by HIW and continue to be removed by patients. These replaced as needed. We now need to explore having permanent <i>'professionally made'</i> signs. Portable loop system currently on order. Patients' hearing is assessed as part of admission process. Those with identified needs will have access to loop system. Loop system also to be used in reception area for those attending clinics. Needs assessed on admission. Access to social workers for blind / sight problems. Access to interpreters. Large print can be arranged. Assessment by SALT as needed. Loop Systems have been ordered, awaiting delivery. Access to appropriate referrals Designated Health & Safety Nurse undertakes quarterly COSHH audits
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Lockable Cupboards There are lockable cupboards in Bryn Hesketh but they weren't locked on the day of the visit	This matter was dealt with on the day. It is the responsibility of the nurse in charge to ensure all COSHH procedures are adhered to.	With immediate effect.	Notices displayed on cupboard doors. Nurse in charge to check bedrooms once patients up. Any concerns to be addressed at the time.
Bedrooms too Clinical Lacking Personal Items Money in patients' amenities funds have been used to purchase pictures and personal items for the units. In addition to this ,patients are encouraged to bring small personal items in to hospital, but this is risk assessed to ensure safety of patients is assured.	Ward managers have bought appropriate items for all inpatient units	April 2010	Discussed with all staff in management supervisions.
Ward Cat Ward cat is seen as a significant emotional benefit to patients but there is no protocol in place to manage the health of the cat.	Protocol developed to ensure safe vetting and worming regime in place for the cat. Infection control department have been involved in this process and the development of a protocol.	November 2009	Risk assessment and worming regime in place. Reviewed regularly
Washing Machine No appropriate protocol for the safe and effective management of the washing machine.	Infection Control has been asked to support the development of a protocol to ensure risks related to infection are minimised.	December 2009	Protocol in place following consultation with Infection Control and laundry service manager. Protocol displayed Above washing machine. Discuss at ward meeting

			Copy of protocol displayed in laundry room.
Patient Records It was reported that the layout of notes was inconsistent. Lack of documentation from social care indicating a lack of integration. No formal record of consent. Lack of patient and carer involvement in care planning Care planning left until discharge not started at admission. Lack of fundamentals of care audits	Working group has been set up in central to look at new layout of notes to include standardised format and use of single set of case notes – this will support the development of service and ensure better integrated working with the community. FOC needs to become embedded in team working and is a standard agenda item on the team managers and ward meetings. Training has been successful in raising the profile. Managerial supervision tool has been amended and now includes discussion relating to this.	Work in progress for completion by end of September 2010 Ongoing work completed end of March 2010	Awaiting new case files Some new files already in use. Patient notes audited monthly and via management supervision. FOC audit carried out annually. Monthly audits carried out in areas such as MUST, etc. Agenda item at all meetings and discussed within management supervision
Lack of Activities Organiser Wards still suffer from lack of therapy input. However this is being addresses in part with the development of activities organisers and shared roles.	On going work in the ward meetings and with therapy department has seen a benefit and will continue to benefit patients and health care support workers to deliver one to one therapies.	Started in November 2009 for completion in September 2010	Still no input from OT for activities, any activities remain nurse-led. This will be reviewed with the Therapies CPG at the regular meetings between the two services We aim to replace a HCSW with a housekeeper / activities co-ordinator. Vacancy control pending.

Children Visiting There is no policy in place to support children wishing to visit the unit	The units have adopted and are currently working through the protocol used in adult services to ensure a safe process is in place to facilitate this.	For completion end of September 2010	Discussed with families and advised that children / minors must be accompanied. Discussions to be documented in nursing notes.
Safety of Staff at Night in Glan Traeth It was highlighted that staff feel vulnerable at night	The front door has been repaired; however the safety of the unit has recently been further compromised with the closure of the Royal Alexandra hospital. The future of the site is unsure; however staff and patient safety must remain paramount.	Ongoing.	Minimum 3 staff at night. Staff aware to dial 9-999 if they feel vulnerable. All windows and doors checked each evening.