Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health / Learning Disability Inspection (Unannounced)

St Peter's Hospital
Wards: Brecon, Raglan and Upper Raglan

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1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi–disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)[1]
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food

[1] The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to St Peter's Hospital, Newport on the evening of the 13 September 2016 and all day on the 14 and 15 September 2016. Our previous inspection to St Peter's Hospital was undertaken in February 2015.

St Peter's Hospital registered with HIW in January 2014 and is currently registered to accommodate 33 patients within three separate units. The hospital was previously registered as Llanbedr Court.

At the time of our inspection Brecon Ward was an 18 bedded single gender unit, that accommodated male patients. Raglan Ward is a 10 bedded single gender unit and Upper Raglan Ward is a five bedded single gender unit. Both Raglan and Upper Raglan wards were female at the time of our inspection. All units are registered as single gender and can change between male and female depending on current patient group requirements.

St Peter's Hospital provides a service for persons with a diagnosis of Organic Brain Disorder, Dementia or Acquired Brain Injury who may be liable to be detained under the Mental Health Act 1983.

During the three day inspection, we reviewed the three wards, reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Peer Reviewer, one Mental Health Act Reviewer and two members of HIW staff.

4. Summary

Our inspection at St Peter's hospital took place across all three wards. Overall, we found evidence that the service provided person centred care that was safe and effective. Great effort had been made to further improve the Dementia Friendly Design environment with future plans being developed.

This is what we found the service did well:

- Provided a well maintained hospital environment that has been developed to meet the needs of the patient group
- There was evidence of established ward-based multi-disciplinary teams that provided patient centred care
- Physical health assessment, monitoring and recording was comprehensive
- We observed a very good standard of management and leadership at the hospital
- We saw a committed staff team who appeared to have a very good understanding of the needs of the patients being cared for at the hospital
- There were suitable activities available to patients within the hospital and provided in the community.

This is what the service is required to improve:

- Ensuring that all staff follow the registered provider's policies for storage and handling of medicines
- Ensuring patients' unmet needs and the actions that are going to be taken (by who and by when), to address these needs, are documented
- Ensuring clinic rooms and the equipment within are maintained to the required standard for maintaining infection control procedures
- Ensuring up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.

5. Findings

Core Standards

Ward environment

The intercom system from the hospital gate to the hospital building is not suitable for out-of-hours when the reception is not staffed. During the evening and at night time, the intercom links to the ward offices, however if there are no staff in the office, the intercom cannot be heard. On arriving unannounced at the hospital late in the evening of 13 September, we could not inform the hospital that we were on site or gain immediate access to the premises via the intercom system.

Requirement

The Registered Provider must ensure that there is an appropriate intercom system to contact St Peter's Hospital 24 hours a day from outside the hospital.

Throughout the hospital the furniture, fixtures and fittings had been designed and installed to provide a Dementia Friendly Design environment. Each patient's bedroom door was unique to assist with ease of recognition and orientation; the décor, fixtures and signage throughout the ward were bold and clear to assist patients and help maintain their independence. Outside each bedroom door there was a memory box which contained items meaningful to the patient to assist with reminiscence and interaction with staff.

There was also a large display of pictures in the communal areas of the hospital that were suitable for the patient group and provided therapeutic reminiscence.

The hospital was clean and well maintained throughout. There was a dedicated housekeeping team for St Peter's Hospital who maintained the cleanliness to a high standard and on-site maintenance team who were able to rectify the majority of issues quickly. We saw that one bedroom door window was cracked; this was reported and was in hand with the window on order from an external supplier.

Requirement

The Registered Provider must ensure that the cracked window on the door is replaced.

We noted that throughout the hospital there was information for patients and relatives. However, some information displayed within the reception area of the hospital was out-of-date and required updating.

Requirement

The Registered Provider must ensure there is a process in place so that up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.

Brecon Ward

Brecon Ward was a male ward which has 18 individual bedrooms situated on the ground floor.

There was a lounge-dining room available to patients; the registered provider had refurbished the area which had improved the lounge-dining area since our previous inspection. We were informed that since our last inspection the registered provider had considered dividing the room in to a separate lounge and dining room. However, the separation of the room into two rooms would not be suitable for the patient group due to the reduction of space in each room and impact on lighting.

The carpet in the corridor area of Brecon was worn and stretched in places. Due to some patients' mobility difficulties and the use mobility aids, in certain areas, the carpet was a potential trip hazard. It was confirmed that new flooring was due to be laid to replace the carpet, but no timescales were available at the time of our inspection.

Requirement

The Registered Provider must ensure that appropriate flooring is laid to replace the carpet in the corridor areas of Brecon ward.

Patients had access to outside space. Since our previous inspection the area had been developed into a sensory garden which was an attractive and well maintained. It was evident throughout our inspection that patients accessed this area and staff informed us that they use the area to undertake communal activities. Within the garden area, facilities were provided for those patients who wished to smoke.

Raglan Ward

Raglan Ward was a female ward which has 10 single bedrooms situated on the ground floor.

There were appropriate communal lounge, dining and lavatory facilities on the ward.

Patients had access to outside space. Since our previous inspection the area had been developed into a sensory garden which was attractive and well maintained area. It was evident throughout our inspection that patients accessed this area and staff informed us that they use the area to undertake

communal activities. Within the garden area facilities were provided for those patients who wished to smoke.

Upper Raglan Ward

Upper Raglan Ward was a female ward, providing 5 single occupancy bedrooms on the first floor of the hospital.

The ward environment had undergone refurbishment and was much improved since our previous inspection where the ward was bare and damaged. The ward had suitably furnished lounge and kitchen areas.

Safety

Overall we found that patients' health, safety and welfare was protected. The unit was secure against unauthorised access and members of staff were vigilant to ensure that patient safety was maintained.

It was positive to note that since our previous inspection the hospital has developed a Senior Nurse on Shift (SNOS) handover file. This enabled the nurse in charge of the hospital to quickly identify essential information regarding the patient group being cared for at St Peter's Hospital prior to commencing shift.

It was noted that all staff on the wards had safety alarms which in the case of an emergency would raise the warning to others. In addition the statistics produced regarding physical intervention training for staff highlighted a 100% compliance rate.

A number of patients required enhanced observation levels due to the risks they posed, both because of physical and mental health needs. It was positive to note that the multi-disciplinary team set out enhanced observation levels for individual patients based on 24 hour care and their location within the hospital. This meant that enhanced observations were as least restrictive as possible to maintain patient safety.

During our visit we noted that the staffing levels were appropriate for the number of patients on the wards and this included those staff on patient observations. Some members of staff commented that on occasions they had concerns regarding staffing levels at the hospital. We discussed these concerns with senior management during our inspection; it was evident that senior management were monitoring staffing requirements to meet the needs of the patient group.

We reviewed the incident and the Safeguarding Policy and Reporting system at St Peter's Hospital and found there to be a robust and auditable process in place. Any incident is recorded on an electronic system and the incident is

scored based on a number of elements. The outcome score identifies which escalation process to follow, including referral to the Local Authority Safeguarding Team. The Safeguarding Referral Checklist had been developed with the Local Authority Safeguarding Team. The referral forms and scoring were monitored fortnightly by a Ludlow Street Healthcare social worker, who was independent of the care provision at the setting. Incidents were monitored through the monthly Clinical Governance Meetings, which includes details on numbers of incidents, details of which patients were involved in patient-patient incidents, patients involved in physical interventions, the breakdown of type of incident and by ward. In addition, patient trips and falls were monitored through the Clinical Governance Meetings.

Medicines Management

On the whole we found that patients' medication was managed safely at the hospital however there were a number of areas that the hospital could improve upon.

Whilst the clinic room and medicine management policies were available on the registered provider's computer system, these were not all available within the clinic rooms for staff ease of reference. It is recommended that the registered provider ensures that all relevant clinic room and medicine management policies are available to staff.

Each ward had a designated clinic room used for storing medication administered on the ward. We saw that these were locked when not in use to prevent unauthorised people from entering. Medicines were appropriately stored in locked cupboards or fridges for safety and medicine trolleys secured to clinic room walls.

We observed a medication round on Brecon and the interaction between staff and patients during the administration of medication. The nurse took medicines to the individual patients in a locked box for security. However, on a number of occasions, whilst the nurse secured the clinic room by locking the door, they failed to lock the medication trolley within the clinic. Therefore the storage of medication was not as secure as it should be during these times.

Requirement

The registered provider must ensure that all staff follow the registered provider's policies for storage and handling of medicines.

There were a number of liquid medicines stored within the clinic room that did not have a date of opening, therefore staff could not verify how long the medicines had been opened and whether they were still suitable to be used.

Whilst, these medicines were regularly used and it was unlikely that they would expire before being used, there was a risk in that staff could not be assured of this prior to administering the medicine to patients.

Requirement

The registered provider must ensure that staff follow the required medicine storage and recording instructions by the manufacturer and register provider's policies for storage and handling of medicines.

The clinic room on Brecon was small and there were a number of items stored within the room which made it difficult to clean the clinic room floor without maneuvering the items around or out of the clinic room. The storage arrangements of the clinic room must be reviewed to ensure that the floor can be easily cleaned as required.

Requirement

The registered provider must ensure that clinic room flooring can be easily cleaned to the required standard for maintaining infection control procedures.

The general waste bin in the clinic room no longer had a lid which meant there was an infection control risk within this environment

Requirement

The registered provider must ensure that bins have appropriate closing mechanisms for maintaining infection control requirements.

It was positive to note that there was a weekly medication audit in place by an external pharmacist. The audits were monitored in the hospital Clinical Governance meetings and any actions implemented on the wards.

The multi-disciplinary team

Throughout the inspection it was evident that the registered manager provided clear and strong leadership at the hospital, that they were very patient focused with in-depth knowledge of each patient. The leadership provided by the registered manager enabled the staff members to be empowered to undertake their roles and develop the service for the benefit of the patient group.

Staff stated that all levels of management, within the hospital, were approachable and supportive; therefore staff we spoke with felt that they could discus issues with others openly and honestly.

All the staff we spoke with commented positively on the multi disciplinary team (MDT) working. It was positive to note that the MDT includes occupational therapists, a physiotherapist, speech and language therapist and a dietician.

Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt respected and valued by each other. We could see from patient notes and other hospital documentation that patients' families were part of the care planning process and involved in various aspects of care.

The majority of ward staff at the hospital work day/night shifts, 7:30 to 20.00 and 19:30 to 8:00. There was additional ward staff working to meet the demands of the patient group, e.g. 9am-5pm or twilight.

Staff may work nights for prolonged periods which meant they did not have regular contact with the ward manager or senior management. Since our last inspection the senior managers have commenced a rota for working twilight hours to enable night staff can have contact with senior management. This arrangement also allowed for senior management to monitor night shift working practices.

The hospital had been actively recruiting to fill vacancies. At the time of our inspection the hospital had recently recruited nurse and healthcare support workers. The hospital was in the process of recruiting to the remaining two registered nurse and seven support worker vacancies.

Since our previous inspection the hospital has developed their recruitment process to provide candidates with a walk round of the environment and detailed information on the nature of the service provided at the hospital and what the job entails. Managers felt that this provided candidates with a thorough overview of the role that they were applying for and will reduce the number of appointments that resign not long after commencing employment, due to misunderstanding the nature of the job role.

All staff recruited to the hospital undertake a two week training induction followed by a week onsite induction. Whilst the induction process was spoken of positively by newly recruited staff, a number felt that there was a lot of information to take in during the induction with quite a significant time before they had refresher training. One training area identified by staff that they felt they required further information on the Mental Health Act.

Requirement

The registered provider must ensure employees have up-to-date knowledge that is maintained during their employment with regular training and refresher training; with particular focus on the mental health act.

Sickness levels within the hospital varied significantly from month to month, with some months having high levels of sickness. Sickness levels were being monitored through the hospital's Clinical Governance meetings and the registered manager confirmed that individual sickness was being managed in

line with the registered provider's sickness policy and the human resources department.

When required the hospital used bank and agency staff to ensure that staffing levels were met. Whilst the use of agency staff can impact on the consistency of care for patients, the hospital would, where possible, block book individual agency staff is an attempt to achieve continuity of staff. The use of agency staff was monitored by the hospital and reviewed through the hospital Clinical Governance meetings. Since our last inspection the hospital had implemented system to ensure the all agency staff used had appropriate up to date training.

Staff Records and Training

We found staff files to be well maintained with all relevant information on the recruitment and selection process, including professional qualifications checks where required.

It was confirmed that since our previous inspection St Peter's Hospital regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a person's integrity and character.

Staff we spoke with confirmed they received regular supervision which was documented. Nursing staff commented that recently they have had difficulty in receiving supervision. This was reflected in the dates recorded in the staff supervision log.

Requirement

The registered provider must ensure that all staff complete supervision.

However, it was felt by staff and senior management that the reintroduction of structured staff Primary Team Days would enable supervision to be undertaken regularly by all grades of staff. Primary Team Days were held every 8 weeks with the day timetabled to include 1:1 Supervisions, Team Meeting with Unit Manager, time to complete outstanding e-learning and completion of multi-disciplinary documentation such as, Care and Treatment Plans, Mental Health Act Reports and other multi-disciplinary reports.

A comprehensive mandatory training programme was in place for all staff. The training completion statistics we reviewed showed that compliance rates for training were good. However, there were two modules of training below the provider's compliance threshold of 85%; Fire Training at 80% and First Aid at 83%.

Requirement

The registered provider must ensure that all staff complete mandatory training.

Privacy and dignity

We saw staff treating patients with respect and kindness. The majority of patients we spoke with confirmed they felt their privacy and dignity was respected throughout the hospital. All patients had their own bedroom and were able to lock the door from the inside. Not all bedrooms had en-suite facilities but there were sufficient additional communal toilet facilities on the wards.

However, during our inspection we observed vision panels on patient bedroom doors were left in the open position, therefore impacting on patient privacy. It was not evident on all wards that the default position for vision panels was closed and only opened by staff to undertake observations and then reclosed.

Requirement

The Registered Provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and the default position is not open.

Patients were able to meet with their named nurse and care team in private. There were also rooms available for patients to meet with family and friends in private. All patients had access to a phone in order to keep touch with family and friends.

Patient therapies and activities

St Peter's Hospital had a well developed designated activity block, which included a sensory/relaxation room, hair salon, reminiscence room, activity room and a visitor room. Activities were wide ranging and suitable to the patient group, however the recording of activities in patients notes should be developed to better evidence what patients do.

Occupational therapy worked with patients and new admissions to provide personalised activity plans. An interest list was used to capture a person's likes and dislikes and their strengths and weaknesses. This information helps formulate a timetable specifically for each patient.

Staff and patients spoke positively about the range of activities and therapies on offer. Activities were a mix of individual and group sessions and included coffee morning, breakfast group, healthy eating group. There were regular men's group and women's group with specific activities to meet the patients' interests. The hospital had recently introduced pet therapy and mechanical pets which had been commented on favorably by staff and patients. Along

with individual rummage boxes to assist with reminiscence and encourage meaningful conversations between patients and staff.

A hairdresser attended the hospital once fortnightly to provide haircuts for the patients if they wished. We also observed female patients taking part in pamper sessions such as nail painting, with shaving and grooming for the male patients.

Some patients used the 'My Life Programme' which is an electronic programme that assists people with memory problems. It can also be used by patient's families and friends, staff and volunteers to communicate effectively with patients and offers a person-centred approach to care.

We saw that there was work happening to encourage a wider range of activities to be implemented on the wards.

Food and nutrition

We found that patients at the unit were helped to eat and drink where required. We saw detailed care plans setting out the help patients needed with eating and drinking. Patients were offered a range of options for each of their meals throughout the day. Menus were available for patients, which included pictorial information to assist with co patients to make their choices.

Within the MDT there is a Dietician that is involved in identifying patients' dietary requirements. The speech and language therapist works with staff and patients to assess individual patient's swallowing capabilities and advice on specific requirements. St Peter's Hospital had enlisted a specialist catering supplier which provided specialist meals suitable to the patients.

On the whole patients and staff said food was good, however a number of staff did say the meals could look unappetising. The registered manager stated that the menu options and pictorial format were under review to better meet the needs of the patient group.

Requirement

The registered provider must ensure there are suitable arrangements for patients' to choose their preferred meal options.

Application of the Mental Health Act

Since our previous inspection in February 2015 the registered provider has reviewed the Mental Health Act Administration Team for Ludlow Street Healthcare. A Mental Health Act Co-ordinator has been appointed and the provider was in the process of recruiting to a Mental Health Act Administrator. However, the two members of staff who worked an equivalent of 1.2 WTE within the Mental Health Act Administration Team were no longer with the organisation.

It was positive to hear that the Mental Health Act Co-ordinator has enrolled to undertake a recognised qualification to support them in fulfilling their role. However, at the time of the inspection there was only one member of staff undertaking the Mental Health Act monitoring duties for the registered provider. It is important that the registered provider ensures there is sufficient capacity and knowledge within Mental Health Act Administration Team for Ludlow Street Healthcare to ensure the legal safeguards for detained patients are in place.

Requirement

The registered provider must ensure that the Mental Health Act Administration Team for Ludlow Street Healthcare has sufficient capacity to safeguard detained patients.

We were informed that there were no longer the delays identified during our previous inspection with ensuring that the patients' Responsible Clinician completed reports for the Mental Health Review Tribunal, Hospital Managers' Hearings and Second Opinion Appointed Doctor (SOAD) requests and reports to Healthcare Inspectorate Wales.

The registered provider's operational policies log identified a number of policies relating to the Mental Health Act. However, during our inspection not all the additional relevant policies set out in Appendix 2 of the Code of Practice for Wales (the Code) were available. The arrangement for authorising decisions set out in a scheme of delegation was not available, as guided by the Code paragraph 11.8. It is recommended that the registered provider reviews Appendix 2 and paragraph 11.8 and take appropriate action to follow the guidance given.

Patients had access to the statutory Independent Mental Health Advocacy (IMHA) service. This service would be on a referral basis, patients could contact the service themselves or staff members would refer on the patient's behalf.

On reviewing the statutory documentation and patient notes we identified that:

- Detention papers within patient ward notes were not all consistently filed or complete.
- There were not always copies of Ministry of Justice documentation within patient ward notes.

- There was not always a record of both statutory consultees discussions with the SOAD within patients' ward notes.

Requirements

The registered provider must ensure that staff a complete set of statutory documentation is available for ward staff to assure themselves of the legality of detention and treatment when required.

The registered provider must ensure that staff complete patient documentation as directed by the Code of Practice for Wales, revised 2016.

The Act puts a legal requirement for the detaining authority to receive and scrutinise admission documentations. Whilst this was undertaken by the registered provider it would be beneficial to stamp each document to evidence that this legal recommendation has been undertaken. It is recommended that the registered provider adopt the practice of stamping, signing and dating legal documentation to evidence that the legal scrutiny of documentations has taken place.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation for three patients being cared for at St Peter's Hospital. It was positive to note that:

- Care and Treatment Plans addressed the dimensions of life as set out in the Mental Health Measure 2010
- Very detailed physical health assessments, monitoring and records were in place
- There was evidence of patients' dietary needs being met with weight management and monitoring.
- Care and Treatment Plans clearly stated the treatment plan, objectives and outcomes to be achieved.
- Comprehensive and detailed documentation was in place in relation to patient risks and management.

However, none of the Care and Treatment Plans reviewed had unmet needs identified. This needs to be undertaken to ensure that all patient needs are identified and care developed and planned.

Requirement

The registered provider must document patients' unmet needs and the actions that are going to be taken by who and by when to address these needs.

There was not always evidence that the patient had agreed with their Care and Treatment Plan or that they were unable to agree. This should be documented within the patient care plan.

Requirement

The registered provider must ensure that patients sign their Care and Treatment Plan or staff document why this has not happened.

One patient's notes did not contain an essential information sheet; this was rectified during the inspection. However, there remained no photograph of the patient on their file to assist staff with the identification of the patient.

Requirement

The registered provider must ensure that all patient notes contain an essential information sheet and patient photograph (with patient's consent).

Reviewing the patient notes it was evident that on some documentation staff signatures were omitted, these included risk assessment, care and

management plans. It is essential that staff sign documentation where and when required.

Requirement

The registered provider must ensure that staff sign patient documentation as required.

6. Next Steps

This inspection has resulted in the need for the Registered Provider to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the learning disability service will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Ludlow Street Healthcare

Hospital: St Peter's Hospital

Date of Inspection: 13 – 15 September 2016

Regulation	Improvement Required	Registered Provider Action	Responsible Officer	Timescale
15(2) Quality of treatment and other service provision 26(2)(b) Fitness of premises	The Registered Provider must ensure that there is an appropriate intercom system to contact St Peter's Hospital 24 hours a day from outside the hospital.	An "out of hours" intercom is being added to the gate at St Peter's to enable the gate to be opened remotely.	IT Manager	30 November 2016

26(2)(b) Fitness of premises	The Registered Provider must ensure that the cracked window on the door is replaced.	This has been fitted on 24.10.2016.	Maintenance	24 October 2016
9 (1)(g) Policies and procedures	The Registered Provider must ensure there is a process in place so that up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.	All out of date information has been removed and where appropriate replaced with current information. This will be audited weekly on the manager walk around.	Unit Managers	21 October 2016
26(2)(b) Fitness of premises	The Registered Provider must ensure that appropriate flooring is laid to replace the carpet in the corridor areas of Brecon ward.	New flooring will be installed within 8 weeks.	Maintenance	22 December 2016

15 (5) (a)(b) Quality of treatment and other service provision 9(1)(m) Policies and procedures	The registered provider must ensure that all staff follow the registered provider's policies for storage and handling of medicines.	All policies and local protocols in relation to the administration of medicines are now provided within the clinical area. All information has also been e-mailed to all nurses to read prior to discussion in supervision.	Unit Manager	All supervisions will be completed by 30 November 2016
15 (5) (a)(b) Quality of treatment and other service provision 9(1)(m) Policies and procedures	The registered provider must ensure that staff follow the required medicine storage and recording instructions by the manufacturer and register provider's policies for storage and handling of medicines.	All policies and local protocols in relation to the administration of medicines are now provided within the clinical area. All information has also been e-mailed to all nurses to read prior to discussion in supervision. There will also be spot audits by the Unit Managers and Clinical Lead to ensure adherence to the medication policy / protocols.	Unit Manager	All supervisions will be completed by 30 November 2016

23 (2)(a) Fitness of Premises 9(1)(n) Policies and procedures	The registered provider must ensure that clinic room flooring can be easily cleaned to the required standard for maintaining infection control procedures.	All items have been removed from floor area and alternative storage identified.	Registered Manager	18 October 2016
23 (2)(a) Fitness of Premises 9(1)(n) Policies and procedures	The registered provider must ensure that bins have appropriate closing mechanisms for maintaining infection control requirements.	3 foot operated pedal bins have been ordered to replace any bins not meeting infection control standards.	Registered Manager	31 October 2016
21 (2)(b) Fitness of Workers	The registered provider must ensure employees have up-to-date knowledge that is maintained during their employment with regular training and	All mandatory training has specific time frames for refresher courses. However, all staff have been informed that they can access refresher training on line at any time (including Mental Health Law). Training needs are regularly discussed	All staff	As Required

	refresher training; with particular focus on the mental health act.	within supervisions and if / when any needs arise this will be addressed immediately.	Training Department	
21 (2)(b) Fitness of Workers	The registered provider must ensure that all staff complete supervision.	Nursing supervision undertaken has been checked by the Registered Manager and out of 15 nurses 2 nurses had not received supervision within the 8 week stipulated timeframe and this will be remedied when the nurses are back in work. Clinical Lead will monitor timely completion during Unit Manager supervisions.	Registered Manager	30 November 2016
21 (2)(b) Fitness of Workers	The registered provider must ensure that all staff complete mandatory training.	Fire and First Aid. First aid training is booked over a 12-month rolling period therefore all staff complete this training three yearly. Fire training has been booked as part of the staff primary team days and the Fire trainer has been given the dates for the next 2 months ensuring full compliance by the end of December 2016.	Registered Manager	31 December 2016

18 (a) (1) Privacy, dignity and relationships	The Registered Provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and the default position is not open.	This will be brought up in handover meetings for the next 2 weeks, the next Staff Forum / meetings and supervisions. This will be added to the Unit Manager weekly environmental audit and daily spot checks will take place.	All staff Unit Managers	30 November 2016
15 (9) (b) Quality of treatment and other service provisions	The registered provider must ensure there are suitable arrangements for patients' to choose their preferred meal options.	All patients who are able to choose their meals do so. Those who cannot due to impaired cognitive functioning where possible, have a likes / dislikes list of foods supplied by family and/or friends. Where this is not possible staff will observe patients for their reactions to food items and if negative this food item would not be offered to that individual again. Regular menu meetings take place where likes / dislikes and ordering is discussed and any issues addressed.	Named Nurse All staff Chef / Dietitian / SALT	21 October 2016

20(1)(a) Staffing	The registered provider must ensure that the Mental Health Act Administration Team for Ludlow Street Healthcare has sufficient capacity to safeguard detained patients.	Additional dedicated resource has already been added to the MHA team to replace the vacancy and the new team member, who has started work, is enrolled on a distance learning course and undertaking initial Mental Health Law training.	Completed	26 October 16
23 (1)(a)(i) 23 (3)(a) Records	The registered provider must ensure that staff have a complete set of statutory documentation available so that ward staff to assure themselves of the legality of detention and treatment when required.	St Peter's Hospital will also develop a local audit tool to be reviewed (which will be included in the clinical file audits) to ensure the correct statutory documentation is held in patient files. A central audit document to be developed in order to ensure that the full and correct information is provided at ward level.	Nursing staff Mental Health Act Administrator	30 November 2016 30 November 2016

23 (1)(a)(i) 23 (3)(a) Records	The registered provider must ensure that staff complete patient documentation as directed by the Code of Practice for Wales, revised 2016.	All documents required will be available at ward level. This will be included in the local St Peter's Hospital audit tool.	Nursing Staff Unit Managers	30 November 2016
15 (1)(a)(c) Quality of treatment and other service provisions	The registered provider must document patients' unmet needs and the actions that are going to be taken by who and by when to address these needs.	Care and Treatment Plans, MDT notes and CTP / CPA documentation will include actions required for any individual's unmet needs.	Named Nurse MDT	31 December 2016
17 (1) (3) Capacity of patients 23 (3) (a) Records	The registered provider must ensure that patients sign their Care and Treatment Plan or staff document why this has not happened.	All documents will be audited in the monthly clinical file audit for signatures or rational for non-signatures to ensure consistency across all files.	Named Nurse Unit Managers	30 November 2016

23 (3) (a) Records	The registered provider must ensure that all patient notes contain an essential information sheet and patient photograph (with patient's consent).	The one file identified as being without a photograph has since been rectified.	Unit Manager	21 October 2016
23 (3) (a) Records	The registered provider must ensure that staff sign patient documentation as required.	Staff signatures are now part of the monthly clinical file audit and any missing signatures will be rectified immediately.	Named Nurses Unit Managers	21 October 2016