Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health Follow-Up Inspection (Unannounced)

Pinetree Court: Juniper, Larch and Cedar Lodge

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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
- 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.

[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.

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability inspection to Pinetree Court, Cardiff on the evening of the 28 November and during the days of 29 and 30 November 2016. The previous inspection was undertaken in 9-11 December 2014.

Pinetree Court independent hospital was first registered with HIW in November 2007 and at the time of our visit was registered to provide care to twenty two (29) patients:

- Juniper Unit – 12 bed mixed gender unit
- Larch Unit – 14 bed single gender unit
- Cedar Lodge – three bed single gender unit

The hospital provides a service for medical and psychiatric treatment intended to rehabilitate male and female adult up to the age of 65 years with a primary diagnosis of learning disability or autistic spectrum disorder. Patients may also be detained under the provisions of the Mental Health Act 1983.

During our inspection we reviewed the areas identified, including reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The inspection team comprised of one Mental Health Act reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our inspection at Pinetree Court took place across both wards and Cedar Lodge.

This is what we found the service did well:

- A hospital environment generally well maintained with a quick response to any required works.
- Evidence of a multi-disciplinary team that provided patient centred care.
- Ensured that patient care was provided in compliance with the Mental Health Act 2007 and the Mental Health (Wales) Measure 2010
- A range of activities available to patients both within the ward areas and the community.

This is what the service is required to improve:

- Vacant posts are filled by appropriately qualified and trained staff.
- That appropriate documentation is received prior to an agency worker commencing work at Pinetree Court.
- That the registered provider's policies reflect the provision of care and associated risk in hospital settings.
- The provision of food and nutrition needs to be reviewed to meet the needs of the patient group at Pinetree Court

5. Findings

Core Standards

Ward environment

Access on to Pinetree Court site was secured through the main hospital gate and entry is gained via intercom with the reception or with electronic key fobs for employees.

Pinetree Court has two wards, Juniper and Larch, which were located within the main hospital building and accessed via the main hospital reception. In addition there is Cedar Lodge a house within the hospital grounds.

Juniper and Larch wards were split over two floors, downstairs were the main communal areas with individual bedrooms located upstairs. At the time of our inspection Juniper was a female ward and Larch and Cedar Lodge were male.

Downstairs, Juniper had a quiet room with suitable seating and was pleasantly decorated. Patients had access to a large lounge that was welcoming in appearance and had sufficient seating, television and a computer. There was a dining room with facilities for patients to make drinks and cupboards and fridge space for patients to store their own items.

Upstairs, Juniper had 12 individual bedrooms, two bedrooms being en-suite, the remainder having wash hand basins within the bedrooms. There were two showers and one bath available to patients on Juniper, with toilets facilities on the ward upstairs and downstairs.

Downstairs, Larch had a quiet room, television lounge and a large communal room, referred to as The Conservator; this had a television, games consoles and a computer for patients to use. There was a dining room with facilities for patients to make drinks and cupboard and fridge space for patients to store their own items.

Upstairs, Larch had 14 individual bedrooms, two bedrooms being en-suite, the remainder having wash hand basins within the bedrooms. There were two showers and one bath available to patients on Larch, with toilets facilities on the ward upstairs and downstairs.

On the whole we noted an appropriate environment and facilities for the patient group; the hospital environment was decorated to a good standard and maintained throughout. The communal toilets, bathrooms and showers were clean and generally tidy. It was observed that on occasions patients had discarded hand towels on the floor of some toilets but these were tidied by staff when this occurred.

One toilet's hand towel dispenser was damaged and required replacing; this was replaced during the inspection. Hand towel and toilet roll dispensers were frequently damaged by patients, it was positive that the hospital has arrangements to quickly replace any damaged items.

During our inspection one of the two downstairs toilets on Juniper had been closed off due to damage to the room that required structural maintenance. At the time of the inspection this was ongoing and therefore patients on Juniper had fewer toilets available. Whilst no patients raised this as a concern during our inspection this could impact upon patient care and the toilet requires repair.

Requirement

Within the hospital building there was an occupational therapy kitchen with cooker, microwave, washing machine and tumble drier. This meant that patients were able to maintain and develop skills for more independent living whilst at the hospital.

The hospital had a dedicated activities room that was a space for patients to undertake activities off the wards. However, at the time of the inspection this area was predominantly used to nurse a patient away from other patients at the hospital. Because the activities room was being used to care for one patient, the access to the garden from the Activity Room was unavailable for other patients. Patients on Juniper had to access the garden via the hospital car park which was less convenient for patients.

There were additional buildings in the hospital grounds that patients could access, dependent on individual risk. This included a woodwork room so that patients could learn practical skills, including gardening work. There was a sensory room that provided a relaxing space for patients away from the ward. There was also a computer room where patients could learn computer skills or utilise the equipment for their personal use.

There was a large garden with seating available for patients. Juniper and Larch were allocated either end of the garden and there was sheltered areas provide in which patients could smoke if they wished. There was also a garden area that had a green house and bedding plots that patients could access with staff.

Cedar Lodge has three individual bedrooms, lounge and a kitchen area where patients can make their own meals. At the time of our inspection the waste bin in Cedar Lodge's kitchen was missing its lid and therefore was a hygiene risk.

Requirement

The registered provider must ensure there is an appropriate waste bin in the Cedar Lodge Kitchen.

Safety

Throughout the inspection the hospital site was secured by the main hospital gate, with entry gained either via an intercom to reception or with electronic key fobs for employees. Entry on and off each ward was secured by electronic locks that required a key fob.

The hospital maintained a “Senior on Shift” file; this provided the staff with information on the number of patients, the legal statuses of each patient, whether detained under the Mental Health Act, under Deprivation of Liberty Safeguards (DoLS) or no restrictions (informal patient). Along with on-call procedures, rotas and contact numbers. This enabled the senior member of staff working at the hospital to be informed of the current patient status prior to commencing their shift and have on-call information that could be easily accessed if required.

On arrival at the hospital on the first evening of the inspection we met with one of the nurses working the night shift. It was positive that the nurse was able to confirm the number of patients on each ward and Cedar Lodge, and provided the inspection team, the legal status of each patient.

It was noted that all staff on duty had safety alarms which in the case of an emergency would raise the warning to others. Alarms were also provided to HIW staff to ensure our safety whilst visiting the hospital.

In each of the bedrooms there were nurse-call buttons situated in reach of the bed so that patients could call for assistance if required. There were also appropriated located call buttons throughout the communal areas.

The registered provider had an electronic incident recording system that all incidents were entered on to. The system allowed for analysis of incidents; including what the nature of incidents that had occurred, where they had occurred, dates and times of when they occurred, who was involved in the incident. The incident data was used to assist individual care planning and staffing resources for the hospital.

During our inspection we noted that the staffing levels were appropriate for the number of patients at the hospital and this included those staff on patient observations.

Some of the staff we spoke to raised concerns of challenges in providing care for patients when challenging behaviours were frequently occurring. Staff stated this predominantly occurred when the hospital was accommodating a patient or patients that require an environment which could provide more intensive support than Pinetree Court could provide. Staff stated that they were supported by senior staff and additional staff were present during these periods.

Reviewing staff data it was evident that additional staff had been used to provide assistance when required. We reviewed the data for October and November 2016 and noted that there had been agency staff employed to fulfil satisfactory staffing requirements.

We were informed that where possible the registered provider used regular agency workers that were familiar with the hospital and the patient group. It is the hospital's policy that the agency service provide the hospital evidence of the agency staff member's skills and that the agency staff member completes an indication prior to starting a shift at the hospital. On reviewing the data held for agency staff used during November, we identified four members of agency staff where the hospital had not received evidence of the agency staff member's skills prior to commencing a shift. Therefore the registered provider could not be assured that all staff working at the hospital had the appropriate skills and training to meet the needs of the patient group; this is a potential safety risk for patients and staff members at the hospital. This information was requested and received from the individual agencies during our inspection.

Requirement

The registered provider must ensure that all skills and training documentation has been received from Agency services prior to an agency worker commencing work at the hospital.

The hospital had weekly external pharmacy audit as part of the hospital's governance arrangements to monitor medicine and practices. Outcomes of the audits were monitored and action taken where required. Reviewing the clinic room it was evident that the temperature of the clinic room and clinic room fridge was being recorded twice a day to ensure that medication was stored at the correct temperature. Medication, including controlled drugs, was stored securely within the clinic room. The record of controlled drugs was completed as required. Relevant registered provider medication policies were also readily available for staff in paper format.

The multi-disciplinary team

The hospital had an established multi-disciplinary team in place which included two responsible clinicians, registered nurses, a clinical psychologist, two assistant psychologists, an occupational therapist, three activity coordinators and a team of health care support workers. In addition, the registered provider could refer to the organisation's dietician and physiotherapist as required.

Staff reported that the multi-disciplinary team worked in a professional and collaborative way and those individual professional views were valued and considered as part of the multi-disciplinary care.

Reviewing staff rotas and staffing levels at the time of our inspection we had no concerns with the staffing levels at the hospital. Nurses and health care support workers at the hospital worked shifts from 7.30am to 8.00pm and 7.30pm to 8.00am, with other multidisciplinary team members present throughout the day. The hospital also used a twilight shift where staff members would be present from the afternoon until midnight to assist with evening patient routines. It was also evident that where required some staff would work shifts outside the standard shift hours; this provided the hospital with flexible staffing that could be utilised to to meet the clinically assessed needs of the patients at the hospital.

We were informed that there were vacancies at the hospital; one registered nurse and nine health care support workers. To manage the shortfalls in fulfilling the staff rota the hospital used bank and agency staff. It was noted that where possible the hospital would block book bank and agency staff members so that the staff members had knowledge of the patient group which assisted to provide consistency of care for the patients. However, as noted above this was not always the case.

Requirement

The registered provider must recruit to registered nurse and health care support worker vacancies.

The hospital held Personnel Files for staff employed to work at the hospital. The files contained information regarding the appointment of staff, including application, interviews, offer letters, probation completion etc. However, the files we reviewed were poorly organised and there was no consistent layout which made reviewing the files and retrieving the required information difficult.

We also noted that the files did not always contain information on professional registrations or Disclosing and Baring Service (DBS) information. It was established that the organisation's head office were responsible for monitoring

professional registrations and DBS checks. Therefore the information on professional registrations and DBS were not always included in the files because it was duplication. The registered provider were able to provide copies of the information held at head office to verify that appropriate checks were in place.

The registered provider must decide if this information is required to be held in the hospital personnel files or not and take action based on their decision.

Requirement

The registered provider must review the content and layout of hospital held personnel files.

Training

Staff spoke positively about training opportunities and the induction on commencing employment with the registered provider. Training statistics showed that completion of mandatory training was high, however there were a number of modules where completion rates were below the registered provider's benchmark of 95%, these included Fire Safety (88%), First Aid 91%, Infection Control 92%.

Requirement

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

Staff members undertook individual supervision which was scheduled between every 4 and 6 weeks, this was monitored by the registered provider. In addition to individual supervision, the registered provider undertook group supervision which was commented on favorably by staff.

There were two forms of individual supervision undertaken at the hospital, full and mini. A number of staff we spoke to felt that whilst they received regular supervision however this was often mini supervision and not a full supervision as they would prefer. We raised this concern with the registered provider, the supervision monitoring system in place did not identify which form of supervision had been undertaken, and therefore the registered provider could not confirm whether staff were receiving adequate supervision sessions to meet their individual needs.

Requirement

The registered provider must ensure that appropriate regular supervision is completed by staff for their professional development.

It was evident that staff were receiving annual performance appraisals, and where required performance reviews were held and documented appropriately.

Privacy and dignity

We observed very good patient interaction and it was evident that the members of staff present during our inspection were providing care compassionately for patients.

Each ward held weekly patient meetings to gain the views of the patient group, these were minuted and available, with the most recent meeting's minutes being displayed on each ward.

All patients had their own bedrooms which offered sufficient storage and patients were able to personalise their room with photographs, pictures and posters.

Facilities were available at the hospital for patients to spend time with family and friends, with a visitor room located near the reception area.

Advocacy information was displayed throughout the hospital. A representative from the advocacy service was available at the hospital one day a week. Patients were also able to contact advocacy services via telephone if they wished.

Patients were able to make phone calls in private using one of the hospital phones or patients had risk-assessed access to their mobile phones at certain times of the day.

Patient therapies and activities

Discussions with staff confirmed that a range of activities were available to patients which included arts and craft, board games, colouring and DVDs. Personal shopping trips, bowling, local walks, swimming and visits to local markets were available in the community.

It was positive to note the hospital had four hospital vehicles to help facilitate patients in to the community. There were public transport links from just outside the hospital and also nearby shops within a short distance from the hospital.

Throughout our visit we observed patients engaged in activities within the hospital. We also saw a number of patients accessing the community with members of staff.

Patients had individual activity plans and there was an overall group activity plan for the hospital. The group activity plan was displayed on the wards and highlighted a range of group activities throughout the week. Patients were offered a range of activities and encouraged by staff to request further activities based on their individual interests.

Food and nutrition

Food was provided from the onsite hospital kitchen. Patients chose their lunch and evening meals from a four weekly menu; the menu was updated seasonally. A choice of breakfast and super was also available. Patients had access to drinks and snacks outside of set meal times and fruit and biscuits were available.

The menus were on display in each of the wards and identified the calorific content of the meals along with information on allergies such as gluten, shellfish, nuts, etc. and dietary needs such as vegetarian, halal, etc.

Whilst there was a reasonable choice for patients, a common complaint from patients and staff was the food was often cold by the time patients receive their meals on the wards and Cedar Lodge. A number of patients also commented that the food was unappetising, which was supported by some of the staff we spoke to.

Requirement

The registered provider must ensure that the catering provision at Pinetree Court meets the needs of the patient group.

Staff and patients stated they were able to provide feedback on the catering at Pinetree Court, however it was the opinion of patients that little change comes from this and that their concerns were unresolved.

Requirement

The registered provider must ensure that there is a systematic feedback process for catering provision to ensure that the registered provider can learn from concerns and complaints.

Following the last Food Hygiene inspection May 2015, one of the outcomes identified that the flooring in the hospital kitchen required to be clean and maintained in a clean condition. Following this outcome the registered provider had contracted the services of a company to assess the hospital kitchen flooring and identify whether specialist cleaning was required or the floor needed to be replaced. At the time of our inspection the registered provider was still awaiting the contractor to confirm what work was required.

Requirement

The registered provider must confirm that appropriate work has been completed on the hospital kitchen flooring.

Application of the Mental Health Act

We reviewed the statutory detention documents of five of the detained patients being cared for across the two wards and Cedar Lodge at the time of our visit.

The five sets of statutory Mental Health Act documentation reviewed were complaint with the Act. There was evidence that the registered provider was following areas of guidance set out in the Mental Health Act Code of Practice of Wales (the Code). However, copies of the 2016 revised Code were not available on the wards in either English or Welsh. Copies of the Code should be available in English and Welsh for patients, families and visitors to view if they wish. We raised this during the inspection and the registered provider confirmed at the inspection feedback that they had placed an order for copies of the Code.

Requirement

The registered provider must confirm that copies of the Mental Health Act Code of Practice for Wales 2016 are available in English and Welsh on each of the wards.

It was evident that patients were provided with the rights under Section 132 of the Act, when required Easy Read versions of rights were provided to patients. Staff documented when rights had been given and if the patient had understood or not, when required staff made repetitive attempts to ensure that patient rights were explained and understood.

For the consent to treatment provisions under Section 58, the statutory documentation was in order. When a Second Opinion Appointed Doctor (SOAD) is required records of discussions between the SOAD and all statutory consultees must be retained on file. The Code paragraph 25.62 states “All consultees should ensure they make a record of their consultation with the SOAD which is then placed in the patient’s notes”; this was not always the case in the documentation we reviewed.

Requirement

The registered provider must ensure that all statutory consultees complete a record of their discussion which is maintained in the patient’s notes as guided by Code paragraph 25.62.

Section 17 Leave authorisation forms were in place for relevant patients, these were detailed and authorised by the responsible clinician. There was no evidence that patients were offered copies of their authorisation forms unless the patient had specifically requested it. The Code Paragraph 27.18 states “Copies of the authorisation of leave form should be given to the patient, any appropriate relatives or friends and any professionals in the community who may need to be informed”

Requirement

The registered provider must ensure that patients and other concerned persons are offered copies of Section 17 Leave authorisation forms as guided by Code paragraph 27.18.

We identified a lack of communication around arrangements for collecting patients on unescorted leave. Whilst a member of staff was en-route to collect a patient from community leave the hospital had been informed that the patient's health had deteriorated and was displaying challenging behaviour. There was no record of any attempts to notify the staff member of the current circumstances and to await assistance. The lack of communication increased the risk of harm to the staff member, public and the patient. It is imperative there are appropriate communication processes to inform staff members off site of any changes to risks and subsequent actions.

Requirement

The registered provider must ensure that there is appropriate communication policy to inform staff members who are collecting patients who have been on Section 17 Leave of any changes to risks and identify a clear strategy for subsequent actions.

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for four patients at Pinetree Court. Overall we saw evidence of good record keeping with unmet needs recorded, care plans reflecting the mental health measure and clear evidence of interventions and who has responsibility for delivery.

There was good physical health monitoring with an Independent General Practitioner (IGP) routinely present at the hospital one day a week, and as required at other times.

However, one patient had been diagnosed with a highly infectious disease and no care plan had been developed to manage the treatment of the patient with regards to this, nor clear consideration recorded for the prevention of spreading amongst the hospital population.

National Institute for Health and Care Excellence (NICE) guidelines and the registered provider's policy stated that treatment should be provided to the 'household'. There was no documented information to evidence what the provider considered a 'household' within a hospital setting. Therefore there no consideration had been given to provide treatment for others at the hospital to prevent the spread of disease. At the time of the inspection no other patients displayed symptoms of the disease.

For the welfare of patients the registered provider must ensure that their all their policies use within hospital settings reflect the provision of hospital care not community homes. This will provide clear guidance for hospital staff to follow.

Requirement

The registered provider must ensure that all their policies used within hospital settings reflect the provision of hospital care.

We raised our concerns with the registered provider that not all of the goals in one patient's Positive Behavioral Support (PBS) plan linked to the outcome of the plan. We also raised our concerns that not all of the goals in PBS plan goals were measurable to assure the registered provider of progress. It was evident that the PBS plan was in place to support the patient and assist staff in providing care for the patient; however the negative outcomes of the PBS plan could impact on the patient's dignity.

Requirement

The registered provider must confirm that the multi-disciplinary team have revised Positive Behavioral Support plan in which all goals are measurable and focus on the outcome plan.

One patient was inappropriately placed at Pinetree Court which impacted upon their own care and the care and provision of services at the hospital. Through discussions with the registered provider it was evident that they shared the same view and concerns as our inspection team. The registered provider had informed the patient's commissioner's in 2015 that the placement was not appropriate; at the time of our inspection the commissioners had not identified a suitable placement for the patient.

HIW have raised our concerns of this inappropriate placement with the commissioners.

Requirement

The registered person must continue to liaise with the patient's commissioners to move the patient to an appropriate placement as a matter of urgency.

6. Next Steps

The Registered Provider is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at the setting will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Ludlow Street Healthcare

Hospital: Pinetree Court

Date of Inspection: 28 – 30 November 2016

Regulation	Requirement	Action	Responsible Officer	Timescale
26 (2)(b)	The registered provider must ensure all patient toilets are available to use.	All patient toilets are fully functional and available to patients.	Registered Manager	Completed
26 (2)(c)	The registered provider must ensure there is an appropriate waste bin in the Cedar Lodge Kitchen.	Bin replace immediately.	Registered Manager	Completed
21 (2)(b)	The registered provider must ensure that all skills and training documentation has been received from agency services prior to an agency worker commencing work at the hospital.	All agency files have been audited for compliance and information identified as missing or out of date has been rectified. A process for action required should information be out of date	Registered Manager	Completed

		or not supplied in a timely manner by agency suppliers has been circulated to the appropriate personnel. All agencies used have been contacted in regard to their responsibility and accountability in forwarding up to date information regarding training compliance and DBS checks.	Operations Director – Nursing and Care	Completed
20 (1)(a)	The registered provider must recruit to registered nurse and health care support worker vacancies.	Pinetree Hospital has a recruitment plan in place. The Registered Manager works closely with the recruitment department to ensure all interviews are conducted in a timely manner to ensure staff are appointed to vacancies.	Registered Manager/ Recruitment Team	Completed
21 (2)(d)	The registered provider must review the content and layout of hospital held personnel files.	A full audit of personnel files is being undertaken to ensure consistency and content.	Hospital Administrator / HR department	28.2.17
20 (2)(a)	The registered provider must ensure all staff completed all mandatory training.	All staff out of compliance have been issued an action plan with dates of completion	Registered Manager / Unit Managers	28.2.17

20 (2)(a)	The registered provider must ensure that appropriate regular supervision is completed by staff for their professional development.	All staff responsible for conducting supervision have been reminded that 1:1 recorded supervision must be conducted at least once every 8 weeks in line with the Organisations Performance and Development Review. Other forms of supervision e.g. team/group supervision to be recorded with date and attendees. Staff will be asked in monthly staff forums if supervisions are meeting their expectations to ensure supervisions are undertaken as directed.	Registered Manager / Supervisee	28.2.17 28.2.17
15 (9)(b)	The registered provider must ensure that the catering provision at Pinetree Court meets the needs of the patient group.	The food provided at Pinetree is in line with the Welsh Government guidelines document “All Wales Catering & Nutritional Standards for Food & Fluid Provisions for Hospital Inpatients”. The menus are devised, following taster sessions, by the Chef and Dietician based on calorific and	Registered Manager / Catering Manager / Dietician / Chef	Completed

		nutritional values and taking into account the likes/dislikes of the patients wherever possible. For example if a patient particularly disliked all 3 menu choices we would endeavor to supply a suitable alternative.		
15 (9)(b)	The registered provider must ensure that there is a systematic feedback process for catering provision to ensure that the registered provider can learn from concerns and complaints.	The quality and provision of food is an agenda item for the patients' weekly unit meetings. Any issued raised at this meeting, not immediately resolvable are discussed at the monthly Senior Manager Meeting and brought to Governance meeting by the service user representatives, who are supported by the independent advocate. All completed or forwarded actions are documented. The issue regarding the temperature of the food has been addressed and an audit conducted by the Catering Manager confirms that food temperatures are compliant.	Registered Manager / Unit Managers / Chef	Completed Completed

26 (2)(b)	The registered provider must confirm that appropriate work has been completed on the hospital kitchen flooring.	The floor was cleaned by an appropriate external contractor.	Registered Manager / Maintenance	Completed
9 (1)(g)	The registered provider must confirm that copies of the Mental Health Act Code of Practice for Wales 2016 are available in English and Welsh on each of the wards.	Copies were delivered and are available on both wards.	Registered Manager	Completed
23 (a)(1)(ii)	The registered provider must ensure that all statutory consultees complete a record of their discussion which is maintained in the patient's notes as guided by Code paragraph 25.62.	Staff have been emailed reminding them of their accountability/responsibilities and signature requirements on this document. This will also be discussed at relevant staff Supervisions.	Unit Managers / Clinical Lead	28.2.17
9 (1)(g)	The registered provider must ensure that patients and other concerned persons are offered copies of Section 17 Leave authorisation forms as guided by Code paragraph 27.18.	All relevant staff have been made aware that patients and other concerned individuals must be offered a copy of agreed section 17 leave form. This will be recorded in relevant MDT minutes and daily notes. Should section 17 leave arrangements change the	MDT	28.2.17

		amended form must be offered to the patient and recorded in daily notes.		
9 (1)(e) 47 (1)(b)	The registered provider must ensure that there is appropriate communication policy to inform staff members who are collecting patients who have been on Section 17 Leave of any changes to risks and identify a clear strategy for subsequent actions.	Should staff be required to collect a patient who has accessed section 17 leave, the Nurse in Charge will contact the named person the patient is visiting to ensure there are no changes to current risk as assessed before leave commenced. Staff will contact the Hospital on arrival at destination to ensure there have been no changes during journey time. Should any risk be identified and return would put staff and/or patient at risk, the member of staff is advised to contact police and Nurse in Charge. This process has been communicated to all staff.	Clinical Lead	Completed
9 (1)(b)	The registered provider must ensure that all their policies used within hospital settings reflect the provision	The policy working group has been tasked to review the policies identified during the Inspection	Policy Working Group	28.2.17

	of hospital care.	visit and amend appropriately		
23 (3)(a)	The registered provider must confirm that the multi-disciplinary team (MDT) have revised Positive Behavioral Support (PBS) plan in which all goals are measurable and focus on the outcome plan.	Over the next month the MDT will review and where necessary amend all PBS plans to ensure these are relevant, realistic and achievable outcomes for the individual concerned.	MDT	28.2.17
19 (1)	The registered person must continue to liaise with the patient's commissioners to move the patient to an appropriate placement as a matter of urgency.	Communications in regard to delayed discharge continues.	Registered Manager	Weekly