

Mental Health Service Follow-up Inspection (Unannounced)

**Bryn y Neuadd, Ty
Llywelyn Unit, Betsi
Cadwaladr University
Health Board**

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced follow-up inspection of Ty Llywelyn Unit at Bryn y Neuadd Hospital, Llanfairfechen within Betsi Cadwaladr University Health Board between 5 and 7 December 2016. The following wards were visited during this inspection:

- Gwion
- Branwen
- Pwyll.

HIW explored how Ty Llywelyn complied with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

During our inspections, we consider and review the following areas:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person

- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Ty Llywelyn currently provides mental health services within Betsi Cadwaladr University Health Board. It is a 25 bedded, purpose built, medium secure adult mental health unit providing assessment and treatment/rehabilitation for males over the age of 18 years.

The unit has three wards:

- Gwion: A five bed psychiatric intensive care ward including an intensive care suite
- Branwen: A 10 bed assessment and treatment ward
- Pwyll: A 10 bed rehabilitation/pre-discharge ward.

Gwion ward had recently been refurbished and was closed at the time of inspection for operational reasons. The intensive care suite (ICS), however, could be used for a patient requiring additional support away from other patients on the unit.

3. Summary

The main purpose of this inspection was to follow up on the health board's progress in addressing the improvements needed from our last inspection in 2014¹. Whilst we found that some improvement had been made, there were a number of areas where improvement was still needed.

This is what we found the service did well:

- Patients we spoke to told us they were happy with their care and that staff were kind to them
- We observed caring and positive interactions between staff and patients
- We found that staff considered and promoted patients' privacy
- We reviewed a patient's care and treatment plan and this was informative and detailed
- Staff were able to access training needed for their role and professional development
- Staff at all levels fully engaged with the inspection process.

This is what we recommend the service could improve:

- The arrangements for patients to access a GP
- The provision of occupational therapy to allow off ward and community activities
- The completion and organisation of Mental Health Act documentation and care and treatment plans
- The external lighting in the garden outside Pwyll ward to promote patient safety

¹ Inspection to Ty Llywelyn Unit, Bryn y Neuadd Hospital, Llanfairfechen on the 4th, 5th and 6th November 2014 <http://gov.wales/docs/hiw/inspectionreports/Bryn%20y%20Neuadd%20-%20Ty%20Llywelyn%20-%20Inspection%20-%20November%202014%20-%20Management%20Letter.pdf>

- Access to and availability of intensive care suites within the unit to promote patient and staff safety
- The monitoring of and temperature of clinic rooms to ensure medicines are stored at a suitable temperature
- Governance systems to promote timely identification and escalation of any quality and safety issues identified.

4. Findings

Quality of patient experience

During our inspection we offered patients the opportunity to speak with us and two patients accepted. Overall, both patients indicated that they were happy with their care and that staff had been kind to them.

Staying healthy

At our previous inspection, we identified that improvement was needed around patients' access to GP services. Information provided by senior hospital managers at this inspection showed that this had not been completely resolved. We were told that work was ongoing to make improvements in this regard.

Improvement needed

The health board is required to provide HIW with an update regarding patients' access to GP services. In the meantime the health board must make arrangements to ensure patients can access a GP when needed.

Ward environment

The unit had three wards all located on the ground floor of the building. During a tour of the unit we found the wards were clean and generally tidy throughout. Given that Gwion ward was closed due to operational reasons, our inspection focussed on Branwen ward and Pwyll ward.

We saw that the furniture and décor on Branwen and Pwyll wards were in a suitable condition. Senior staff told us that patients had been involved in decisions around the redecoration of both wards. We saw that there was some maintenance/repair work required. Specifically, we identified the following:

- A broken door window on Branwen ward, which had been temporarily replaced by a wooden board. Staff told us this was raised with estates in October 2016 but had not been repaired
- A blocked toilet on Pwyll ward. We were told that this had been out of use for several days

Ward staff were aware of these issues and confirmed that these had been reported to the hospital estates team so that repairs could be made.

Improvement needed

The health board is required to confirm what arrangements have been made to satisfactorily complete the outstanding repair works identified on Branwen ward and Pwyll ward.

We were told that Gwion ward had been recently refurbished. The ward provided the only intensive care suite (ICS) for Ty Llewelyn. Whilst the ward was closed, we were told that the ICS could be accessed when needed. This contained appropriate facilities to enable staff observation whilst helping maintain patient safety. We noticed, however, that the ward felt cold and staff confirmed that the heating had been switched off. This meant that the temperature may have been uncomfortable for any patients needing to use the ICS. We informed senior hospital staff of our findings and were assured that a request had been made to switch the heating back on.

Improvement needed

The health board is required to confirm what arrangements have been made to make the temperature of Gwion ward comfortable for patients at all times.

Privacy and dignity

Patients we spoke to told us that they felt staff respected their privacy and treated them with dignity and respect. Throughout the inspection we observed staff interacting with patients in a caring and respectful manner.

Patients had their own rooms and were able to personalise them with their own personal belongings. The unit was single gender only. Within the total number of beds each ward had one bedroom with en-suite facilities. We were told that the allocation of this room would be based upon an assessment of an individual's needs. The other patients on each ward had access to shared washing and toilet facilities.

Each bedroom had an observation panel (window) in the door. On Pwyll ward, staff told us that sometimes patients were disturbed by staff opening and closing panels whilst conducting observations. Ward staff told us they had agreed with patients to keep their viewing panels open and for privacy curtains were placed over the panels outside patients' rooms. This enabled

staff to check on patients during the night without disturbing them unnecessarily. We considered this as noteworthy practice as staff had considered the privacy and dignity of patients and had involved patients in reaching a solution.

A visitor's room was located within the unit so that patients could meet with family and friends away from the ward areas. Arrangements were in place for patients to make telephone calls in private.

Patient therapies and activities

A designated occupational therapy team provided input to Ty Llewelyn, facilitating a range of activities with patients away from the ward areas. Staff told us that due to a shortage of staff within the team, ward staff had been assisting the occupational therapy team with some activities and sessions. Staff told us that patients could not always participate in planned activities due to the need for staff to escort them. This means that some patients may be disappointed at not being able to access activities. Comments from patients we spoke to, however, did not indicate this had caused them a significant problem.

Improvement needed

The health board is required to review the current occupational therapy provision to ensure adequate provision for off ward activities, including allocated community leave.

Food and nutrition

We considered the standard of food following the negative comments we received at our previous inspection.

We spoke to two patients during this inspection. Comments were mixed regarding the quality of the food. One patient was happy with the quality of meals but indicated that he would like bigger portions. The other patient specifically described how meals ordered from the menu were not always provided and that suitable alternatives were not offered.

We shared this feedback with senior hospital staff who explained that ward teams had worked closely with catering staff to improve the quality and size of meals. In light of our findings, however, they gave an assurance that this issue would be revisited.

Improvement needed

The health board is required to make arrangements to provide a suitable choice of meals according to patients' needs and preferences.

Patients we spoke to confirmed that drinks and snacks were available during the day. They also confirmed that patients were supported by staff to prepare meals in the ward kitchen and that patients could choose to have a weekly take away meal.

Delivery of safe and effective care

Application of the Mental Health Act²

We looked at the statutory detention documents for five of the detained patients being cared for on the two wards at the time of our inspection. We found the following:

- The documentation within one patient's Mental Health Act file and ward file was in good order
- Improvement was needed for the other files we reviewed to ensure the documentation was complete and well organised
- It was difficult to establish an audit trail between Mental Health Act files and ward files and there was little correlation between the two sets of files
- Section 17 leave documentation was comprehensive and complete.

Improvement needed

Improvements are needed to documentation within patients' Mental Health Act files to ensure it is complete, well organised and correlates with documentation within patients' wards files.

We saw that copies of the revised *Mental Health Act 1983 - Code of Practice for Wales (Revised 2016)* were available in both Welsh and English on the wards. Some staff we spoke to were, however, unaware that these were available. We were told that awareness sessions on the revised Code had been delivered and that further sessions were being organised. The health board needs to continue with arrangements to ensure staff are supported to attend such awareness sessions.

² The Mental Health Act (1983) was introduced to protect individuals who become vulnerable due to their mental health. The Act is designed to ensure that any decision to compulsorily admit an individual to hospital, therefore depriving them of their liberty, is justified and in the best interests of that individual.

Improvement needed

The health board is required to provide HIW with an update on progress in supporting staff to attend awareness sessions on the revised Code of Practice.

In addition, the health board's policies and procedures in respect of the Mental Health Act needed to be updated to reflect the revised Code.

Improvement needed

The health board's policies and procedures in respect of the Mental Health Act need to be updated to reflect the revised Code.

We identified that there were opportunities for improved communication and joint working between the Mental Health Act administrators and ward teams. The health board may wish to explore how the roles of ward clerks and medical secretaries can be developed to make improvements in this regard.

Monitoring the Mental Health Measure³

At our previous inspection, we identified improvement was needed around patients' care documentation. We looked at a sample of four care records for patients on both Branwen ward and Pwyll ward and found the following:

- The care and treatment plans on Pwyll ward were very detailed with clear measurable actions and patient strengths clearly identified.
- Overall, the care and treatment plans on Branwen ward lacked sufficient detail and a focus on patients' strengths and rehabilitation needs. The plans also did not identify the patients' unmet needs.
- We saw that one patient had been subject to rapid tranquilisation⁴. The care records did not reflect that staff had correctly followed the

³ The Mental Health (Wales) Measure 2010 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.

health board's *Rapid Tranquilisation Protocol* with regards to physical observations.

Whilst improvement to the completion of care documentation may have been made since our previous inspection, our findings indicated this had not been sustained.

Improvement needed

The health board is required to make arrangements to ensure care and treatment plans are sufficiently detailed.

The health board is also required to make arrangements to ensure staff are aware of and adhere to relevant policies and protocols.

Safe Care

External Lighting

Patients on each ward had access to secure outside garden/courtyard areas. We identified, however, that the garden area for Pwyll ward did not have sufficient working external lighting. Staff confirmed that they had access to torches. It is unlikely, however, given the size of the garden that these would provide sufficient lighting over a larger area. This means that it may be difficult for staff to see patients who have fallen and may also result in a delay in finding patients who are at risk. We informed senior hospital staff of our findings who, before the end of our inspection, had reported the issue to the hospital estates department so this could be addressed

Improvement needed.

The health board is required to make arrangements to improve external lighting in the garden for Pwyll ward to allow patients to be easily seen by staff.

These arrangements must include improving the lighting of fire evacuation routes.

⁴ Rapid tranquilisation refers to the use of medication to calm and/or lightly sedate an individual to reduce the risk of harm to self and/or others and to reduce agitation and aggression.

Call bells

Staff told us that call bells for patients to summon assistance from staff were only available in the bedrooms with en-suite facilities. The health board needs to review this arrangement to ensure that where required patients can summon assistance from their bedrooms.

Improvement needed

The health board is required to review the arrangements for patients to summon assistance if required when in their bedrooms.

Fire safety

We noticed that the fire doors on the ward did not open automatically when the fire alarm sounded. Rather, they needed to be opened by a staff member. Ward staff assured us that each member of staff on duty always carried a key so that fire exit doors could be opened in the event of a fire.

We saw that the one of the fire evacuation routes from Pwyll ward led out into the garden area, which we have already identified was not suitably lit. This could pose a safety hazard in the event of a fire at night. The health board's fire safety officer was conducting a fire safety audit at the time of our inspection and had also identified this as a potential hazard. The fire safety officer provided a verbal assurance that corrective action would be taken in this regard. We have required that the health board make arrangements to improve external lighting of the garden used by Pwyll ward and this needs to consider the lighting of any evacuation routes.

Security of cutlery/sharp objects

Staff told us that to promote patient and staff safety, when cutlery was removed from a lockable cutlery draw, a written record was maintained. This record was to be completed by staff when cutlery was removed or returned. We saw, however, that on Pwyll ward cutlery had not always been recorded as returned. Ward staff we spoke to could, therefore, not provide an assurance that cutlery had always been accounted for.

Improvement needed

The health board is required to make arrangements to ensure staff can account for cutlery used on the wards.

Intensive Care Suites

As previously described, an ICS was located on Gwion ward. Branwen ward and Pwyll ward did not have ICS facilities. This meant any patients requiring additional care and support within an ICS would need to be safely escorted by staff to Gwion ward. This could present safety risks to staff and patients due to the possibility of having to perform a prolonged (patient) restraint procedure and staff having to leave the ward to escort a patient. We discussed our findings with senior hospital staff who agreed to explore these arrangements further to promote patient and staff safety.

Improvement needed

The health board is required to review the provision of intensive care suite facilities at Ty Llewelyn to promote patient and staff safety.

Clinical rooms and medicine management

We found that the medicine/clinic rooms on both Pwyll and Branwen wards were very warm. Ward staff confirmed that the temperatures of the rooms were not being checked and recorded. This meant that medicines may have been stored at a temperature higher than that recommended by the manufacturer.

Improvement needed

The health board is required to make arrangements to store medicines used on the unit at a temperature recommended by the manufacturer and to maintain suitable records to demonstrate this.

Quality of management and leadership

Governance, leadership and accountability

Ty Llewelyn is a medium secure mental health unit with one of the wards providing rehabilitation/pre-discharge care. Whilst patients' care was being managed, senior staff told us that there were challenges in accessing appropriate placements for patients who could continue their ongoing care within less restrictive, low secure mental health units. The health board needed to review its current mental health provision so that patients can continue their care in the most appropriate type of environment to meet their identified care and treatment needs.

Improvement needed

The health board is required to review the provision of its mental health services so that patients can be cared for in the most appropriate type of service according to their care needs.

Some of our findings from this inspection indicated possible weaknesses within the health board's governance systems in identifying or escalating quality and safety issues; for example, our findings regarding the environment, compliance with the Mental Health Act and patient care documentation.

Improvement needed

The health board is required to review its governance systems to ensure timely identification and escalation of quality and safety issues so that these can be addressed promptly.

During our inspection, senior managers and staff were receptive to our comments. They demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Staff and resources

Generally, we found that staffing levels and the skill mix of ward based teams were sufficient to ensure patient safety. We were told that since the previous inspection staffing levels had been reviewed to ensure that a sufficient number of registered nurses were on duty. We were told, however, that sometimes patients were unable to partake in their planned activities. This

was due to ward staff not being able to support occupational therapy staff with off ward activities.

From our conversations with members of the multi disciplinary team and senior staff, it was clear that there were challenges in recruiting staff. We were told that a number of vacancies existed across the healthcare teams. Senior staff were aware of the situation and we were told that the health board was actively trying to recruit staff to vacant positions. The health board should, however, explore different strategies to facilitate staff recruitment to ensure patients' needs continue to be met.

Improvement needed

The health board is required to explore different strategies to facilitate staff recruitment.

We found that significant improvement had been made around staff training since our previous inspection. Senior staff told us that considerable efforts had been made over the previous few months to improve upon the number of staff attending mandatory training. Information provided by senior staff indicated that an overall compliance rate of 82% had been achieved. The health board needs to ensure that this improvement is sustained. As previously described, staff awareness of the revised *Mental Health Act 1983 - Code of Practice for Wales (Revised 2016)* needs to be improved.

Members of the multidisciplinary staff team we spoke to were positive about access to training to support them with their professional development and to do their jobs. No concerns were raised with the inspection team around the arrangements for multidisciplinary team working.

A review of the staff files at our last inspection identified areas for improvement. We considered a sample of three staff files at this inspection and found them to be generally well maintained. We found that whilst there was evidence that pre-employment checks had been conducted centrally by the health board's HR department, there was no written confirmation from HR that these checks were satisfactory. Senior staff explained that an email confirmation should have been filed within the staff files. The health board should therefore make arrangements to ensure that the correct procedure is always followed.

We found that improvement had not been made or sustained around staff supervision since our previous inspection. The records showed that supervision for staff was not undertaken in line with health board policy

(monthly for qualified staff). In addition, of the three records we reviewed, we could not find an up-to-date appraisal for two staff.

Improvement needed

The health board is required to make arrangements to ensure:

- ***records of pre-employment checks are filed in accordance with health board policy***
- ***staff receive regular supervision and an annual appraisal in accordance with health board policy.***

5. Next steps

This inspection has resulted in the need for the service 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 Ty Llywelyn 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.

6. Methodology

HIW inspections of mental health services seek to ensure services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards. The focus of HIW's mental health 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.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

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.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. For independent services, the registered provider of the service will be notified of urgent concerns and serious regulatory breaches via a non-compliance notice⁵. These findings (where they apply) are detailed within Appendix A of the inspection report.

⁵ As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

Mental Health Service: Improvement Plan**Service: Ty Llywelyn****Date of Inspection: 5-7 December 2016**

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The Health Board is required to provide HIW with an update regarding patients' access to GP services. In the meantime the Health Board must make arrangements to ensure patients can access a GP when needed.	1.1	<p>The MH/LD division are currently in negotiation with the local GP practice to provide cover for Ty llywelyn.</p> <p>Discussions regarding a review of contracts being progressed.</p> <p>All patients receive a full physical health check on admission by medical staff.</p> <p>Nursing staff complete daily physical observations routinely and these are acted on accordingly in line with NEWS scoring.</p> <p>All patients have physical health care plans in place highlighting any concerns or needs.</p>	Medical Director MH&LD and the Head of Workforce MH&LD	<p>April 2017</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>Ty Llywelyn has visiting specialist nurses regularly attending, these include Diabetic Nurse, Dietician and Optician, they also access on site Dentist and local Chiropody as required.</p> <p>Staff Grade Doctors and on call medics address any acute physical needs or concerns and will utilise the District General Hospital if required.</p> <p>The Mental Health Strategy for North Wales will be launched in April 2017 and this will include the plan to modernise secondary mental health services. The development of new roles i:e Advanced Nurse Practitioners for general healthcare is being seen as a priority for the MHLD Division which will enable a more sustainable approach for addressing the physical healthcare needs for in patient mental health services.</p>		<p>Completed</p> <p>Completed</p>
8	The Health Board is required to confirm what arrangements have been made to satisfactorily complete the outstanding repair	2.1	<ol style="list-style-type: none"> 1) Branwen - Damaged door window, glass pane being replaced by estates dept. 2) Blocked Toilet – Pwyll Ward, 	Service Manager	Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	works identified on Branwen ward and Pwyll ward.		Drainage company cleaned drains, awaiting parts for toilet.	Ward Manager	Completed
8	The Health Board is required to confirm what arrangements have been made to make the temperature of Gwion ward comfortable for patients at all times.	2.1	Heating regulator was required at time of HIW visit part was on order, the work has since been completed	Service Manager	Completed
9	The Health Board is required to review the current occupational therapy provision to ensure adequate provision for off ward activities, including allocated community leave.	6.1	The service managers are satisfied that the current O/T establishment meets the unit requirements. However at the time of the Inspection the O/T team were understaffed due to long term sickness of two of the four staff (1 qualified and 1 technician). Nursing staff have been redeployed to assist with any activity shortfalls. Ward Managers and Occupational Therapy Lead review all activities and shortfalls in O/T provision on a daily basis.	O/T Lead & Service Manager	Completed
10	The Health Board is required to make arrangements to provide a suitable choice of meals according to patients' needs and preferences.	2.5	The ward Managers will ensure all Patients will receive the Wales Audit Office Guidance note "Eating well in Hospital" –what you should expect at the point of admission.	O/T lead Ward Managers & Matron	Monthly reviews

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>Monitoring of meals provided to Ty Llywelyn from the canteen will continue and any concerns will be brought to the attention of the Ward Manager and Catering Manager at the earliest opportunity to facilitate resolution and escalated accordingly if required through appropriate Governance arrangements/ systems.</p> <p>When possible, in line with Individual Care plans, patients will continue to undertake self-catering and have opportunities for communal meal or takeaways.</p> <p>Ty Llywelyn promotes a Healthy Living initiative which includes providing healthy eating and dietary advice with patients having accessibility to a dietician if required.</p> <p>Patient experience is routinely collated through Quality and Safety Audit activity and Patient meetings and fed into Local/Divisional meetings as required to inform service improvement.</p>	<p>Ward managers Matron/Lead Nurse/service manager</p> <p>Ward manager Matron/Lead Nurse</p> <p>Ward Managers Matron/Lead Nurse Service Manager</p>	<p>Will be monitored monthly through Q&S audits.</p> <p>Completed and will be monitored monthly through Q&S audits</p> <p>As above</p> <p>As above</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Delivery of safe and effective care					
11	Improvements are needed to documentation within patients' Mental Health Act files to ensure it is complete, well organised and correlates with documentation within patients' wards files.	3.5	Patient files have been reviewed and additional training provided to ward clerk and medical secretaries. Mental Health Act dividers are being introduced to files	Ty Llywelyn Admin Manager MHA Lead	Completed and will be monitored by the Divisions MHA Lead
12	The Health Board is required to provide HIW with an update on progress in supporting staff to attend awareness sessions on the revised Code of Practice.	7.1	Training is now being provided to staff groups within Ty Llywelyn incorporating the changes / updates to the Code of Practice.	MHA Manager	Dec 2017
12	The Health Board's policies and procedures in respect of the Mental Health Act need to be updated to reflect the revised Code.	Governance, leadership and accountability	The MH/LD division policy group is now in place and MHA policies are allocated to MHA dept.	MHA Manager Ward Manager	Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
13	<p>The Health Board is required to make arrangements to ensure care and treatment plans are sufficiently detailed.</p> <p>The Health Board is also required to make arrangements to ensure staff are aware of and adhere to relevant policies and protocols.</p>	3.5, 6.1 and 7.1	<p>Ty Llywelyn Care Coordinators have reviewed all current CTPs and Mental Health Measure documentation. This will be measured against the gold standard example highlighted by HIW during the inspection.</p> <p>All new policies will be disseminated across the staff group with signing sheets to ensure all staff have had sight of and understood the policy. Alongside this training/education sessions will be put on for pertinent policies being used in Ty Llywelyn.</p> <p>Ward managers to ensure that any policies/ protocols are discussed and evidenced in staff supervision and any areas for further discussion undertaken timely. .</p> <p>Opportunities for staff to engage in policy development are being offered across the disciplines and grades through wide consultation as part of policy development and within the Division's Policy group</p> <p>In addition Patient Safety Alerts.</p>	<p>Ward managers/ Modern matron Lead Nurse</p> <p>Service Manager Lead Nurse</p> <p>Matron Service Manager</p> <p>Service Manager</p>	<p>June 2017</p> <p>Completed, will be monitored monthly as part of Forensics, QSE meeting and audit activity.</p> <p>March 2017, monitoring arrangements as above</p> <p>Completed, will be monitored as part of local QSE and Divisional policy group.</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
13	<p>The Health Board is required to make arrangements to improve external lighting in the garden for Pwyll ward to allow patients to be easily seen by staff.</p> <p>These arrangements must include improving the lighting of fire evacuation routes.</p>	2.1	<p>Existing lighting around the garden entrance and fire escape routes on Pwyll ward have been improved with additional lights being put in place.</p> <p>Additional flood lights to the garden are due to be fitted however this has been delayed due to the inclement weather. These lights when fitted will give full coverage of the large garden on Pwyll ward.</p> <p>Patients are escorted in the garden at all times and individual risk assessments are in place that would ensure that the patient's mental state and level of risk was taken into account prior to utilising any leave outside the MSU.</p>	<p>Ward Manager</p> <p>Service Manager</p> <p>Service Manager Lead Nurse</p>	<p>Completed</p> <p>March 2017</p> <p>Completed, will be monitored through Q& S audits</p>
14	<p>The Health Board is required to review the arrangements for patients to summon assistance if required when in their bedrooms.</p>	2.1	<p>Nurse call alarms are currently only fitted within the acute admissions ward. Nurse call alarms to be fitted to remaining two wards. Included in environmental upgrade work planned for the forthcoming financial year.</p>	<p>Service Manager / Modern Matron</p>	<p>April 2017</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
14	The Health Board is required to make arrangements to ensure staff can account for cutlery used on the wards.	2.1	Ward Management team to remind all staff of importance in appropriately completing security documentation. A memo has gone out to staff groups regarding the requirement for compliance with procedure and to be included in staff supervision. Ward managers will carry out random audit of security documentation.	Ward Managers	Completed and will be monitored by monthly supervision
15	The Health Board is required to review the provision of intensive care suite facilities at Ty Llywelyn to promote patient and staff safety.	2.1	Recognition of high standard of upgraded extra care suite on Gwion ward. It is not felt by the Clinical Team that an extra care facility is required on Pwyll rehabilitation ward. The team have however reviewed provision within the two acute wards Gwion and Branwen with a view to a potential linked corridor being put in place. Draft plans have been formulated; a budget cost identified and this has been built into a bid to Welsh Government for funding as part of a large set of proposals around reconfiguring parts of the estate. This bid was presented to WG on 6 th and a formal paper has been requested for consideration. If	Service Manager Estates Divisional Project Lead	17/18 financial year

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			<p>approved the work will be completed in 17/18 financial year.</p> <p>Whilst new corridor plans are ongoing, Branwen acute ward has identified the top lounge as a de-escalation area. Should seclusion be required then staff will transfer patients to the extra care seclusion facility on Gwion Ward. All ward staff receive managing violence and aggression training which includes transferring patients under restrictive physical interventions.</p>		
15	The Health Board is required to make arrangements to store medicines used on the unit at a temperature recommended by the manufacturer and to maintain suitable records to demonstrate this.	2.6	<p>Liaised with Pharmacy in regards to Room temperature guidelines and appropriate storage.</p> <p>Clinic room and medication fridge temperatures to be monitored and recorded twice daily and to be included in ward daily checklist.</p>	Ward Managers/ Matron	Completed and will be monitored monthly via Q&S audits
Quality of management and leadership					
16	The Health Board is required to review the provision of its mental health services so that patients can be cared for in the most appropriate type of service according to their care needs.	Governance, leadership and accountability	BCUHB are currently working to prepare a new strategy for Mental Health and Learning Disability Services.	MH/LD Division	March 2017

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16	The Health Board is required to review its governance systems to ensure timely identification and escalation of quality and safety issues so that these can be addressed promptly.	Governance, leadership and accountability	To ensure Ty Llywelyn Staff have increased awareness of governance arrangements and processes for the escalation of concerns i.e; Risk log. Local Governance to feed into Countywide Quality and Operational delivery meeting and signposted to appropriated Divisional meetings as and when required ie QSE/ SMT/PTR.	Clinical Director and Clinical Network Manager, Service Manager	Completed
17	The Health Board is required to explore different strategies to facilitate staff recruitment.	7.1	Recruitment currently ongoing both Locally and Divisional wide Establishment reviews (Divisional wide) ongoing. Ty Llywelyn has reorganised staff banding compliment/skill mix review. The new Mental Health strategy will included workforce and a new MH Nursing strategy will be launched in line with the MH strategy	Quality and Safety Lead Workforce Lead	MH Strategy and MH Nursing strategy to be formally launched April 2017
8	The Health Board is required to make arrangements to ensure: <ul style="list-style-type: none"> records of pre-employment checks are filed in accordance with health board policy staff receive regular 	7.1	All pre employment checks are now completed through the All Wales TRAC employment system and retained by NWSSP employment services and will be filed in accordance with policy. Ty Llywelyn is currently working to improve both frequency and quality	Business support manager Dept	Completed with ongoing monitoring March 2017

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	supervision and an annual appraisal in accordance with health board policy.		<p>of Supervision and PADR's for all disciplines and are actively striving to meet 90% compliance by March 2017.</p> <p>Team managers to formulate action plans for their areas which will be reviewed daily, then further reviewed on a fortnightly basis by the Modern Matron.</p>	Managers / Matron, Service Manager	Completed

Service representative:

Name (print): Carole Evanson.....

Title: Clinical Network Manager.....

Date: 10.02.17