Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

NHS Mental Health Service Inspection (Unannounced)

Neath Port Talbot Hospital

Ward F and Ward G

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: **0300 062 8163**

Email: **hiw@wales.gsi.gov.uk**

Fax: **0300 062 8387**
Website: **www.hiw.org.uk**

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Neath Port Talbot Hospital in Abertawe Bro-Morgannwg University Health Board on the evening of 17 May and days of 18 and 19 May. The following sites and wards were visited during this inspection:

- Ward F (adult mental health)
- Ward G (older people mental health)

Our team, for the inspection comprised of two HIW inspectors and one HIW staff as a lay reviewer), two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that both Ward F and Ward G provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Provided individualised patient focused care.
- Patients and relatives that we spoke to were very happy with the care received.
- Staff we spoke to were happy in their roles and stated that they felt supported by peers and management.
- Good collaborative working with community mental health teams and the medical wards at Neath Port Talbot Hospital.
- Undertook established clinical processes in place to maintain patients' safety.
- Legal documentation under the Mental Health Act and Deprivation of Liberty Safeguards were compliant with the relevant legislation

This is what we recommend the service could improve:

- Areas of the environment to help maintain patients' privacy and dignity.
- Completion of clinical documentation to better evidence the care provided.
- The recruitment to vacancies on Ward G.

3. What we found

Background of the service

Neath Port Talbot Hospital provides NHS mental health services at Baglan Way, Port Talbot, SA12 7BX within Abertawe Bro-Morgannwg University Health Board.

The mental health service has two designated wards: Ward F (adult mental health) and Ward G (older people's mental health).

Ward F is mixed gender and has 21 beds; there were 20 patients at the time of our inspection.

Ward G is mixed gender and has 20 beds; there were 18 patients at the time of our inspection

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed that patient experience on Ward F and Ward G to be delivered to a high, individualised standard by two sets of ward teams that provided passionate care in a respectful manner.

Patients on both wards provided very positive feedback on the care they had received whilst at the hospital.

The ward environment was suitable to the patient groups, clean and generally maintained to a high standard. However, there were a few improvements required to benefit patient experience on the wards.

During the inspection we talked to patients and carers to obtain views on the services provided. Patient comments included the following:

> *"Very happy with the care received on Ward G, staff are excellent"*
>
> *"Staff on Ward G are marvellous. The care of my husband has been excellent"*
>
> *"Finds ward F excellent, staff are very understanding and nothing is too much trouble."*
>
> *"I feel safe on Ward F, I feel I'm on the mend thanks to the staff."*

Staying healthy

Outside Ward F and Ward G there was a wide range of relevant information leaflets for patients, families and other visitors. These areas contained information on mental health issues, guidance around mental health legislation and physical wellbeing. Along with information on organisations that can support patients, their families and carers.

There was additional information on display around Ward F which provided patients with opportunity to refer to this information. In addition there were plans to replicate the information displayed outside the ward with the development of The Hub on the ward. The Hub will also provide patients with an area with internet access. The Hub will provide a valuable resource for the patient group.

However, there was limited information on display on Ward G. We were informed that this was due to patients removing leaflets, posters, etc. from the walls. This limited the information available to patients. The health board should consider how information can be displayed securely on Ward G so that patients have the opportunity to refer to the information as and when required.

A wide range of physical activities were available for patients within the hospital or within the community for those patients that were authorised to leave the hospital.

Ward F had an activity co-ordinator who staff and patients spoke very favourably of, it was evident that there were concerted efforts to provide and engage patients in activities on Ward F.

There was no activity co-ordinator in post on Ward G, the health board had not recruited to the vacancy, this had limited the opportunities for staff to provide activities for patients. However, it was positive that patients from Ward G accessed the adjoining older people's mental health day hospital for assessments, activities and as part of their care pathway for discharge from hospital.

Improvement needed

The health board must ensure that information for patient is displayed appropriately on Ward G.

Dignified care

On both wards we observed ward staff and senior management at the hospital interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients. Staff demonstrated detailed knowledge of individual patients, their histories and patient journey.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and

appropriate interaction in an attempt to prevent patient behaviours escalating. When patients approached staff members they were met with polite and responsive caring attitudes.

Each patient had their own bedrooms, apart from one two-bedded bedroom on Ward G. We observed a number of patient bedrooms and it was evident that patients were able to personalise their rooms and had sufficient storage for their possessions. However, some bedroom curtains required to be rehung or replaced as they did not provide sufficient privacy for patients.

There was also a missing window on Ward G between a communal lounge and corridor. This had been made safe by the estates department however the ward were waiting for the window to be replaced which would improve the privacy of conversations in the communal area.

Patients on Ward F were able to lock their bedroom doors from within, with staff able to over-ride the locks if required. However, there were no locks on bedroom doors on Ward G, staff and patients reported that there have been regular occurrences of patients accidently entering the wrong bedroom. This impacted negatively on patients' privacy on Ward G. The health board must provide lockable bedroom doors on Ward G to help maintain patient privacy.

Bedroom doors had viewing panels so that staff could undertake observation on patients without opening the door and potentially disturbing the patient. Whilst patients were able to close the viewing panels from inside their bedroom, the majority of viewing panels on both wards had been left in the open position, therefore anyone passing the bedroom could see in. Staff should be mindful to maintain patients' privacy, particularly those patients that may not have the cognitive ability to close the observation panel, and leave them in the closed position once a patient observation has been made.

Each bedroom had an en-suite toilet, sink and shower. This provided additional privacy for patients whilst being cared for within the hospital. However, both wards were awaiting improvements to some en-suite facilities, which included replacement shower curtains, shower curtain rails and flooring.

There were bathrooms available on both wards that patients could utilise if they wished to have a bath. There were appropriate aids available to provide additional support for patients if required. However, the bath hoist chair on Ward G was damaged and awaiting to be replaced. The health board had confirmed that this had been actioned and were awaiting delivery.

There had been positive efforts on both wards to assist patients in finding their way around, this included pictorial signage and doors to toilets being a different

colour to other doors, such as bedrooms. However, there were some areas of signage that were broken or missing. Staff confirmed that these had been identified and with the estates team to complete the required works.

The patient status at a glance boards within each ward office were not visible from outside the room, however these were not covered when not in use and confidential patient information, such as Do Not Attempt Resuscitation, was viewable on entering the ward office. The patient information boards should be covered when they were not being referred to by staff. Patient privacy could be jeopardised if viewed by someone entering a nursing office, such as a patient or visitor.

Both wards had their own enclosed garden which patients could access freely throughout the day. Both gardens provided patients with a pleasant outdoor space to relax or participate in activities. However, staff on Ward G had concerns regarding trip hazards with in the garden which had a potential impact on patient safety. The health board must review these and undertake required action to remove the trip hazards.

On both wards there were some doors that did not close quietly; these can disrupt patients, particularly at night. The health board must ensure that all doors on both wards are soft-closing as to not disrupt patients.

Improvement needed

The health board must ensure that all curtains are correctly hung and afford patients privacy.

The health board must replace the missing interior window on Ward G.

The health board must provide lockable bedroom doors on Ward G.

The health board must ensure that the default position for bedroom observation panels is closed.

The health board must expedite the required improvements to the en-suite.

The health board must confirm that the bath hoist chair on Ward G has been replaced.

The health board must ensure that all damaged or missing signage on Ward F and Ward G are replaced.

The health board must ensure that patient status at a glance boards are covered when not in use.

The health board must ensure that all doors are soft-closing.

Patient information

As stated above, there was plenty of relevant information available to patient, families and other visitors to both wards. However the health board must ensure that information is available on Ward G.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated with patients effectively. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or misunderstood, staff would patiently clarify what they had said.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings.

For individual meetings patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers were also included in some individual meetings.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act or restrict patients leaving the hospital by Deprivation of Liberty Safeguards were compliant with the relevant legislation.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital weekly. Patients could also access the Independent Mental Capacity Advocacy (IMCA) service.

There were suitable places for patients to meet with visitors in private on both wards along with arrangements in place to make private telephone calls.

Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided on Ward F and Ward G. The wards had suggestion boxes and used the online "NHS Friends and Family Test Feedback". We saw examples of the positive feedback received by Ward F along with responses to any issues or concerns raised.

Feedback on the services on both wards could also be given via the NHS Putting Things Right process.

It was positive to see "Thank You" cards on display from former patients and family members.

It was positive to see that Ward F have a Recovery Champion programme, patients nominate a staff members who they feel have helped them with their care and recovery. Then the member of staff with the greatest feedback is identified as the Recovery Champion of the Month. This was on display in the dinning room area of Ward F with a sample of the positive messages from the patients that had nominated the staff member.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Staff on Ward F and Ward G provided safe and effective care for the patients. There were very good processes in place to maintain patients' safety whilst receiving a high standard of care on the wards.

However, there are areas of improvement required in the completion of clinical documentation that would help staff to easily demonstrate the care they are providing and the reasons behind their decisions.

Safe care

Managing risk and promoting health and safety

On both Ward F and Ward G processes were in place to manage risk and maintain health and safety. The wards provided individualised patient care that was supported by managed positive risk taking, both in ward practices and care planning.

Both wards, and all patient areas, were on the ground floor of the hospital with accessible entry, including people with mobility difficulties, from the main hospital or own designated entrance.

On both wards, staff had access to personal alarms to call for assistance if required. There were nurse call points around the ward and within patient bedrooms so that patients could summon assistance if required.

Bedrooms on Ward G had sensors to alert staff to a patient moving out of bed so that staff could provide assistance if required. The sensors were activated by staff when the need had been identified in individual patient's risk assessment.

There were up-to-date ligature point risk assessments in place for both wards. These identified potential ligature points and what action had been taken to remove or manage these.

The furniture, fixtures and fittings on both wards were appropriate to the respective patient groups. However, we noted a number of potential trip

hazards on Ward G, particularly door entries between rooms and communal areas. The health board must review Ward G and undertake required action to remove the trip hazards.

Ward F had an appropriately furnished and maintained seclusion room. We reviewed the seclusion room however the seclusion record book was not always accurately completed, with one entry not recording the time when seclusion finished. The seclusion record book also had a number of blank pages in between the recording of episodes of seclusion. The health board must ensure that seclusion record book is accurately completed.

A health board's Seclusion Policy was available to staff on Ward F, however the policy was due for review by April 2016, there was no evidence that this had been completed.

There was a Section 136 Suite[1] at Neath Port Talbot Hospital that adjoined Ward F. The furniture within the Section 136 Suite comprised of standard office tables and chairs. This should be reviewed to ensure that the furniture provides patients and professionals with an appropriate level of comfort. The furniture should also be secured or weighted to prevent being used as an object to cause harm.

Improvement needed

The health board must review Ward G and undertake required action to remove the trip hazards.

The health board must ensure that seclusion record book is accurately completed.

The health board must review their Seclusion Policy to ensure that it is updated and includes any changes directed by the 2016 Mental Health Code of Practice for Wales.

[1] Section 136 Suite is a designated place of safety where police can bring a person to for a mental health assessment.

The health board must ensure that the Section 136 Suite is appropriately furnished.

Infection prevention and control

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately.

Both wards had detailed cleaning schedules that ward staff completed in addition to the regular health board domestic staff. The records of cleaning schedules evidenced regular cleaning which we could see in the ward environment.

There were a number of areas of damaged flooring on Ward G that were potential infection control risks; these must be addressed by the health board.

There were hand hygiene products available in relevant areas on both wards; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination PPE when required.

There were laundry facilities for both wards which were well maintained. Laundry rooms and linen cupboards was well organised on both wards.

Improvement needed

The health board must ensure that the damage to flooring on Ward G is rectified.

Nutrition and hydration

Patients were provided with meals at the hospital which included breakfast, lunch, evening meal and super. Patients choose their meals from the hospital menu. Both wards operated protected mealtimes so that patients were not interrupted during their meals.

Patients also had access to fresh fruit, snacks along with hot and cold drinks. However, patient's water supply on Ward F was outside laundry room which was also used for hand washing. There is a potential risk for patients' health

and a designated drinking water supply should be provided separate to hand washing facilities.

We observed a selection of meals and they appeared and smelt appetising. During our discussions with patients on Ward F they were complimentary about the meals which they received. Two of the patients we spoke to on Ward G said that they did not enjoy the meals they received and that they tasted all the same. It was evident that patients on Ward F and Ward G had the same meal options and quality. Staff confirmed that alternatives were available and that efforts were made to ensure that patients received food that they wished to eat.

Improvement needed

The health board must ensure there are appropriate designated drinking water and hand washing facilities near Ward F's laundry room.

Medicines management

Overall medicines management on both wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked. There was a regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication on both wards.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacture's advised temperature.

Medication trolleys sored patient medication individually which assisted the efficiency of administering medication and we were informed had assisted in reducing medication errors. Medication trolleys were locked and secured to the wall when not in use.

There were very good arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked daily.

Medication Admission Record (MAR) Charts reviewed on Ward F and Ward G contained the patients name and their mental health act legal status. Charts were consistently signed and dated when prescribed and administered, and a reason recorded when medication was not administered.

However, we observed one MAR Chart to have been poorly completed by the doctor that could have resulted in a medication error by staff on Ward F. We

brought this to the attention of the ward manager immediately so this could be rectified. The MAR Chart had been completed by a doctor who was not practicing for the ward, but another service that was overseeing the care of the patient.

We spoke to staff on Ward F regarding the monitoring of physical signs post implementing the Rapid Tranquilisation Policy. Staff did not have a clear format to record vital signs at the frequency required and recommended. However, the NICE algorithm for rapid tranquilisation was visible on the clinical room stock cupboard door. The health board must ensure there staff can accurately monitor and record physical observations following the use of rapid tranquilisation.

On Ward G where PRN medication[2] had been recorded on the MAR Charts, the reason why PRN medication was required was not always documented in patient notes as required. We did not identify the same issue on Ward F.

Improvement needed

The health board must ensure there staff can accurately monitor and record physical observations following the use of rapid tranquilisation.

The registered provider must ensure that staff record the reason why PRN medication was required in patient notes.

Safeguarding children and adults at risk

There were established processes in place to ensure that staff on both wards safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

[2] PRN medication is medication that is prescribed to be administered as needed and not at regular times

Effective care

Safe and clinically effective care

Overall we found governance arrangements in place that helped ensure that staff on both wards provided safe and clinically effective care for patients

Record keeping

Patient records were mainly paper files that were stored and maintained within the locked nursing office, with some electronic documentation, which were password-protected. We observed staff storing the records appropriately during our inspection.

Each patient had several different records of detailed care information. It was evident that staff on both wards were providing good level of assessments and monitoring of patients' wellbeing. However, following the pathway for care and treatment of an individual patient could be complex and time consuming, this was particularly the case on Ward F. The health board should review the record keeping ensuring that staff can quickly review documentation to establish how to care for an individual patient.

The patient status at a glance board within ward F nursing office did not provide clear and quick information on review. Whilst we were informed ward staff were familiar with the layout and the content, it was felt that the board could be improved to assist other professionals that may be required to review the board.

Some daily patient entries by registered nurses on Ward G were brief and provided little detail of the care, assessments and activities that had been provided for patients. The health board must improve the quality of staff's entries so that they evidence the care that has been provided to individual patient and the reasons why.

Improvement needed

The health board must improve the layout and content of the patient status at a glance board within ward F nursing office.

The health board must improve the quality of entries made by staff in the daily recordings.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across one ward, Ward F.

It was positive to see that following a HIW inspection to another setting within the health board the health board had rolled out a Mental Health Act Documentation Audit to ensure that the required documentation was available for ward staff.

It was evident that detentions had been applied and renewed within the requirements of the Act.

Medication was provided to patient in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) a record of the statutory consultees discussion was completed and kept with SOAD documentation.

Consent to treatment certificates were kept with the corresponding Medication Administration Record (MAR Chart). This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

The health board's mental health act administration team ensured that patients were provided with their statutory rights under the Act, including appealing against their detention. There was evidence that some patients were supported by the advocacy service.

We also noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of six patients. There was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements.

On both wards there were an extensive range of risk assessments that set out the identified risks and how to mitigate and manage them. There were also good physical health assessments and monitoring recorded in patient notes. However, we did identify that some improvements in the documentation of physical health monitoring could be made on Ward F, we discussed a number of specific cases with the relevant staff during the inspection.

On Ward G we found that Care and Treatment Plans reflected the domains of the Welsh Measure. However, on Ward F patient documentation, although very extensive, did not reflect the domains of the Welsh Measure. As stated in the

Record Keeping section of this report the health board must review the patient documentation so that it reflects the Welsh Measure.

The Care and Treatment plans reviewed on Ward F were brief, lacked specific details of actions to be taken and by whom. The Care and Treatment Plans should be improved to reflect the Welsh Measure requirements.

Improvement needed

The health board must ensure that staff complete detailed physical health monitoring when required.

The health board must ensure that Care and Treatment plans reflect the requirements of the Welsh Measure.

Mental Capacity Act and Deprivation of Liberty Safeguards

Where required, staff on Ward F and Ward G had referred to the local authority to apply Deprivation of Liberty Safeguards for applicable patients. It was evident that the process was being applied appropriately.

There had been delays in the local authority providing best interests assessors. Both wards demonstrated that they regularly followed-up the request with the local authority.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

There was very good leadership and management on both Ward F and Ward G. Both ward teams evidenced good team working and spoke of positive staff morale.

The ward teams were supported by health board senior management and had very good collaborated working with the community teams and links with the medical wards at the hospital.

However, improvements need to be made to support staff to attend mandatory training courses. .

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that both wards focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

There was dedicated and passionate leadership from the ward managers who were supported by committed ward teams, strong multi-disciplinary teams and senior health board managers who regularly attended both wards. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward managers on both wards. Staff also commented that team-working and staff morale on the wards was very good.

Both wards were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. This was supported by close and productive working with the respective community

mental health teams. Ward staff also spoke of positive links between the mental health wards and the medical wards at Neath Port Talbot Hospital.

Patients' feedback on the care that they had received, form both wards, was very positive.

It was positive that throughout the inspection that the staff on Ward F and Ward G were receptive to our views, findings and recommendations.

Staff and resources

Workforce

Both wards had established teams that evidenced good team working. However, Ward G had three registered nurse vacancies along with an activity co-ordinator vacancy. We were informed that there was a freeze on recruitment within the Older People's Mental Health service whilst the health board considered the future configuration of mental health services for older people within the community and in-patient settings.

To fulfil the staffing rota and to cover the three registered nurse vacancies on Ward G there was a reliance on over-time and bank shifts. However, there were occasions when a registered nurse shift had to be covered by a health care support worker. We were assured that there was always at least one registered nurse on each shift on Ward G; however during these shifts there was a decrease in the staffing skill mix that could impact on patient care.

Staff raised their concerns regarding not being able to recruit to the activity co-ordinator post. This had impacted upon the provision of activates on Ward G and was a significant loss to the patient experience.

The health board should consider their position on recruitment freeze for the vacancies on Ward G to ensure that the ward team is suitably resourced to maintain the high levels of care that they have been able to provide.

There was a registered nurse vacancy on Ward F; we were informed that this was in the process of being recruited to.

We reviewed staff training, whilst it was evident that this was being monitored by the ward managers, there were deficiencies in mandatory training on both wards. Some mandatory training was eLearning, and in these areas completion rates were generally very good. Staff were having difficulty in accessing and completing mandatory class room training, in particular Infection

Control and Fire Training. The health board must ensure that staff have access to mandatory training and supported to attend.

Improvement needed

The health board must clarify how they will maintain the skill mix on Ward G whilst there are registered nurse vacancies and an activity co-ordinator vacancy.

The health board must ensure that staff have access to mandatory training and supported to attend.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect NHS mental health services

Our inspections of NHS mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of NHS mental health services will look at how services:

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005 and implementation of Deprivation of Liberty Safeguards
- Meet the Health and Care Standards 2015

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects mental health and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Service: Neath Port Talbot Hospital

Wards: Ward F & Ward G

Date of inspection: 17 - 19 May 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Neath Port Talbot Hospital

Wards: Ward F & Ward G

Date of inspection: 17 - 19 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that information for patient is displayed appropriately.	1.1 Health Promotion, Protection and Improvement	Secure patient information display cabinets to be installed within the main ward area of Ward F and G. Patient information leaflets for Ward F/G to be reviewed with the help of service users.	Locality Manager Ward Managers	31/8/17 31/7/17
The health board must ensure that all curtains are correctly hung and afford patients privacy.	4.1 Dignified Care	All curtains to be correctly hung. This will involve the ordering of ligature proof curtain hooks. To be monitored in the monthly locality environmental group.	Locality Manager	31/8/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must replace the missing interior window on Ward G.	4.1 Dignified Care	Window replaced	Service Manager	31/5/17
The health board must provide lockable bedroom doors on Ward G.	4.1 Dignified Care	Estates provider (Kier) has been asked to provide a quotation for the installation of bedroom locks. Installation will be monitored through the monthly locality environmental group.	Service Manager	30/6/17
The health board must ensure that the default position for bedroom observation panels is closed.	4.1 Dignified Care	Whilst some patients prefer to have observation panels open, staff will be reminded of the need to close these where patients do not have a preference for them to be open. This will be monitored in the monthly ward Quality and Assurance reviews.	Service Manager	30/6/17
The health board must expedite the required improvements to the en-suite.	4.1 Dignified Care	Programme for renewing flooring and replacing shower rails has been agreed with the estates provider [Kier] and will be monitored via the monthly locality environmental group.	Locality Manager	31/8/17
The health board must confirm that the bath hoist chair on Ward G has been replaced.	4.1 Dignified Care	Replacement chair ordered; awaiting delivery.	Ward Manager	31/7/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all damaged or missing signage on Ward F and Ward G are replaced.	4.1 Dignified Care	Schedule of replacement signs to be generated by Ward Managers for submission to the estates provider [Kier]. To be reviewed in monthly locality environmental group.	Ward Managers	31/8/17
The health board must ensure that patient status at a glance boards are covered when not in use	4.1 Dignified Care	Both wards have blinds, and staff will be reminded of the need to ensure their use.	Ward Managers	30/6/17
The health board must ensure that all doors are soft-closing.	4.1 Dignified Care	Review to be undertaken by the Estates provider (Kier). To be monitored in the monthly locality environmental group.	Locality Manager	31/8/17
Delivery of safe and effective care				
The health board must review Ward G and undertake required action to remove the trip hazards.	2.1 Managing risk and promoting health and safety	Programme of replacement flooring agreed with estates provider [Kier]. Ongoing monitoring through the monthly ward-based quality and assurance reviews to include inpatient and ward garden areas.	Service Manager	31/8/17
The health board must ensure that seclusion record book is accurately completed.	2.1 Managing risk and	The seclusion record and policy are to be reviewed to ensure recording	Senior Clinical Nurse	30/9/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
	promoting health and safety	standards are clearly prescribed and staff compliance will be the subject of regular audit.		
The health board must review their Seclusion Policy to ensure that it is updated and includes any changes directed by the 2016 Mental Health Code of Practice for Wales.	2.1 Managing risk and promoting health and safety	Please see action point above. Review will include staff from areas across the Delivery Unit.	Senior Clinical Nurse	30/9/17
The health board must ensure that the Section 136 Suite is appropriately furnished.	2.1 Managing risk and promoting health and safety	A review of the environment will be undertaken to identify necessary changes to ensure safe patient and staff environment. Implementation of any recommendations will be monitored in the monthly local environmental group.	Service Manager	30/9/17
The health board must ensure that the damage to flooring on Ward G is rectified.	2.4 Infection Prevention and Control (IPC) and Decontaminati on	A programme for replacing the damaged floor has been agreed with Estates provider (Kier) and will be monitored through the monthly locality environmental group.	Service Manager	31/8/17
The health board must ensure there are	2.5 Nutrition	Options to be reviewed within the local environmental group which will include	Ward Manager	30/9/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
appropriate designated drinking water and hand washing facilities near Ward F's laundry room.	and Hydration	representation from Estates.		
The health board must ensure there staff can accurately monitor and record physical observations following the use of rapid tranquilisation.	2.6 Medicines Management	A specific record chart will be developed to help staff record a patient's vital signs following rapid tranquilisation. This record chart will be shared with the Medical Director of the Health Board to determine its suitability for use across the Health Board.	Ward Manager Nurse Director	31/7/17 31/8/17
The registered provider must ensure that staff record the reason why PRN medication was required in patient notes.	2.6 Medicines Management	Registered Nurses have been reminded of the need to record the reasons why PRN medication was required. Compliance will be audited as part of the monthly quality and assurance reviews.	Service Manager	30/6/17
The health board must improve the layout and content of the patient status at a glance board within ward F nursing office.	3.5 Record keeping	A task and finish group is to be established to identify best practice in terms of how patient information is described on Patient Status at a Glance boards.	Ward Manager	30/9/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must improve the quality of entries made by staff in the daily recordings.	3.5 Record keeping	All staff will be scheduled to complete Nurse Documentation and Record Keeping training. The quality of entries made by staff in the health record will be regularly considered in the monthly ward quality and assurance reviews.	Ward Manager Senior Clinical Nurse	31/10/17 31/8/17
The health board must ensure that staff complete detailed physical health monitoring when required.	Monitoring the Mental Health Measure	A local Task and Finish group will be established to design an assessment tool for physical health screening.	Ward Manager	30/9/17
The health board must ensure that Care and Treatment plans reflect the requirements of the Welsh Measure.	Monitoring the Mental Health Measure	The locality Mental Health Measure Steering Group will coordinate the regular audit of Care and Treatment Plans. This will be supplemented by training opportunities for staff.	Service Manager Practice Development Nurse	31/7/17 30/10/17
Quality of management and leadership				
The health board must clarify how they will maintain the skill mix on Ward G whilst there are	7.1 Workforce	The locality will be progressing recruitment to the three vacant staff	Locality Manager	31/7/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
registered nurse vacancies and an activity co-ordinator vacancy.		Nurse and Health Care Assistant posts. In the meantime a registered nurse will be transferred into Ward G to ensure skill mix is maintained.		
The health board must ensure that staff have access to mandatory training and supported to attend.	7.1 Workforce	The locality performance score card records compliance with mandatory and statutory training on a monthly basis. Each locality has an identified Practice Development Nurse who is supporting the development of a rolling programme of e-learning.	Ward Managers Practice Development Nurse	31/7/17 31/7/17

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Janet Williams

Job role: Head of Operations

Date: 19.06.2017