



# **Independent Mental Health Service Inspection (Unannounced)**

Llanarth Court Hospital

The Priory Group

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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 independent mental health inspection of Llanarth Court Hospital on the evening of 3 July 2017 and following days of 4 to 7 July. The following sites and wards were visited during this inspection:

- Awen - Female Medium Secure Mental Health Ward
- Deri - Male Low Secure Mental Health Ward
- Osbern - Male Low Secure Learning Disabilities Ward
- Teilo - Male Low Secure Mental Health Ward
- Treowen - Male Low Secure Mental Health Ward
- Howell - Male Medium Secure Mental Health Ward
- Iddon - Male Medium Secure Mental Health Ward

Our team, for the inspection comprised of a HIW inspector, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay 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 the Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

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

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. There was a focus on least restrictive care to aid recovery and supported patients to maintain and develop skills.

Staff were positive about the support and leadership that they received. However, there were a number of multi-disciplinary team vacancies that the registered provider must recruit to.

This is what we found the service did well:

- Ward staff and senior management interacted and engaged with patients respectfully
- Provided very good range of activities and therapies for patients at the hospital and in the community
- Focused on least restrictive care to aid recovery and supported patients to maintain and develop skills
- Completed Care and Treatment Plans reflected the domains of the Welsh Measure, were comprehensively written and regularly reviewed
- Strong governance arrangements were in place to deliver safe and effective care.

This is what we recommend the service could improve:

- Ensuring that the cleanliness and tidiness of wards is maintained throughout the day and night
- Practices around the management of medicines
- Recruitment to vacant multi-disciplinary team positions.

We identified regulatory breaches during this inspection regarding the management of medicines and vacancies of multi-disciplinary team members. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered

provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### Background of the service

Llanarth Court Hospital is registered to provide an independent mental health service at Llanarth, Raglan, Abergavenny, Monmouthshire NP15 2YD.

The hospital comprises of seven wards and an open rehabilitation bungalow:

- Awen - A medium secure service for a maximum 16 (sixteen) female adults aged between 18 (eighteen) and 65 (sixty-five) years who are diagnosed with a mental illness or have a treatable personality disorder or a combination of the both
- Deri - A low secure service to provide assessment for a maximum of 11 (eleven) male adults over the age of 18 (eighteen) years
- Osbern - A low secure service to provide assessment, treatment and rehabilitation for a maximum 11 (eleven) male adults over the age of 18 (eighteen) years suffering from a mental disorder
- Teilo - A low secure service to provide rehabilitation for a maximum 20 (twenty) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder
- Treowen - A low secure service to provide rehabilitation for a maximum 19 (nineteen) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder
- Howell - A medium secure service to provide assessment, treatment and short-term rehabilitation for a maximum 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer from a mental disorder
- Iddon - A medium secure service to provide assessment and short-term rehabilitation for a maximum of 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer with a mental disorder
- Woodlands Bungalow - At the time of the inspection, Woodlands Bungalow was closed. HIW has received an application from the provider to vary the conditions of registration in respect of this aspect of the service.

The hospital was first registered in December 1992.



The hospital employs a staff team of a Hospital Director, a Clinical Service Manager along with ward based multi-disciplinary teams including a ward manager, two charge nurses, a responsible clinician, a psychologist, an occupational therapist and a therapy support worker. The multi-disciplinary teams also had support from hospital social workers, sport therapists and adult tutor.

The hospital employs a team of maintenance workers, catering staff and domestic staff. The operation of the hospital is supported by a team of administration staff.

The hospital is supported by the management and organisational structures of The Priory Group.

## 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 ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

Patients were provided with a range of up-to-date information to enable them to make choices regarding their care, treatment and wellbeing.

The hospital provided patients with health promotion, protection and improvement opportunities that were supported by a great range of hospital facilities. These provided patients with integrated programmes and a range of activities that supported patients to maintain and develop skills to benefit patient experience within the hospital and following discharge.

The registered provider should review the configuration of the four wards, Deri, Iddon, Howell and Osbern, to ensure that all ward environments will continue to reflect future standards in in-patient provision.

### Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at Llanarth Court which assisted in maintaining and improving patients' wellbeing.

There was a practice nurse role at Llanarth Court which was undertaken by a staff member who was a dual registered mental health and general nurse. The practice nurse was supported by two assistants. Patients were also able to access GP, dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

The hospital had recently commenced a smoking ban at the site, including all buildings and grounds. Patients who smoked had been informed of the decision to implement the smoking ban during 2016, so that patients could prepare and participate in smoking cessation programmes prior to the commencement of the ban.

Whilst a number of patients we spoke with expressed their dissatisfaction with the smoking ban we were assured that staff were supporting patients with smoking cessation, smoking replacement products and taking time to talk with patients. It was positive to hear from a selection of patients and staff of the positive outcomes of the smoking ban which included the feeling of improved health and increased participation in hospital activities and therapies.

Llanarth Court had a wide range of well maintained facilities to support the provision of therapies and activities. Every ward had a designated full time occupational therapist and therapy support worker. However, at the time of the inspection, the Treowen occupational therapist was on long term leave. The other occupational therapists within the hospital covered to undertake any required assessments on the ward and there were two therapy support workers to assist in providing activities for the patients.

Each patient admitted to the hospital was assessed by an occupational therapist. Following the assessment, patients were provided with an individual timetable that included various therapeutic activities as well as ward-based activities. The individual patient activity timetables linked with the hospital facilities timetables and these were reviewed and subsequently changed every 12 weeks.

We observed that patients on the wards were involved in a range of activities throughout the inspection. These included arts and crafts, board games, computer games, reading books and newspapers, model making, playing cards and watching TV.

Patients with leave from their wards could also access the spacious hospital grounds for walks and a number of patients regularly fish at the lake within the grounds.

The activity area, referred to as the "Stable Block", was well equipped and contained a gym which was open daily. In this area there was also a swimming pool and a large sports hall for activities such as 5-a-side football, basketball and badminton. The weights machine within the hospital gym was awaiting collection and replacement; this had not been completed at the time of the inspection. The registered provider must ensure that this is replaced to maintain this facility for patients at the hospital.

There was also a ward based gym on Awen which provided the female patients with an area where they could exercise away from the male patients at the hospital if they wished. There were also female only swimming sessions.

The hospital also had two sports therapist who worked with patients on an individual or group basis. Three members of staff were also qualified lifeguards so that they could provide the required cover for the hospital swimming pool.

Within the Stable Block there was also an arts and crafts room used by the occupational therapy team and with educational centre that was facilitated by a full time tutor. The tutor and occupation therapy manager led the 'Recovery College' programme where patients learnt a wide range of skills such as computer skills, numeracy and language skills. The Recovery College utilised the opportunities for patients available through the Open College Network<sup>1</sup>.

The Recovery College was an integrated part of patient care and the activities and opportunities at the hospital which would benefit patients on discharge. The Recovery College programme included employment skills which involved interview training and how to run a small business with the opportunity to work at the onsite café. Patients would be required to complete courses to have the skills to work at the café which included numeracy skills and level 2 food hygiene qualification'. Other courses included Understanding Internet Security and setting up online shopping accounts, along with providing patients with courses on Understanding Benefits, Budgeting Skills and Debt Advice.

As part of the ongoing review of education provision at the hospital, patients were canvassed about what education and skills they would wish to partake in. The tutor and occupational therapy team would consider the patients' views and look in to the provision of these courses whether onsite or within the community. Following our previous inspection, the registered provider investigated the opportunities for patients to access manual labour skills at the local college, such as plumbing and electrician courses. Unfortunately, due to the limited provision and high demand of these types of courses, the hospital was unable to enrol patients that were interested.

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<sup>1</sup> The Open College Network recognises informal learning achieved by adults to develop and award nationally recognised qualifications.

Awen, Teilo and Treowen had occupational therapy kitchens on their individual wards and there were two occupational therapy kitchens in the Stable Block for Deri, Howell, Iddon and Osbern. The occupational therapy kitchens were well equipped for patients to undertake cooking sessions. We observed a number of patients undertaking cookery sessions and many others stated that they would regularly cook. As part of the occupational therapy cooking sessions, linked with the education provision at the hospital, patients were educated in nutrition, healthy eating and cooking on a budget.

The facilities available off the wards also included a Horticultural and Craft Centre (HCC) which facilitated various workshops for patients such as woodwork and access to green houses and large garden areas for horticultural activities. Patients working in the workshops had built a large coffee shop in this area that patients could use.

The hospital also had a social club which was pleasantly decorated and had a juke box, table tennis and pool tables, dart board, air hockey and a projector for films. It also included a library and a patient shop that were run by patients, supported by the occupational therapy team, as part of the hospital's job opportunities.

Each of the seven wards had their own designated vehicle so that patients could access the community when granted authorised leave. One day a week, one of the ward vehicles would be allocated as the emergency hospital vehicle in case a patient was required to leave the hospital unplanned, i.e. an emergency medical appointment. On the day a ward didn't have their vehicle, ward staff would facilitate a public transport group so that patients could use this opportunity as part of their rehabilitation.

The different disciplines of staff we spoke with were very positive about the activity and therapy arrangement and felt that the hospital and wards were able to facilitate a wide range of activities for the patients.

Patients were positive about the facilities and activities available at the hospital. However, a number of patients did raise their dissatisfaction with the lack of internet provision on the wards. We were informed that this was due to IT infrastructure at the hospital and was being reviewed by the registered provider so that patients would be able to have individual risk assessed internet access. As stated above, patients were able to access the internet within the education centre.

### Improvement needed

The registered provider must replace the weights machine within the hospital gym.

The registered provider should ensure the provision of internet access on the wards based on individual patient risk assessment.

### Dignity and respect

Throughout the hospital, we observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

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.

During the inspection, the hospital held two sports days, one for the female patients and another for the male patients, it was positive to see the good interaction and engagement between patients and staff during these events. This engagement highlighted the great mutual respect between the patients and the staff at Llanarth Court.

It was also positive to note that staff had documented and understood individual patient's preferences for interventions to manage their behaviours that challenged. Through our conversations with patients and staff we were informed that, where possible, these advanced preferences were followed which helped maintain patients' dignity and wellbeing during difficult situations.

Across the hospital there was clear evidence of staff practices and policies following the Least Restrictive Practices of care. This contributed to maintaining patients' dignity and enhancing individualised care at Llanarth Court. There were regular ward and hospital least restrictive practice meetings to review and discuss practices to minimise the restrictions on patients at Llanarth Court based on research and risks.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. Patients on Awen, Tielo and Treowen had bedrooms with en-suite facilities consisting of a toilet, sink and a shower. Patients on Deri, Iddon, Howell and Osbern had bedrooms with a sink but had shared toilets and showers.

Whilst the lack of en-suite facilities on four of the wards reduced the privacy afforded to patients, the structure of the wards does not allow for easy refurbishment and inclusion of en-suite facilities. The registered provider should consider the provision of en-suite bedrooms for all patients as a long term service development of Llanarth Court to remove variation in facilities across different wards and ensure that all ward environments will continue to reflect future standards of in-patient provision.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms which included a lockable cupboard and a safe. Any items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely and orderly on each of the wards which patients would request access to.

Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. It was positive to note that viewing panels were in the closed position and opened to undertake observations and then returned to the closed position. This helped maintain patients' privacy and dignity.

However, some patients had placed a towel over the top of the outside of their door to restrict the ward corridor lights that entered the rooms through the observation panels during the night which they stated disrupted their sleep. Staff were able to lift the towel and still use the observation panels to observe the patient within their room and check their wellbeing. The registered provider confirmed that they were in the process of piloting an option for the observation panels on one ward to discontinue this practice in relation to a selection of patients, and if deemed suitable it would be rolled out across the hospital.

Each ward had suitable rooms for patients to meet relatives, ward staff and other healthcare professionals in private. There was also a child visiting room, in a non-ward area, available for patients to meet with younger family members. Where patients were unable to leave the ward, staff were able to arrange for patients to talk to young relatives via Skype. This facility was also available for other relatives and friends that were unable to attend the hospital.

There were suitable arrangements for telephone access on each of the ward so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their mobile phone. Patients signed a mobile phone contract with the registered provider to agree to terms of use to confirm that the mobile phone would not be misused and allow staff to monitor mobile phone use and content.

Deri, Iddon, Howell and Osbern were split over two floors, with the main communal areas downstairs and the bedrooms and other communal spaces and facilities upstairs on each of the wards. Due to the configuration of the wards, patients on these wards had reduced access to either upstairs or downstairs and therefore their bedrooms. Staff gave the rationale for the arrangements; explaining the difficulties that would be posed in maintaining safety of patients if they were accessing both floors of a ward.

Each ward had made arrangements with patients regarding the times when patients would be downstairs or upstairs. Patients on different wards had voted on when they wished to be upstairs and we could see that this was reflected in the differing times across the wards. However, some patients we spoke with stated that they felt like they were "herded to their bedrooms" and were unhappy with having designated times for bedroom and ground floor access. During discussions with staff, they described a pragmatic approach to facilitating requests to access bedrooms outside of the set times and where possible would attempt to fulfil these.

Having set times for accessing bedrooms, or patients being required to go upstairs at certain times, was restrictive on the patients. However, there were communal lounges on each of the wards for patients to socialise during these times and patients were able to have a range of items within their rooms, such as books, TV, games consoles, etc. As stated above, the registered provider should consider the environment of care on these wards to ensure that the environment will continue to reflect future standards of in-patient provision.

#### Improvement needed

The registered provider must ensure that appropriate arrangements are in place so that patients do not place towels over bedroom door observation panels.

The registered provider should review the future configuration of the four wards, Deri, Iddon, Howell and Osbern to ensure that the ward environments will continue to reflect future standards of in-patient provision. In addition, remove the requirement for patients to be located on specific levels of the wards during the day.



## **Patient information and consent**

There was a range of up-to-date information available within the hospital. Notice boards on the wards provided detailed and relevant information for patients. However, we saw some inconsistency of the information displayed on noticeboards some were untidy and required attention to ensure that the information was clearly displayed and up-to-date.

The information on display included patient activities, statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint and information on Healthcare Inspectorate Wales.

## **Communicating effectively**

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

Each ward had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

There were weekly ward meetings where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns.

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

We observed, and patients' records documented, individual patient's involvement in their care planning and review.

## **Care planning and provision**

There was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and ward or hospital practices.

Each patient had their own individual weekly activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

As detailed above, the activities were varied and focused on recovery, either at the hospital or in the community. Individual patient activity participation was monitored and audited. Where patients declined, we observed staff offering alternatives; this was recorded in the patient record. There was regular audit of activity participation which would feed into quarterly activity planning.

### **Equality, diversity and human rights**

Staff practices aligned to established hospital policies and systems ensured that the patients' equality, diversity and rights were maintained.

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation.

### **Citizen engagement and feedback**

There were regular patient meetings to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback.

There was a complaints policy and procedures in place at Llanarth Court. The policy provides a structure for dealing with all patients' complaints for services within Llanarth Court.

A random sample of five complaints were looked at during the inspection to ensure completeness and compliance with the Complaints Policy. Complaints were predominantly managed via an electronic based method of logging and recording, with paper based files supporting with greater detail. The complaints process and associated actions were overseen by one member of staff at the hospital.

The sample evidenced that complaints were logged via Llanarth Court's own database with the provision of a unique reference, with folders established for documentation per individual complaint. An independent person was then assigned to investigate the complaint and actions were taken in line with the organisation's complaints policy.

When taking into consideration the volume of patient complaints, there were numerous examples of best practice. For example, the vast majority of complaints were handled within a timely manner with responses detailed, courteous and clear in terms of action to be taken.

However, when the outcome of a complaint required multi-disciplinary team to take action, the outcome of the multi-disciplinary team action was not always fed back to the complaints officer to evidence what action had been taken.

Complaints handling could be further improved with the implementation of 'On the Spot' concerns being logged electronically. These were maintained via paper based files therefore making it difficult to identify trends or disseminate any shared learning.

#### Improvement needed

The registered provider should consider the inclusion of a field that details the outcome of multi-disciplinary team action within its concerns spreadsheet.

## Delivery of safe and effective care

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

The hospital environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care. However, a number of improvements were required in practice of medication management.

Care was provided to patients with the least restrictive philosophy of care at the forefront of staff's actions which was detailed within patient records.

Legal documentation to detain patients under the Mental Health Act were compliant with the requirements of the legislation.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed.

### Managing risk and health and safety

Llanarth Court had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care that was supported by least restrictive practices, both in care planning and hospital or ward practices.

Each ward had security procedures in place to minimise the risk of restricted items being brought on to the wards. Each shift had an allocated security nurse on each ward that was responsible for maintaining the security protocols on each ward.

The wards had a list of prohibited items displayed before entry and there were secure lockers available to store any items that can not be taken on to the ward, i.e. mobile phones, lighters, flammable liquids, etc.

Staff wore personal alarms which they could use to call for assistance if required; these were allocated to staff when they entered a ward. There were nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required.

There was a secure computerised system in place for controlling and allocating ward and hospital keys to staff. This ensured that staff were only allocated keys that allowed them access to areas of the ward and hospital that they were authorised to. Staff retrieved the keys from a secure cabinet on each ward that required the staff member to scan their identity card and enter their unique Personal Identification Number (PIN). Staff were unable to leave a ward without returning their allocated set of keys to the secure cabinet, this significantly minimised the chance of staff leaving the ward with hospital keys.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental issues to the hospital estate team who maintained a log of issues and work required and completed. In addition, the Hospital Director and Clinical Service Manager undertook a weekly walk-round of the hospital to review the environment and speak to staff and patients.

We were informed that there was a responsive hospital estates team and quick referrals to contractors when required. Throughout the inspection, we saw the estates team responding and undertaking maintenance work to rectify environmental issues.

During our conversations with patients, a number stated that, whilst they felt the hospital was well maintained, they lacked information on the duration and expected completion date of improvement works at the hospital. During the inspection feedback, the registered provider confirmed that they would consider how to inform patients of the duration of improvement works whilst maintaining patients' expectations.

During the inspection, we observed that there were areas of the hospital where items or rubbish and debris were in the gap between windows and the Perspex window protection. The registered provider confirmed that the estates team had an ongoing, rolling programme of cleaning out these areas across the hospital which prevented significant build up of debris.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These identified potential ligature points and what action had been taken to remove or manage these.

The hospital used the Safewards initiative which assists staff in reducing the risk and occurrence of challenging behaviours through evidenced based practices. This helped maintain the safety of patients, staff and visitors.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented, including who was involved and the body positions of each person involved in the restraint. Incident reports were automatically linked to the individual patient's electronic care notes which ensured that these were up-to-date.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner by a member of the clinical team involved in the individual patient's care and an employee responsible for hospital health and safety.

Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed. Additional reports could be produced as required to look at specific areas as required. The incident reporting system and reporting schedules ensured that incidents were recorded, reviewed and monitored to assist in the provision of safe care at Llanarth Court.

As part of the hospital's strategy for managing challenging behaviour, each ward (apart from Woodlands bungalow) had an Intensive Care Suite (ICS) and Awen, the only female ward, had two. The ICS facilities had appropriate self-contained toilet and shower facilities. The ICS also had access to secure garden areas which patients could access whilst in an ICS.

Staff's implementation of the use of ICS was the final stage in managing patient behaviours, and could be used for patient Seclusion<sup>2</sup>. If a patient's risk determined it a requirement, anti-rip clothing and bedding was provided to help maintain their dignity whilst being cared for within an ICS. The Registered Provider had a policy in place for the use of the ICS and Seclusion, when used patients could be in ICS for a brief period of time (e.g. a few minutes) or for prolonged periods of days or weeks. The use of ICS and seclusion at the hospital was recorded and monitored.

We also saw evidence in patients' notes and through talking to staff and patients, that if a patient wished to access an ICS as a method of managing their own behaviours they were able to request ward staff to access an ICS. This was additional hospital practice that evidenced that patients were involved in managing their own care and staff being able to take action to assist patients to manage their wellbeing and prevent unnecessary deterioration in health.

We noted that a number of the smoking shelters were damaged across the hospital; we brought these to the attention of hospital management who took action to remove the risk to patient safety. The registered provider should review the smoking shelters across the hospital and consider if more suitable shelter can be provided in the garden areas following the introduction of the hospital smoking ban.

The hospital had a Business Continuity Plan in place that included such things as adverse weather, utility failures and out break of infectious disease.

#### Improvement needed

The registered provider must ensure that patients are informed of the duration of improvement works.

The hospital should review the smoking shelters and consider if more suitable shelter can be provided in the garden areas following the introduction of the hospital smoking ban.

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<sup>2</sup> The supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.

## Infection prevention and control (IPC) and decontamination

The registered provider employs dedicated housekeeping staff for Llanarth Court. The communal bathroom, showers and toilets were clean, tidy and clutter free and there was access to hand washing and drying facilities in all ward-kitchen and bathing areas.

Cleaning equipment was stored and organised appropriately. Generally, throughout the inspection, we observed the hospital to be visibly clean and clutter free. However, we noted that, during the first night of the inspection, the wards appeared rather untidy compared to during the day.

During the first night and following day of the inspection, there was a strong unpleasant odour within a bedroom corridor on Teilo ward. Whilst this was addressed during the inspection a number of patients we spoke with on the ward confirmed that this was a regular occurrence that impacted negatively on patient experience on the ward.

A number of ward areas had hand written signage and sticky tape residue marks where items had been stuck to doors and windows. This unfortunately left the wards, in parts, looking scruffy and a little unkempt.

A number of patient hot and cold drinks dispensers on some of the wards were untidy and required cleaning, there was a particular issue on Howell where the drip tray for the milk dispenser was missing and therefore did not prevent any excess milk from spilling on the floor.

Hand hygiene products were available in relevant areas. Staff also had access to Personal Protection Equipment (PPE) when required.

Laundry facilities were well maintained, laundry rooms and linen cupboards were well organised across the wards. However the tumble drier on Teilo was out-of-order.

### Improvement needed

The registered provider must ensure that the tidiness of the wards is maintained throughout the day and night.

The registered provider must ensure that staff take appropriate prompt action to address unpleasant odours on the wards.



The registered provider must ensure that wards are free from sticky tape residue marks.

The registered provider must ensure that the drip tray for the milk dispenser on Howell is replaced.

The registered provider must ensure that the cleanliness of patient hot and cold drinks dispensers are maintained throughout the day and night.

## **Nutrition**

Each ward had hot and cold drinks dispensers that patients could access to make their own drinks. These facilities were regularly used by patients. However, as stated above, a number we observed were untidy with spillages and stains on the surfaces.

Patients at Llanarth Court received four meals per day, including breakfast, lunch, evening meal and supper served later in the evening. The menus were on a four week rotation basis and on review gave patients a variety of options for meals and snack. The menus also varied seasonally through the year.

Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religion requirements. The hospital had a number of patients with diabetic needs or required a soft diet. The Head Chef met with patients who had specific dietary needs and discuss what suitable options were available.

Patient feedback on the meals and menu options were collated and this assisted in the review and compiling the menu options. Patients we spoke with did not have concerns regarding the meals available.

As well as the meals provided, as stated earlier, patients were able to use the occupational therapy kitchens to prepare their own meals and order take-away deliveries to the hospital. Fresh fruit was available on each of the wards and patients were able to purchase snacks from the hospital shop or during community leave or attend the hospital café.

## **Medicines management**

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

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

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked daily. However, we identified that on Iddon non-controlled drugs were being unnecessarily stored in the controlled drugs cupboard.

The Medication Administration Record (MAR) Charts reviewed contained the patients name, photograph of the patient and their mental health act legal status. MAR charts included copies of the consent to treatment certificates and MAR charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

However, on Howell, medication was dispensed and when it was established that the patient was not available the medication was left in the dispensing pot on the MAR chart in the clinic. This was poor practice; medication should only be dispensed when the patient is available and in this situation the medication should have been disposed of appropriately.

One of the MAR charts we observed had a long standing incorrect medication listed on it. Ward staff were aware of the error, there was, however, a potential risk if a member of staff unaware of the error undertook the medication round.

During the inspection, the sharps bin<sup>3</sup> within Iddon's clinic room was over-filled and therefore there was a risk of injury. Staff confirmed there was not a stock of sharps bins available so they were reliant on the external pharmacy services to replace the sharp bins.

We noted that the clinic door on Osborn required altering; it opened outwards from the clinic and therefore could cause injury if somebody was stood outside the clinic.

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<sup>3</sup> A hard plastic container that is used to safely dispose of hypodermic needles and other sharp medical instruments.

### Improvement needed

The registered provider must ensure that any unused medication is disposed of appropriately.

The registered provider must ensure that any errors on Medication Administration Record (MAR) charts are rectified immediately.

The registered provider must ensure that there is an appropriate system in place for the collection and replacement of sharp bins to prevent them being over-filled.

The registered provider must alter the clinic door on Osbern so that it does not open outwards on to the ward.

### Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Child visiting was available off the wards in a designated room. Where patients were unable to leave the ward staff could facilitate meetings via the use of Skype.

### Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a weekly audit of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

There were a number of ligature cutters located throughout the hospital in case of an emergency.

### Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

Clinical governance arrangements for the hospital fed through to The Priory Group governance arrangements which facilitated a two way process of monitoring and learning.

## Participating in quality improvement activities

Through reviewing patient records and speaking to staff, it was evident that the care provided to patients was evidence based and that staff considered the range of care options as a multi-disciplinary team. Staff would seek the patient's view on the proposed care and where possible incorporate their wishes.

Since our previous inspection, the practice development nurse has departed from the hospital. Their role incorporated preceptorship<sup>4</sup> work with student and newly qualified nurses at the hospital. There was a member of staff covering this role and providing the required support for the preceptorship nurses, however, this was not on a permanent basis.

### Improvement needed

The registered provider must ensure that the role of practice development nurse is appointed to, particularly to enable preceptorship arrangements to continue at the hospital.

## Information management and communications technology

The computerised patient record systems at Llanarth Court were well developed and provided high quality information on individual patient care. The 'Care Notes' system being used was engaged with very positively by all disciplines of staff.

The PathNav<sup>5</sup> system was comprehensive, accessible and patient orientated with the information inputted and maintained on PathNav being very goal focused. The PathNav system put the patients at the centre of their treatment. Patients were encouraged to work with the Named Nurse to input their views on to the PathNav system. Patients were also encouraged to engage with PathNav during their multi-disciplinary team ward rounds.

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<sup>4</sup> A period of practical experience and training for a student, especially of medicine or nursing, that is supervised by an expert or a specialist in a particular field.

<sup>5</sup> PathNAv was the electronic care plan system used at Llanarth Court

There were good electronic systems in place for incident recording, clinical and governance audits, human resources and other hospital systems, which assisted to the management and running of Llanarth Court.

### **Records management**

Patient records were electronic which were password protected to prevent unauthorised access and breaches in confidentiality.

We reviewed a sample of patient records across the wards. It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries which provided a live document on the patient and their care.

Staff were completing documentation such as Care and Treatment Plans and risk assessments in full. It was positive to note that, where an area did not apply to a patient, this was recorded and not just left blank.

### **Mental Health Act Monitoring**

We reviewed the statutory detention documents of five patients across five of the wards at the hospital.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available within patient files.

Medication was provided to patients 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.

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

There was a comprehensive Mental Health Act compliance dashboard which provided the administrator with detailed up-to-date information to ensure that patients' statutory rights under the Act were maintained, including appealing against their detention. There was evidence that patients were supported by the Independent Mental Health Advocacy (IMHA) service.

The Mental Health Act Administrator regularly attends the All Wales Mental Health Act Administrators Forum. This provides the opportunity to meet and engage with other Mental Health Act Administrators across Wales to discuss common themes, issues and experiences whilst reflecting on existing practice assisting them to remain up to date with current legislation, case law and practice.

Through conversations with staff it was established that the Hospital Managers<sup>6</sup> at Llanarth court lacked diversity of backgrounds to reflect the patient group of the hospital. Staff explained the difficulty in establishing a diverse range of Hospital Managers due to the location of the hospital. Senior management at the inspection feedback meeting confirmed that they would pursue the appointment of Hospital Managers that would better reflect the diversity of the patient group.

#### Improvement needed

The registered provider should pursue the appointment of Hospital Managers that would better reflect the diversity of the patient group.

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

We reviewed the care plans of a total of eight patients.

There was evidence that care co-ordinators had been identified for the patients and, where appropriate, family members were involved in care planning arrangements. The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence. Care and treatment plans included

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<sup>6</sup> The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

good physical health monitoring and health promotion. Patient unmet needs were also identified.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

However, during the review of patient care plans, we noted that there was no specific care plan for one patient's behaviour that impacted upon their own dignity and the experience of other patients. Reviewing the patient's records there was information that related to the behaviour but this lacked specific actions. We discussed this with the patient's key nurse who then developed a detailed, evidence based care plan that was to be considered by the patient's multi-disciplinary team and discussed with the patient for their views.

## 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 Independent Health Care Regulations and National Minimum Standards.*

We saw good management and leadership at Llanarth Court which was supported by The Priory Group. We observed a committed staff team who had a very good understanding of the needs of the patients at the hospital.

Despite organisational changes and changes to a number of senior personnel at the hospital since our previous inspection staff confirmed that morale had began to improve since the uncertainty that accompanied these changes.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior and regularly during employment. Staff undertook regular mandatory training, managerial supervision, annual appraisals and the opportunity to access clinical supervision.

### Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital 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. Those arrangements were recorded so that they could be reviewed.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. We found that staff were committed to providing patient care to high standards.

Since our previous inspection, there had been a number of significant changes to the ownership and management. There had been a change in the registered



provider from Partnerships in Care to Priory Healthcare. A new Hospital Manager and Clinical Service Manager had been appointed since the departure of employees in those positions.

Each ward had a dedicated multi-disciplinary team which included a ward manager, two charge nurses, a responsible clinician, a psychologist, an occupational therapist and a therapy support worker. The multi-disciplinary teams also had support from hospital social workers, sport therapists and adult tutor.

Since our previous inspection, the ward managers for Deri, Iddon and Osbern had also departed the hospital, along with one charge nurse on Iddon. To stabilise the leadership and management of these wards, the registered provider had supported a number of experienced registered nurses at the hospital to temporarily undertake these roles whilst the provider recruited to the vacancies.

Through conversations with staff, observing multi-disciplinary team meetings and engagement, and reviewing patient records there was evidence of strong multi-disciplinary team-working at Llanarth Court. Staff commented favourably on multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff.

Each discipline had a head of department who provided leadership for their team and linked in collaboratively with other heads of department within The Priory Group.

Members of staff from Llanarth Court would also meet regularly with local Priory Group representatives and head office representatives to discuss strategic operations and planning which was then fed back to the staff team at Llanarth Court through regular meetings.

Staff spoke positively about the leadership and support provided by senior managers and ward managers. It was acknowledged, by staff and management, that the uncertainty of organisational changes and a number of key personnel changes at the hospital had negatively affected staff morale. It was positive to note however, through our conversations with staff, that they stated that morale had improved over recent months helped by the leadership and stability provided by management at the hospital.

It was positive that, throughout the inspection, the staff at Llanarth Court were receptive to our views, findings and recommendations.

## Dealing with concerns and managing incidents

As detailed earlier in the report, there were established processes in place for dealing with concerns and managing incidents at the hospital.

It was evident that the registered provider monitored concerns and incidents locally at Llanarth Court and corporately through regular reporting mechanisms.

## Workforce planning, training and organisational development

We reviewed the staffing establishment at Llanarth Court and that stated within their Statement of Purpose. There were 21 registered nurses and 12 healthcare support worker vacancies that the registered provider was recruiting; this included the ward manager and charge nurse vacancies stated earlier in the report. To cover any shortfalls in fulfilling the staffing rota that may occur due to vacancies, the registered provider had a staff bank system in place and offered over-time.

A number of healthcare support workers that we spoke with expressed an interest in developing their careers to train to gain a registered nurse qualification. Senior management confirmed that there was an opportunity with the registered provider for healthcare support workers to undertake registered nurse training supported by their employer. Not all staff we spoke to were aware of this opportunity. The registered provider should support those healthcare support workers who expressed an interest in developing their careers by undertaking training as a registered nurse.

The wards had well established multi-disciplinary teams. However, there were a number of key vacancies that they were recruiting to; these included one responsible clinician and one psychologist.

We reviewed the mandatory training statistics for staff at Llanarth Court and found that completion rates were very high. The electronic system provided the hospital management with departmental and individual staff compliance details.

Staff at Llanarth Court received regular management supervision and annual appraisals. Clinical supervision was available to staff. However, a number of staff stated they did not know who the available clinical supervisors were. They also described negative experiences which discouraged them in seeking clinical supervision. Whilst the registered provider had a list of clinical supervisors available to staff, the provider should promote clinical supervision to staff to increase the uptake.

### Improvement needed

The registered provider must recruit to the vacant registered nurse, healthcare support worker, responsible clinician and psychologist vacancies.

The registered provider should support those healthcare support workers who expressed an interest in developing their careers by undertaking training as a registered nurse.

The registered provider should promote clinical supervision to staff to increase the uptake.

### Workforce recruitment and employment practices

We reviewed six sets of staff files and staff explained the recruitment processes that were in place at Llanarth Court.

It was evident that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked.

DBS checks were completed after each three year period of employment and professional registration monitored.

## 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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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 independent mental health services

Our inspections of independent 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 independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) 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.

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

## Appendix B – Improvement plan

**Service:** Llanarth Court

**Wards:** Awen, Deri, Howell, Iddon, Osbern, Teilo and Treowen

**Date of inspection:** 3 - 7 July 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The registered provider must replace the weights machine within the hospital gym.	3. Health promotion, protection and improvement	Capex has been signed off, in process of ordering new equipment	Cerys Morris	September 1 <sup>st</sup>
The registered provider should ensure the provision of internet access on the wards based on individual patient risk assessment.	3. Health promotion, protection and improvement	The education suite now facilitates internet access for patients  A service user network will be implemented which will enable patients to access a secure wifi. At least 1 computer/ internet device will be available on each ward.	Cerys Morris	March 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that appropriate arrangements are in place so that patients do not place towels over bedroom door observation panels.	10. Dignity and respect	Curtains have been installed as a trial on Iddon ward, they will be rolled out across the site where needed.	Cerys Morris	November 30th
The registered provider should review the future configuration of the four wards, Deri, Iddon, Howell and Osbern to ensure that the ward environments will continue to reflect future standards of in-patient provision. In addition, remove the requirement for patients to be located on specific levels of the wards during the day.	10. Dignity and respect	<p>Estates cappex 2018/2019 has been submitted for the 4 wards, Deri, Iddon, Osbern and Howell to be retooled to accommodate locked rehabilitation.</p> <p>Planning permission for rebuild new medium / low secure units adjacent to Iddon ward is also included.</p> <p>New procedures for patients accessing specific levels of the wards during the day have been devised and will be displayed on wards</p>	<p>Estates, Warren Irving, Cerys Morris</p> <p>Ward Managers</p>	20/10/17
The registered provider should consider the inclusion of a field that details the outcome of multi-disciplinary team action within its concerns spreadsheet.	5. Citizen engagement and feedback	The complaints log will now include evidence of MDT discussion. This will then be included on complaints spreadsheet.	Bradley Dallimore	1 <sup>st</sup> September



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The registered provider must ensure that patients are informed of the duration of improvement works.	22. Managing risk and health and safety	Feedback will be given in community meetings and patient forums	Mike Payne, ward managers	Complete
The hospital should review the smoking shelters and consider if more suitable shelter can be provided in the garden areas following the introduction of the hospital smoking ban.	22. Managing risk and health and safety	All smoking shelters will be reviewed at next patient council meeting	Treeve Brooks, Cerys Morris	August 14th
The registered provider must ensure that the tidiness of the wards is maintained throughout the day and night.	13. Infection prevention and control (IPC) and decontamination	Night Coordinators to ensure night staff maintain cleanliness of wards	Ward managers and Night coordinators	Complete
The registered provider must ensure that staff take appropriate prompt action to address unpleasant odours on the wards.	13. Infection prevention and control (IPC) and decontamination	Housekeeping team to address.	Ward managers and Housekeeping	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that wards are free from sticky tape residue marks.	13. Infection prevention and control (IPC) and decontamination	Maintenance team to remove all sticky take residue	Maintenance	September 30th
The registered provider must ensure that the drip tray for the milk dispenser on Howell is replaced.	13. Infection prevention and control (IPC) and decontamination	Parts have been ordered	Sue Gardener	Complete
The registered provider must ensure that the cleanliness of patient hot and cold drinks dispensers are maintained throughout the day and night.	13. Infection prevention and control (IPC) and decontamination	Ward managers and night coordinators to monitor this	Ward managers and Night coordinators	Complete
The registered provider must ensure that any unused medication is disposed of appropriately.	15. Medicines management	Ward manager addressed with Staff nurse. Training with Ashtons pharmacy to be rolled out to all nursing staff	Ward managers, Ashtons Pharmacy	November 30th

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that any errors on Medication Administration Record (MAR) Charts are rectified immediately.	15. Medicines management	As above	As above	November 30th
The registered provider must ensure that there is an appropriate system in place for the collection and replacement of sharp bins to prevent them being over-filled.	15. Medicines management	Appropriate contract in place, staff had not removed the bins to secure storage as per process. Email sent to all staff reminding them of correct process	Mike Payne	Complete
The registered provider must alter the clinic door on Osbern so that it does not open outwards on to the ward.	15. Medicines management	Maintenance has booked this in with the ward	Maintenance	August 16th
The registered provider must ensure that the role of practice development nurse is appointed to, particularly to enable preceptorship arrangements to continue at the hospital.	6. Participating in quality improvement activities	Currently one in post on a temporary post. Role currently advertised.	HR	November 30th
The registered provider should pursue the appointment of Hospital Managers that would better reflect the diversity of the patient group.	Monitoring the Mental Health Act	Adverts currently out. Open days have been held.	Andrea Roberts, Karin Wathen	November 30th

## Quality of management and leadership

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must recruit to the vacant registered nurse, healthcare support worker, responsible clinician and psychologist vacancies.	25. Workforce planning, training and organisational development	Currently recruiting	HR	Ongoing
The registered provider should support those healthcare support workers who expressed an interest in developing their careers by undertaking training as a registered nurse.	25. Workforce planning, training and organisational development	Priority are currently rolling this out, need to confirm Welsh provision	HR, Cerys Morris	November 30th
The registered provider should promote clinical supervision to staff to increase the uptake.	25. Workforce planning, training and organisational development	Increase in the availability of Clinical Supervisors.	Practice Development Nurse, ward managers, DoCs	Complete

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): Cerys Morris**

**Job role: Hospital Director**

**Date: 10 October 2017**