

NHS Mental Health Service Inspection (Unannounced)

Glan Rhyd Hospital / Taith

Newydd (Cedar Ward and Rowan
Ward) / Abertawe Bro Morgannwg

University Health Board

Inspection date: 24 - 26 July 2017

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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 Glan Rhyd Hospital within Abertawe Bro Morgannwg University Health Board on the evening of 24 July and the days of 25 and 26 July 2017. The following sites and wards were visited during this inspection:

- Taith Newydd - Cedar Ward and Rowan Ward

Our team, for the inspection comprised of two HIW inspection managers, two 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 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 Health (Wales) Measure (2010), Mental Capacity Act (2005) 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

We found evidence that the staff teams at Taith Newydd provided safe and effective care to patients.

This is what we found the service did well:

- Patients told us that staff treated them with respect and kindness
- Both wards provided safe environments for patients
- Patients' care records were detailed and recovery focussed
- The quality of statutory detention documentation was excellent.

This is what we recommend the service could improve:

- Ensure suitable arrangements are in place so that Section 17 leave of absence for patients is not withdrawn or reduced unnecessarily and that discharges are not delayed unnecessarily.
- Efforts should be made to address shortfalls in staff training and appraisals.

3. What we found

Background of the service

There are a variety of hospital based services at Glan Rhyd Hospital, Tondu Road, Bridgend, CF31 4LN within Abertawe Bro Morgannwg University Health Board.

- Angelton Clinic provides longer term specialist expertise, with intensive levels of assessment, monitoring and treatment that is not possible in other settings
- The Caswell Clinic Medium Secure Unit is a regional service providing specialist healthcare services for people with mental health problems who are offenders or have a potential to offend from South, West and Mid Wales
- Taith Newydd is a specialist low secure unit aimed at supporting service users with more complex needs.

For this inspection, Cedar Ward and Rowan Ward within Taith Newydd were considered.

Both Cedar Ward and Rowan Ward provide 14 male only in patient beds. At the time of our inspection, there were 11 patients accommodated on Cedar Ward and 13 patients accommodated on Rowan Ward.

Taith Newydd is managed by a service manager. Two (nurse) ward managers have day to day responsibility for the management of Cedar Ward and Rowan Ward, each supported by deputy (nurse) ward managers and teams of registered mental health nurses and healthcare support workers. At the time of our inspection there were staff vacancies and interim management arrangements were in place. Staff teams are supported by consultant psychiatrists, a consultant psychologist, psychologists and occupational therapists. A GP visits the unit once a week and a dentist visits regularly. In addition, the hospital employs maintenance, catering, domestic and administration staff.

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.

During the course of our inspection we received positive comments from patients regarding the care provided on both wards.

We saw staff engaging with patients in a friendly, yet professional, manner.

We found that staff were attentive and helped patients in a timely way. Comments from patients and staff indicated that the turnover of consultants on Cedar Ward was having a negative impact on Section 17 leave of absence for patients and discharge planning.

Arrangements were in place to promote patients' rights and for them to provide feedback on the service provided.

We spoke with a number of patients during the inspection. Patients on both wards made positive comments about the attitude and approach of the staff. Patients told us that they were treated with respect and courtesy and that they felt safe on the wards.

Other comments from patients indicated that they were able to keep in contact with their families and had a choice of activities that they could do.

Staying healthy

There was information available about how patients can improve their health. Facilities were available to promote healthy living and patients' wellbeing.

We saw posters were displayed in both wards. These provided information on smoking cessation, health eating and the benefits of exercise.

Patients on both wards had access to a range of indoor and outdoor activities. These included watching television, reading and spending time in the gardens. There was a horticultural area where patients could get involved in growing vegetables and the day to day maintenance of the area. There was also a gym, equipped with exercise equipment, and a sports hall that patients could use.

Occupational therapists worked on both wards and described that patients had individualised activity plans. We were told that patients were supported to engage in activities both at Taith Newydd and in the community. These included opportunities for education and to develop life skills in preparation for discharge.

Dignified care

Both wards had arrangements in place to promote patients' privacy and dignity. We observed staff interacting with patients in a friendly and polite manner.

Both wards provided care to male patients only. Each patient had their own individual bedroom with en suite toilet and washing facilities. This promoted patients' privacy. Patients told us that they could personalise their rooms with their own belongings. Patients also told us that staff knocked their bedroom doors before entering.

In addition to the communal areas on each ward, there were also smaller quiet rooms. Patients could spend time in these smaller rooms, in private, away from other patients according to their wishes and care needs.

All the patients we saw were appropriately dressed to maintain their dignity. We saw many examples of staff being kind to patients and treating them with respect. Patients we spoke with also confirmed that staff were kind to them.

We found that patients' care records were kept securely with the aim to prevent unauthorised access to confidential information.

Patient information

Written information was displayed for patients and their families.

We saw that posters were displayed with information about advocacy services and how patients could provide feedback. Information on visiting times was also displayed.

We saw that there was clear signage within the unit in both Welsh and English.

Communicating effectively

We saw staff engaging with patients and speaking to them in a way to help them understand their care.

During the course of our inspection we observed friendly, yet professional, interactions between staff and patients. Staff took time and used appropriate

language when speaking to patients to promote their understanding of what was being said.

Timely care

We found that patients on both wards were provided with timely care to meet their needs. We identified however, that discharge planning was being delayed due to the turnover of consultants.

During the course of our inspection, we saw staff being attentive and responding to patients' requests in a timely way. Patients also told us that when they needed help, staff organised this quickly. Examples included, accessing community healthcare services such as the GP and dentist.

Staff informed us that there had been a number of locum consultants working at Cedar Ward. Staff felt this had impacted negatively on patient care as Section 17 leave of absence for patients had either been withdrawn or reduced until replacement consultants were satisfied with the leave arrangements. It also delayed discharge planning. We were told that this was a source of frustration for both staff and patients.

Improvement needed

The health board must ensure suitable arrangements are in place so that Section 17 leave of absence for patients is not withdrawn or reduced unnecessarily and that discharges are not delayed unnecessarily.

Individual care

People's rights

We found that arrangements were in place to promote and protect patients' rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes. Arrangements were in place for patients to make telephone calls in private.

Patients on both wards were detained under the Mental Health Act (MHA). We saw that documentation required by legislation was in place within the sample of patients' records we saw. This demonstrated that patients' rights had been promoted and protected as required by the Act.

Listening and learning from feedback

Arrangements were in place for patients and their families to provide feedback about the services they had received.

Information was displayed for patients and their families on how they could provide feedback or raise a concern (complaint). Suggestion boxes were located in communal areas. These could be used by patients and their families to provide feedback about the service.

The health board had arrangements in place for handling concerns (complaints) raised by patients and/or their carers. These were in accordance with 'Putting Things Right', the arrangements for handling concerns about NHS care and treatment in Wales.

Information on advocacy was displayed within communal areas. Senior ward staff confirmed that patients would be supported to access the advocacy service (to help them raise concerns) if needed. We were told that a representative visited the ward weekly and was available via telephone at other times.

Delivery of safe and effective care

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

We found that staff teams were committed to providing patients with individualised care that was safe and effective.

Arrangements were in place to manage risk and promote staff and patients' safety and wellbeing. There were effective procedures for the safe management of medicines and infection prevention and control.

Written care plans were in place that were detailed and patient focussed.

Overall, statutory detention documentation was complete and demonstrated that the patient's rights had been promoted and protected as required by the Mental Health Act.

Safe care

Managing risk and promoting health and safety

Arrangements were in place to maintain the safety of patients and staff on both wards.

Taith Newydd is a low secure unit and consists of a single storey building. All wards and facilities are located on one level. There is level access to the main entrance and wards. Access is via a reception area and intercom system to deter unauthorised persons from entering the building. Visitors are expected to leave restricted items in lockers before entering the wards. Access within the unit is restricted for safety reasons. Ward areas were spacious and there were suitable indoor and enclosed outdoor facilities for the patient groups for which they were intended.

Overall, both wards appeared well maintained and systems were in place to report environmental hazards that required attention and repair. On Cedar Ward, there was some damage to areas of the corridor walls making them look unsightly. On Rowan Ward, there was damage to the floor boxes within the

dining/lounge area. These presented a possible trip hazard to staff, patients and visitors. We informed senior staff of our findings so that these issues could be addressed.

Storage rooms and cupboards were locked to prevent unauthorised and accidental access by patients and visitors to the wards.

We saw that relevant risk assessments had been completed as part of the care planning process to help identify patients' needs in relation to promoting their safety and wellbeing.

We saw that ward staff were issued with personal alarms to promote their personal safety whilst in work.

Senior staff provided a summary of staff training. This showed that most staff on Cedar Ward were up to date with violence and aggression training. Less staff were up to date with fire safety (approximately 60 per cent of staff), moving and handling (approximately 45 percent of staff) and intermediate life support (approximately 45 per cent of staff). All staff on Rowan Ward were up to date with fire safety training and most were up to date with moving and handling violence and aggression and intermediate life support training.

The health board must explore the reasons why not all staff were up to date with training and support them to attend this as appropriate.

Improvement needed

The health board must explore the reasons for staff not being up to date with relevant health and safety training and support staff to attend such training as appropriate.

Infection prevention and control

We found that arrangements were in place on both wards to reduce cross infection.

We saw that both wards were clean, tidy and designed to facilitate effective cleaning. We also saw that staff had access to personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available in both wards. We saw hand sanitising gel within clinical areas. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of both wards. Staff also confirmed that patients had their own schedules for using the laundry facilities to wash their own clothes.

All patients had their own individual bedroom with en suite washing and toilet facilities. This would help reduce cross infection as patients did not need to share these facilities.

Designated plastic bins were used for the safe storage and disposal of medical sharps, for example, hypodermic needles. These were stored safely away.

A system of regular audit in respect of infection control was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff we spoke with were aware of their responsibilities around infection prevention and control.

Nutrition and hydration

Patients were supported to meet their eating and drinking needs.

We found that patients were provided with a choice of meals. We saw that a varied menu was displayed and patients told us that they had a choice of what to eat. Drinks and snacks were available throughout the day. Most patients told us that they enjoyed the food and felt that it was of good quality.

As part of patients' individual recovery programmes, patients had access to the kitchens on the wards to make their own meals and snacks. Patients also had the option of preparing communal meals (to share with other patients on the same ward) and having a weekly takeaway.

We were told that the main evening meal was served at 4:30pm, with patients being able to have toast or cereals later. Breakfast was served at 8:00am. The health board should explore this arrangement with staff and patients to establish whether a later evening meal would be more appropriate.

Medicines management

We found arrangements were in place for the safe management of medicines used on both wards.

We saw that medicines were stored securely within locked cupboards and fridges within locked rooms. Medication trolleys were also locked and kept within the rooms when not being used. We saw that fridge temperatures were being monitored and recorded by ward staff to show that fridges were at the correct temperature to store medicines that required refrigeration. Room

temperatures were not being recorded. The health board must implement a suitable system for routinely checking that other medication (that does not require refrigeration) is being stored at the temperature recommended by the manufacturer.

We found that Controlled Drugs (CDs), which have strict and well defined management arrangements, were managed safely. We saw records that showed regular stock checks of the CDs had been conducted by two registered nurses.

Ward teams had access to a pharmacist who could provide help and advice on medicines used on the wards.

We looked at a sample of drug charts and saw that these had been completed in full. We saw that the charts had been signed and dated by medical and nursing staff when medication had been prescribed and administered. All the drug charts we looked at had the legal status of each patient (i.e. the section of the MHA under which they were detained) recorded together with the corresponding documentation setting out which medicines could be given. We found that arrangements were in place for those patients who were able to self administer their medication.

Improvement needed

The health board must implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.

Safeguarding children and adults at risk

We found that arrangements were in place to promote the welfare and safety of adults who become vulnerable or at risk.

Both wards provided care to adults only. Senior ward staff were able to describe the safeguarding process and the arrangements for multi agency working to safeguard adults. Senior staff were able to demonstrate that staff had followed the health board's safeguarding process when needed.

Senior staff provided a summary of staff training and this showed that all staff on Rowan Ward and most staff on Cedar Ward were up to date with safeguarding training. The health board should explore the reasons for not all staff on Cedar Ward being up to date with safeguarding training and support them to attend training as appropriate.

Improvement needed

The health board should explore the reasons for staff not being up to date with safeguarding training and support staff to attend training as appropriate.

Effective care

Safe and clinically effective care

During the course of our inspection, we found that arrangements were in place to promote safe and effective care to patients.

We saw that both wards provided safe environments for patients and that care plans were developed from a range of relevant risk assessments. Staff were knowledgeable about the care needs of patients and we found them providing care and support to meet patients' needs.

Record keeping

We found that records on both wards were in good order and securely stored when not being used.

Patients' care records were paper based. The files were well organised which made them easy to navigate. When not being used, care records were stored securely.

Mental Health Act Monitoring

We reviewed the statutory detention documents of two patients across one ward. Overall, we considered the quality of the completed documentation to be excellent.

We found that the applications for the detentions of each patient in hospital had been made in accordance with the requirements of the Act. This demonstrated that the patients' rights had been promoted and protected as required by the Act. Overall, we saw that associated documentation had been completed in full. We did however, identify that more information should have been included in a (Section 17) leave of absence form. This was to show which other healthcare professionals had been consulted by the responsible clinician in relation to the leave and that up to date risk assessments and plans were in place for the patient.

Any queries, possible omissions or potential issues were clarified and/or remedied speedily and effectively by the ward manager who demonstrated a thorough understanding of the importance of securing and retaining orderly records to support Mental Health Act processes. Ward staff and the Mental Health Act team should be congratulated for their thorough knowledge and commitment to the application of the Act.

The health board's Mental Health Act team had developed an efficient system whereby Mental Health Act documentation is retained electronically providing access only to authorised staff across the service. It is understood that this is the first such initiative to be implemented in an NHS facility in Wales and as such is to be commended.

Information about the Act and how to access advocacy support was available to patients and their families.

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

We reviewed the care plans of a total of three patients. This sample considered patients on both wards. We found comprehensive care plans had been produced setting out the individual care needs of each patient.

Each patient had a care and treatment plan as required by the Measure. There were also ward care plans, which provided detailed information about the care needs of the patients. All written care plans were organised and easy to navigate. They contained relevant assessments to help inform and develop individualised care plans. These included a mental health assessment and physical health assessments. There was evidence that the patients had been involved (or had refused to be involved) in the development of their written care plans. The care plans were (patient) recovery focussed.

The care plans we looked at had been reviewed regularly and in a timely way, overall. This demonstrated that patients' care needs had been kept under review and that care plans were up to date. The health board may wish to consider implementing the use of summary sheets at the front of individual care plans setting out information about the patient's care needs. This may assist new or bank/agency staff working on the wards to quickly gain an overview of a patient's care needs, prior to reading the written care plan.

Each patient had a care coordinator identified as required by the Measure. These staff were based within community mental health teams. The relevant health care professionals may wish to consider whether this role should be

transferred to members of the Taith Newydd team given the length of time some patients had been on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, staff confirmed that there were no patients subject to Deprivation of Liberty Safeguards (DoLS) authorisations.

Senior staff provided a summary of staff training and this showed the majority of ward staff were up to date with Mental Capacity Act / Deprivation of Liberty Safeguards training.

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.

We found effective leadership and management arrangements in place at Taith Newydd. A management structure with clear lines of reporting was described and demonstrated.

A process for regular audit was described with the aim of improving the service provided.

We saw staff teams committed to providing patients with high quality care. Improvement was needed around aspects of staff training and appraisals.

Governance, leadership and accountability

We found effective leadership and management arrangements in place at Taith Newydd.

A management structure with clear lines of reporting and accountability was described and demonstrated by the unit manager and senior ward staff. Senior staff were visible during the course of the inspection and were available to support ward teams. A range of audit activity was described. This was with the aim of identifying areas for improvement so that action could be taken as necessary.

A system for reporting, investigating and learning from patient safety incidents was described. An example was described of how staff training had been put in place in response to a number of similar incidents that had been reported. This was with a view to reduce similar incidents from occurring and demonstrated positive action being taken by ward teams to promote patient safety.

During our feedback meeting at the end of the inspection, senior staff and hospital managers were receptive to our comments. They demonstrated a commitment to learn from the inspection.

Staff and resources

Workforce

We found that staff teams that were committed to providing patients with high quality care. Efforts needed to be made to assist staff to attend update training.

At the time of our inspection senior staff explained that there were a number of vacancies. This resulted in the regular use of bank and agency staff to cover staffing shortfalls on both wards. Senior staff confirmed that regular bank staff were used and that there had been no difficulties in covering shifts. The use of regular bank staff would help promote continuity of care for patients as they would be looked after by staff with whom they were familiar with.

Members of the multidisciplinary team (MDT) that we spoke with felt that there was good MDT working and felt valued by the team. We were told that supportive links were being developed with other professionals based on the same hospital site.

Interviews with staff and observations made during the course of our inspection indicated that staff had the right skills and knowledge to meet the needs of patients. As described earlier, some staff required training updates on health and safety related matters and safeguarding. Senior staff explained that training coordinators were on both wards to monitor and manage training.

Senior staff provided information that showed most staff had received an appraisal of their work within the last year. The number of staff however, was below the health board's standard. We were told that arrangements had been made to address this.

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](#), [Mental Health \(Wales\) Measure 2010](#) 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.			

Appendix B – Immediate improvement plan

Service: Glan Rhyd Hospital / Taith Newydd Unit

Ward/unit(s): Cedar Ward and Rowan Ward

Date of inspection: 24 - 26 July 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 improvement plan required.				

Appendix C – Improvement plan

Service: Glan Rhyd Hospital / Taith Newydd Unit

Ward/unit(s): Cedar Ward and Rowan Ward

Date of inspection: 24 - 26 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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure suitable arrangements are in place so that Section 17 leave of absence for patients is not withdrawn or reduced unnecessarily and that discharges are not delayed unnecessarily.	5.1 Timely access	1. The recruitment of a substantive Consultant Psychiatrist for Cedar Ward is being progressed.	Unit Medical Director	30 June 2018
		2. The appointed Consultant will assume full responsibility for the management of leave of absence and discharge planning.	Unit Medical Director	30 June 2018
		3. During the ongoing period where a Locum Consultant is utilised for Cedar	Low Secure Service Manager	30 October

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Ward the management of Section 17 leave of absence will be managed through the fortnightly multi-disciplinary Single Point of Access Meeting (SPAM) to monitor and oversee progress.</p> <p>4. As 3 above, all discharge planning for Cedar Ward will be managed through the multi-disciplinary Single Point of Access Meeting (SPAM).</p>	<p>Low Secure Service Manager</p>	<p>2017</p> <p>30 October 2017</p>
Delivery of safe and effective care				
<p>The health board must explore the reasons for staff not being up to date with relevant health and safety training and support staff to attend such training as appropriate.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>1. Cedar Ward have identified a member of staff to act as a 'Training Officer' to monitor, promote and support compliance with all mandatory & statutory training.</p> <p>2. A training plan is being developed to achieve 100% compliance for fire safety, manual handling and ILS.</p>	<p>Ward Manager</p> <p>Ward Manager</p>	<p>19 October 2017</p> <p>31 October 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		3. The Locality Senior Management Team have arranged monthly Targeted Intervention Meetings with the Ward Manager to monitor compliance against performance, to include training.	Locality Manager	19 October 2017
The health board must implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.	2.6 Medicines management	1. Room temperature thermostats located in the clinical rooms of both wards. 2. Protocol implemented for the routine daily checking of temperatures against recommended requirements.	Ward Manager Ward Manager	19 October 2017 31 October 2017
The health board should explore the reasons for staff not being up to date with safeguarding training and support staff to attend training as appropriate.	2.7 Safeguarding children and adults at risk	1. Cedar Ward have identified a member of staff to act as a 'Training Officer' to monitor, promote and support compliance with all mandatory & statutory training. 2. A training plan is being developed to achieve 100% compliance for fire safety, manual handling and ILS.	Ward Manager Ward Manager	19 October 2017 31 October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		3. The Locality Senior Management Team have arranged monthly Targeted Intervention Meetings with the Ward Manager to monitor compliance against performance, to include training.	Locality Manager	19 October 2017
Quality of management and leadership				
No improvement plan required.				

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): STEPHEN JONES

Job role: CLINICAL NURSE MANAGER (SPECIALIST SERVICES)

Date: 19.10.17