

Hospital Inspection Follow-up Inspection (Unannounced)

Llynfi Ward, Maesteg Community
Hospital and West Ward,
Gorseinon Hospital: Abertawe Bro
Morgannwg University Health
Board

Inspection date: 27 and 28
February 2018

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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 follow-up inspection of Llynfi ward, Maesteg Hospital and West ward, Gorseinon Hospital; both Community hospitals within Abertawe Bro Morgannwg University Health Board on the 27 and 28 February 2018.

Our team, for the inspection comprised of one HIW inspector.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

There were no improvements identified for the patient's experience in the 2016 report which required reviewing. However, we used the opportunity in both hospitals, to take a tour of the wards, observe patient care, speak with staff, the ward manager and deputy. We saw that patients were receiving care in a dignified and timely manner and observed staff delivering care in a respectful and professional way.

There were a number of areas identified for improvement in the 2016 report with regard to the delivery of safe and effective care. We were satisfied progress had been made in many areas of the identified improvements, especially in West ward, however there remained some aspects of documentation which required further consideration. In Llynfi ward there were fewer areas originally identified for improvement and therefore we were disappointed to see that many of these had not been actioned.

Nevertheless HIW were still assured that the overall outcomes for patients were effective. Generally we were satisfied that the staff structure was adequate and that staff of all grades worked diligently to improve service provision and to ensure patients felt safe and supported.

We found that leadership and management was more visible and effective especially in West ward. There were originally no areas identified for improvement in Quality of Management, however on this occasion HIW have requested assurances with regard to Llynfi ward.

On this inspection there were some new areas identified for improvement and HIW have requested assurances with regard to the status in taking action on the original improvement plans.

This is what we found the service did well:

- West ward is working towards a more rehabilitative model of nursing
- West ward has made significant strides forward with the management of available space and staffing
- West ward has strong leadership and management
- Llynfi ward are developing a stronger staff workforce
- Staff development, training and appraisals have improved in both wards.

This is what we recommend the service could improve:

- Protecting patient information on both wards
- Quality of care records on both wards but especially on Llynfi ward
- Development of stronger, more effective staff structures on Llynfi ward
- Estates work needs to be addressed on Llynfi ward.

3. What we found

Background of the service

HIW inspected Llynfi ward in Maesteg Hospital and West ward in Gorseinon Hospital Community Hospitals on 27 and 28 September 2016.

The key areas for improvement we identified included the following:

Immediate Improvement Needed

- The health board must take suitable action to satisfy itself that relevant staff are adhering to health board processes for producing, applying and checking patient identification wristbands.

Further identified improvements

- Estates work
- Communication of health and safety bulletins to staff
- Documentation
- Staffing

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

Quality of patient experience

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

On this occasion we did not consider this area in detail as there were no identified improvements from the last report.

However, observation of clinical practice and interaction between staff and patients on the day was seen as respectful, dignified and professional.

There were no improvements identified for the patient's experience in the 2016 report which required reviewing. However, we used the opportunity in both hospitals, to take a tour of the wards, observe patient care, speak with staff, the ward manager (in Gorseinon) and deputies. We saw that patients were receiving care in a dignified and timely manner and observed staff delivering care in a respectful and professional way.

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 both ward teams were committed to providing patients with safe and effective care.

We saw that West ward had made significant changes to the ward areas to improve safety for patients and staff using moving and handling equipment.

Specialist equipment was available and being used in both hospitals to help prevent patients developing pressure sores and to prevent patient falls.

Both hospitals were clean and arrangements were in place to reduce cross infection. Efforts had been made to keep wards tidy but it was evident that there was still a lack of storage space for ward based equipment. West ward had changed a sluice room to a storage room which had reduced the amount of equipment stored in corridors and bathrooms.

With regard to the immediate assurance issued on the last inspection, West ward had implemented a weekly audit programme to ensure patient identification wristbands were in place and legible.

West ward had implemented changes to the documentation process to ensure care provided was individual and promoted independence. Llynfi ward continued to require improvements in documentation.

Areas for improvement identified at last inspection included the following:

- **Immediate Improvement Needed**

The health board must take suitable action to satisfy itself that relevant staff are adhering to health board processes for producing, applying and checking patient identification wristbands.

West ward, Gorseinon:

- The health board is required to provide details of the progress on meeting the recommendations set out within the report following the risk assessment in April 2015.

- The health board should make improvements to the (identified) cubicle to allow more natural light and ventilation into the cubicle.
- The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government that are relevant to their area of clinical practice.
- The health board is required to describe how it will ensure staff are aware of their responsibilities should they identify that temperatures of fridges used to store medication are outside of the recommended range.
- The health board is required to provide HIW with information about how it will ensure that medication administration charts are legible and completed fully in the future.
- The health board must make suitable arrangements to ensure that where Deprivation of Liberty Standards (DoLS) authorisations are in place that these are legally valid.
- The health board should review the current model for medical cover at West Ward and make changes as appropriate to ensure the staff team can access medical support and advice in an effective and timely manner.

West ward, Gorseinon and Llynfi ward, Maesteg:

- The health board is required to provide HIW with details of how it will ensure that there are suitable arrangements in place regarding the completion of food monitoring charts to ensure that the registered nurse is aware of the nutritional intake of the patients and where required have acted on that information.
- The health board must make suitable arrangements to ensure information on its website is accurate.
- The health board must make suitable arrangements to ensure patient care records demonstrate fully and accurately reflect patients' care needs, the care provided by staff teams and the effectiveness of the care provided

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- **Immediate Improvement Needed**

Updates have been undertaken on wards to ensure nursing staff are familiar with the Health Board's process for producing, applying and checking patient identification wristbands. An audit is undertaken weekly to feed into the nursing metrics.

West ward, Gorseinon:

- The layout and capacity of West ward is being addressed as part of the modernisation plan for the hospital. This will look at recommendations for bed areas and the storage of equipment. Storage areas have been implemented following 2015 risk assessment.
- Estates department have been contacted to request a window to be placed in this cubicle to ensure natural light and ventilation is available. Estates have assessed the request and have agreed to insert high level windows to remedy this need. Work is anticipated to commence this month.
- All safety alerts are now communicated to the departments through DATIX and actioned. The staff notice board will display these alerts. Safety alerts will be an agenda item at staff meetings.
- Ward managers are going to liaise with pharmacy to develop an escalation guideline for actions required when the temperature is outside recommended parameters.
- Drug charts will be audited by ward managers. Update sessions from clinical leads will be developed for all registrants in relation to completion of medication administration records.
- Ward managers are developing a spreadsheet to enable them to track DoLS applications and authorisations to ensure they are in place and valid. This will form part of the standard agenda at the leadership forum.

West ward, Gorseinon and Llynfi ward, Maesteg:

- Food charts will be countersigned by the registered nurse. The ward manager will audit this action weekly to ensure staff are aware of their responsibilities to ensure nutrition and fluid intake is maintained.
- Ward Sisters are liaising with communications to ensure that the information available on the Intranet is up to date.
- The HB has core care plans available to all staff on an electronic system. This is part of the modernisation plan for the hospitals and is

therefore ongoing. It will address patient assessment and care planning to enable delivery of individualised care to meet the needs of the patient.

What we found on follow-up

Safe care

Managing risk and promoting health and safety

It was evident from our observations on both hospital wards that there was still a lack of storage for equipment. Due to the layout and age of the buildings this is an on-going issue however, the health board need to be mindful of storage when reconfiguring any further areas. Currently on both wards bathroom or clinical areas are still being used to store trolleys, moving and handling equipment and patient monitoring equipment. West ward in Gorseinon did not seem as cluttered as Llynfi in Maesteg because, since the last inspection they have changed one sluice room into a storage room.

West ward, Gorseinon:

We discussed changes in place following the last report to ensure safe moving and handling procedures are carried out by staff. We were shown the new configuration of the wards. They have now changed from two ward areas to three zones and have reduced bed capacity from 44 beds to 36. Each zone have reduced bed numbers which has allowed extra space between beds for moving and handling procedures to be undertaken safely and with dignity.

The ward manager has also developed a table area in each zone for patients to meet and eat meals. This will improve mobility, promote socialisation and lessen isolation. Staff also provide a film afternoon, knit and natter groups, bingo sessions and a weekly church service. Going forward the manager intends making a television area within each zone for patients to sit and socialise. We were satisfied that the ward had been reconfigured to provide a safer environment for patients following a more rehabilitative model of nursing.

Bathroom and toilet doors had been painted yellow so that patients (especially patients with cognitive impairment) could recognise the bathroom areas. Additionally staff provide patients with a red placemat to identify the need for support with eating and drinking. These actions again ensure a safer environment for patients.

The patient cubicle without an outside window had been refurbished and now had a window out into the corridor which made the room airy and brighter.

However, the window for natural daylight remained high and patients could not see out. The ward manager explained that consideration was given prior to admitting patients to this room including where possible, speaking with the patient and relatives to explain the lack of outside windows.

With regard to the immediate assurance regarding patient identification wrist bands, West ward have in place weekly changes of wrist bands (Fridays) and at mid week a designated health care support worker checks that the bands are still in place and the information remains legible. These checks are documented and we saw the check charts. Further to our last report the manager undertook an audit and found that patients were sometimes being transferred from local district general hospitals without wrist bands. This was escalated to the appropriate senior managers.

The ward manager in West ward currently has a system of placing Welsh Government patient safety solutions on a notice board in the staff room for staff to read. Further discussion indicated that going forward the manager and deputy manager intend forwarding the solution bulletins to staff members via personal NHS emails. Staff will need to take responsibility and be accountable for checking and reading these bulletins.

West ward, Gorseinon and Llynfi ward, Maesteg:

We saw that staff were now using patient initials instead of full names on the Patient Safety at a Glance Boards (PSaG) in an attempt to maintain confidentiality, dignity and respect. However using initials only, provides a potential for error (more than one patient with the same initials). We therefore discussed covering the boards with blinds to maintain privacy when staff were not present and subsequently returning to full names.

We asked the ward manager on West ward regarding the requirement to update information on the website and we were assured that this had been undertaken by the IT team the day after our inspection in September 2016.

Llynfi ward, Maesteg:

On Llynfi ward we visited the day room and saw that two beds were being stored next to patients sitting watching television. We were assured that this was a short term storage solution until the beds could return to the bays. We also noticed whilst we were in the room that only one of the four radiators was working effectively and the fire door needed new seals to prevent the draught from penetrating the room.

Improvement needed

PSaG Boards need to be covered when not in use to maintain privacy, confidentiality, dignity and respect.

The estates department need to rectify the heating issues in the day room of Llynfi ward, Maesteg.

Nutrition and hydration

In both hospitals we looked at a sample of patient records and saw that nutritional charts were still not being consistently counter signed by trained nurses. On West ward three of the four we looked at were counter-signed, however none had been countersigned on Llynfi ward.

We also asked the health care support workers if patients were able to wash their hands prior to eating their meals and we were told that wipes were offered to patients who were independent, whilst staff assisted those who were not as able.

Improvement needed

The ward managers in both hospitals need to audit nutritional charts and ensure that trained nurses oversee the intake of food and fluids of identified patients. This is evidenced by countersigning the chart.

Medicines management

West ward, Gorseinon:

We asked about the recording of temperatures on medicine refrigerators and were shown the records for the last few months. All were correct and within acceptable ranges. We were told that the identified fridge with incorrect readings on the last inspection had been replaced.

West ward, Gorseinon and Llynfi ward, Maesteg:

We looked at a sample of Medication Administration Records (MAR) in both hospitals and found that they were completed correctly. West ward showed us the monthly audits undertaken, however these were not available on the day on Llynfi. We also noticed that Llynfi do not use the current All Wales medication administration record chart.

Safeguarding children and adults at risk

There were no patients subject to Deprivation of Liberty Safeguards (DoLS)¹ in either hospital on the days of inspection. We did however discuss how these records were stored and managed. West ward showed us a file which had been developed that stored all documents appertaining to individual assessments. This enabled easy navigation of the information and made it timely to notice when applications required renewing.

Llynfi ward had not developed a system and therefore we discussed the system in use on West ward.

Improvement needed

The ward manager on Llynfi ward needs to develop a system to ensure DoLS assessments and applications are up to date and easily available.

Effective care

Safe and clinically effective care

Different arrangements for medical support at both hospitals were described. At Maesteg this was provided by a team of Advanced Nurse Practitioners and a visiting medical registrar based at the local district general hospital. This continues to be in place and seems to be working effectively.

At Gorseinon medical support (Monday – Friday) was provided by a medical team made up of an associate specialist and staff grade doctor. In addition there were nine sessions provided via a GP partnership for the ward. At weekends and out of hours periods, medical support was available via an on call registrar at the local district general hospital. It was ad hoc and difficult to manage.

¹ The Deprivation of Liberty Safeguards are an extension of the Mental Capacity Act 2005 (“MCA”) and provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves.

We were told by the ward manager in Gorseinon that the health board has improved the medical cover for the hospital with weekly visits from the lead clinician, supplemented by regular weekly on site cover from two specialist doctors and out of hours cover by medical doctors from the local district general hospital. The local GP's continue to have an input to the medical advice offered to the staff team.

Discussion with the ward manager for West ward indicated that there was a nurse who was interested in undertaking the Advanced Nurse Practitioner course (which are currently in post in Maesteg) with a view to returning to the ward. This would be of benefit to the continuity of medical cover and subsequently patient care.

Record keeping

Overall, we found a significant difference between the improvements made around patient care documentation on West ward and Llynfi ward.

Specifically, West ward were now re-assessing patients within 48 hours of admission and implementing new risk assessments (where required) based on a rehabilitation rather than medical model. Although they still used the health board generic care plans these are individualised to meet each patient's identified needs. Additionally the new ward zones, with one nurse to each zone and more health care support workers, nurses were able to evaluate the care plans and look at outcomes for patients. We were shown weekly and monthly audits to ensure that care planning and documentation was up to date.

Unfortunately we did not see any changes or improvements to the documentation on Llynfi ward. On inspecting one patient's notes we found that there was a significant gap in the daily records. It became apparent that the patient had been transferred to the local district general hospital, stayed overnight and then returned to the ward the following day, but this had not been documented. Discussion with the new deputy manager confirmed that work needed to be undertaken to improve the patient files which included using more up to date and effective documentation.

Both areas continued to have separate records for nursing staff, medical staff and other multidisciplinary team members. However in West ward they were now stored together and in Llynfi ward the new deputy manager indicated that (with the agreement of the ward manager) a new front page for visiting professionals would be added so that any changes / assessments could be easily accessed.

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

Improvement needed

The ward manager in Llynfi ward, Maesteg needs to review patient care files, including risk assessments, care plans and the evaluation of care delivered. The information contained needs to be relevant, completed in a timely manner and reviewed to ensure care is appropriate and effective.

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 services review and monitor their own performance against the Health and Care Standards.

We found friendly, yet professional staff teams who demonstrated a commitment to providing high quality care to patients.

Staff confirmed they were able to access training. Staff support had been provided so that staff appraisals could be conducted.

A management structure with lines of delegation and reporting was in place on both wards. However the leadership style on West ward with two innovative and enthusiastic deputies seemed more effective than on Llynfi ward. This should improve with the recruitment of two new deputy managers to support the ward manager on Llynfi.

There have been changes to the senior staff arrangements in the community hospital services as part of wider management changes within the health board. This has been advantageous for both hospitals but especially Gorseinon where senior staff are said to be more visible. Given the differences between the two sites, we requested in the last report that the health board review the management arrangements at West Ward, Gorseinon to ensure they are sufficient. This has been addressed and we are satisfied with the outcome. However our concerns were now more prominent in Llynfi, Maesteg and the focus of support by senior management should be redirected.

Areas for improvement identified at last inspection included the following:

West ward, Gorseinon:

- The health board should review the management arrangements at West Ward and make suitable arrangements to provide additional management support as appropriate.

West ward, Gorseinon and Llynfi ward, Maesteg:

- The health board must make suitable arrangements to ensure that appropriate support is provided to ward managers so that staff appraisals can be conducted.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

West ward, Gorseinon:

- The medical cover for west ward is part of the modernisation plan for the hospital. Conversation and developments are in progress to ensure the medical needs of our patients are prioritised. There is current medical cover on the ward each day arranged from GP's, Associate specialists and staff grade doctors.

West ward, Gorseinon and Llynfi ward, Maesteg:

- A lead nurse has been appointed with responsibility for Gorseinon and Maesteg Hospitals. Staff appraisals have been planned and a programme developed to ensure compliance is achieved.

What we found on follow-up

Governance, leadership and accountability

At the time of our inspection new management structures were in place for both wards visited. West ward had embedded the lines of accountability, responsibility and reporting but Llynfi ward was still in its infancy, with new staff only being in post for a matter of weeks.

Senior staff explained that new management arrangements for primary and community services had been introduced at the end of 2016 but these had been subject to change in Maesteg in the last 6 months. However, a new Lead Nurse with responsibility for both community hospitals had been appointed within the same time period and this had received positive comments from ward managers and deputies.

It was clear from our conversations with senior staff that the service provision at both hospitals had changed since both hospitals had opened. Patients with more complex and ongoing care needs were now being cared for within both wards. This meant that models of providing care had needed to be changed.

This was apparent in the way West ward had reconfigured the ward to three zones. The objective, to move patients on a pathway towards discharge, through rehabilitative intervention.

The size and layout of the wards, the number of patients that could be accommodated and the arrangements for clinical support for ward teams varied considerably between the two wards we visited.

Although the management structure was similar on both wards and both ward managers had similar responsibilities in terms of complexity of the areas they managed, the leadership styles differed greatly. Specifically, the ward manager of West ward had responsibility for the 36 bed ward and had made significant changes to the environment, staff team and working arrangements which had seen a positive impact on patient care; whilst the ward manager on Llynfi had responsibility for a smaller 22 bed ward which still had significant staffing, environmental and leadership concerns.

Given that the management of the wards is the main area of responsibility for each respective ward manager and that West Ward have improved significantly and have consolidated the leadership; the health board should now deliver more visible senior support on Llynfi ward whilst the new deputy managers are inducted into their roles.

Improvement needed

The health board needs to ensure sufficient senior support is offered to Llynfi ward, Maesteg whilst the two new deputy ward managers receive induction training.

Staff and resources

Workforce

Staff teams working on both wards presented as friendly, yet professional, and demonstrated a commitment to providing high quality care to patients. Staffing numbers and skill mix appeared appropriate to meet the needs of the patients on both wards at the time of our inspection.

Both hospitals had been successful in recruiting staff of all grades and this would have positive outcomes for patient care.

The ward manager on West ward confirmed there was a system for conducting annual staff appraisals. Information provided by the ward manager demonstrated that all staff had received annual appraisals of their work and we

saw that dates were scheduled for the next year. However, not all staff had received an appraisal of their work within the last year on Llynfi ward. Reasons given (by staff in the absence of the ward manager) included work pressures due to staff vacancies and sickness. This should be rectified with the recruitment of two new deputy ward managers.

Staff in both hospitals indicated that access to training had improved. On West ward we were told that they now held teaching afternoons on a Wednesday whilst patients watched a film. These sessions covered any learning from incidents or identified topics which would benefit patient care. We could not confirm that these teaching sessions were held on Llynfi ward.

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 conduct follow-up inspections

Follow-up inspections can be announced or 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. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

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. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects 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
There were no issues identified on this occasion.			

Appendix B – Immediate improvement plan

Service: Llynfi ward Maesteg Hospital and West ward, Gorseinon Hospital

Date of inspection: 27 and 28 February 2018

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
There were no issues identified on this occasion.				

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):

Job role:

Date:

Appendix C – Improvement plan

Service: Llynfi ward, Maesteg Hospital and West ward, Gorseinon Hospital.

Date of inspection: 27 and 28 February 2018

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				
There were no identified improvements on this occasion.				
Delivery of safe and effective care				
PSaG Boards need to be covered when not in use to maintain privacy, confidentiality, dignity and respect. The estates department need to rectify the heating issues in the day room of Llynfi ward, Maesteg.	2.1 Managing risk and promoting health and safety	Blinds to be fitted to all PSaG boards. Estates department have already been contacted to arrange purchase and fitting of the same. Estates department to be contacted and heating issues identified in the Day Room of Llynfi Ward to be rectified.	Lead Nurse, Community Hospitals. Lead Nurse, Community Hospitals	10th August 2018 10th August 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The ward managers in both hospitals need to audit nutritional charts and ensure that trained nurses oversee the intake of food and fluids of identified patients.	2.5 Nutrition and Hydration	Training is currently being rolled out, on a 1:1 basis, in both hospitals, to ensure compliance with the registered nurse signing the nutritional chart. Audits are taking place monthly to monitor this.	Lead Nurse, Community Hospitals.	14th May 2018
The ward manager on Llynfi ward needs to develop a system to ensure DoLS assessments and applications are up to date and easily available.	2.7 Safeguarding children and adults at risk	Database currently used in Gorseinon to be implemented in Llynfi Ward	Lead Nurse, Community Hospitals.	14th May 2018
The ward manager in Llynfi ward, Maesteg needs to review patient care files, including risk assessments, care plans and the evaluation of care delivered. The information contained needs to be relevant, completed in a timely manner and reviewed to ensure care is appropriate and effective.	3.5 Record keeping	Staff are currently undergoing a 1:1 training programme being rolled out by ward manager and deputies. This will be audited monthly to ensure compliance	Lead Nurse, Community Hospitals.	10th August 2018
Quality of management and leadership				
The health board needs to ensure sufficient senior support is offered to Llynfi ward, Maesteg whilst the two new deputy ward managers	Governance, Leadership and	Lead Nurse is based in Maesteg 1 – 2 days per week and is always available on the phone in between these days.	Lead Nurse, Community	10th August 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
receive induction training.	Accountability	She is currently meeting with both the ward manager and deputies on a weekly basis to develop their leadership skills.	Hospitals.	

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): Jason Crowl

Job role: Unit Nurse Director, primary and Community Services

Date: 9th April 2018