

Mental Health Act Monitoring Inspection: NHS Mental Health Service (Unannounced)

Tonna Hospital/ Suite 2/ Abertawe
Bro Morgannwg University Health
Board

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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 NHS Mental Health Act monitoring inspection of Tonna hospital within Abertawe Bro Morgannwg University Health Board on 6 March 2018. The following ward was visited during this inspection.

- Suite 2

Our team, for the inspection comprised of a HIW inspector and a Mental Health Act peer reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act. We look at how the service complies with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2005

HIW also explored how the service met aspects of the Health and Care Standards (2015).

Further details about how we conduct NHS Mental Health Act monitoring inspections can be found in Section 5 and on our website.

2. Summary of our inspection

As Tonna hospital had no detained patients at the time of our visit we were unable to review any Mental Health Act paperwork. We did however review patient files in general and found them to be overloaded with documentation and difficult to navigate. There were notes detached from the file and because files were physically transported off the ward to the reception area, elements of patients' notes could be lost. We recommended that consideration is given to appointing a ward clerk, specifically to support this area of the service.

The environment was clean and bright, but as a result of observations made on the day, we have recommended that the health board review and repair the damaged plasterwork visible on the ward. We also recommended that the health board should replace ceiling tiles in the clinic room, damaged by a recent leak and ensure all broken sensors in patient bedrooms are replaced. In addition, the courtyard garden requires some attention to ensure all fallen leaves are cleared, patio slabs are cleaned to remove the discolouration caused by the winter weather and minimise any likelihood of slips and falls. We also recommend that the handrail is re-painted.

Through discussions with staff and observations on the ward we concluded there was good team working taking place and staff were committed to providing patient care to high standards.

There was a high compliance rate for completion of mandatory training and appraisals and staff could demonstrate the process for reporting and learning from any incidents.

This is what we found the service did well:

- We observed good team working taking place

- The development of a new activity centre will provide meaningful therapies for all patients at Tonna hospital
- Staff were receiving annual appraisals and had a programme of mandatory training, both of which had high compliance rates which ensures they had up to date skills and knowledge

This is what we recommend the service could improve:

- Improved patient and visitor information is required. For example, the whiteboard needs to be updated daily to ensure patients can orientate themselves regarding the day and date and the complaints procedure needs to be clearly visible
- Some environmental improvements are required, specifically to replace broken sensors in bedrooms; repair the damaged plasterwork visible on the ward; consider the provision of a nurse call system for patients who use the toilet/showering facilities unaided and the courtyard to be cleared of fallen leaves, patio slabs cleaned, handrail painted and guttering cleaned to ensure no blockages occur
- Review patient files to ensure they are easy to navigate and all information is stored securely within them
- Give consideration to appointing a dedicated ward clerk to ensure files remain on the ward, preventing the potential loss of notes when they are transported off the ward.

3. What we found

Background of the service

Tonna hospital provides older people's NHS Mental Health Services at Tonna, Neath, SA11 3LX, part of Abertawe Bro Morgannwg University Health Board.

Suite 2 is an 18 bedded ward for female patients, providing assessment, continuing care and respite services. At the time of our visit, 14 patients were being cared for on the ward.

Suite 2 has a staff team which includes two consultants, one staff grade doctor, one GP trainee, a ward manager, clinical lead, registered nurses, health care support workers and hotel services staff.

Services from psychology, physiotherapy and occupational therapy are provided on an individual patient referral basis.

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 staff treating patients respectfully, kindly and inclusively throughout our inspection.

The ward appeared clean and we were told of the plans to develop facilities off the ward that will provide meaningful therapies and activities for patients.

The communal hall had a range of patient and visitor information, but there needed to be some improvement to ensure up to date information is displayed, including 'Putting Things Right' arrangements. On the ward, information also needed to be improved and updated, specifically to ensure patients can orientate themselves regarding the day and date.

During our inspection, we offered patients, staff and visitors the opportunity to speak with us. Staff told us that they felt the team worked well together. We saw an email sent to staff from a relative expressing their thanks for the care and support provided to their mother and how the surroundings of the ward made her feel safe.

Staying healthy

The ward was secured from unauthorised access by an intercom system and this ensured that patient safety, privacy and dignity was protected.

Patients were able to move freely on the ward and had access to their bedrooms and lounges. At the time of our visit, patient access to the courtyard took place with staff or relative support. A volunteer run café and shop, located in the communal hall was also available.

We were shown, and told about, a new activity centre being developed. The area will provide facilities that will include a sensory room and hairdressers.

This will provide a greater choice of therapies/activities for all patients at Tonna hospital.

Patients were observed to be well presented; dressed in clean clothing. At mealtimes, we observed staff ensuring that aprons were provided to those that required them to protect their clothing and maintain their clean appearance.

There were two showers available on the ward. These rooms were large and provided space for patients to attend to their hygiene needs with support if required. The lack of a bath on the ward was raised and we suggested this facility is considered because it will provide an additional choice for patients to decide on their bathing preference.

The patient toilets on the ward had male signs on them and we suggested these were removed to avoid any confusion, especially as the ward was female only.

A weekly menu was in place, and where applicable, patients would make their own food choices. If necessary, catering staff could provide some alternative choices. We were told that specific dietary needs were catered for and observed some patients having soft food¹/meals. We were provided with evidence to show how individuals' nutritional needs were assessed, how staff monitored the food and drink consumed by patients and when advice from a dietician would be sought.

Snacks and drinks were readily available outside of the set mealtimes, which staff prepared for the patients.

The ward office and meeting room had patient status boards² which displayed information regarding each patient being cared for on the ward. We observed these to be covered when not in use, therefore protecting patient confidentiality.

¹ Soft foods help elderly people who have difficulty chewing or swallowing continue to eat balanced, nutritious meals. The best soft diet foods are typically somewhat soft and moist naturally, but may also be pureed or mashed and have moisture added to make the food easier to swallow.

² A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

Dignified care

We observed staff interacting and engaging with patients appropriately and treating patients with kindness and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. There was evidence that staff addressed patients by their preferred name.

The ward had 10 single occupancy bedrooms and two four-bedded dormitory style rooms. We observed staff knocking on toilet and shower room doors as well as single occupancy bedrooms before entering. The dormitory style rooms did have blinds on the windows and curtains around each bed that would provide privacy and preserve dignity when required.

The single occupancy rooms we observed had evidence of personalisation and patients had access to their personal belongings. Personalisation within the dormitory bedrooms were more limited, but there were facilities by each bed to store personal items.

The ward had two lounges/dining rooms for patients to use, as well as the off-ward facilities in the communal hall. During our visit we saw a number of visitors using the lounge/dining rooms to spend time with their relatives.

Patients had access to a courtyard garden. During our visit, the garden was locked but accessible to patients with staff/family support. At the time of our visit, we recommended the courtyard garden was improved to enhance its appearance and usage. (See Managing risk and promoting health and safety section for the environment recommendations).

Patient information

We observed that information displayed on the ward for patients and visitors was very limited. However, outside the main entrance and within the communal hall, a variety of information, posters and leaflets were displayed.

On the ward we saw the Today Schedule whiteboard which had no information displayed. Therefore patients were unable to orientate themselves because the day and date had not been written on the board.

The Know How We Are Doing notice board was empty and staff confirmed this was because the key was missing. Improvements are required on the ward to ensure information is up to date, appropriate for the patient group and clearly displayed.

Outside of the ward and in the communal hall, leaflets and posters provided information which included support groups for relatives, visiting times for the wards and ward specific information. We observed some leaflets that had the old NHS trust details displayed which should be updated to accurately reflect the current health board.

We were unable to locate any complaints information, specifically Putting Things Right.

Improvement needed

Information for patients and visitors needs to be reviewed and improved, specifically:

- On Suite 2 the whiteboard needs to be populated daily to ensure patients can orientate themselves with the day and date
- The missing keys for the notice board on Suite 2 need to be replaced so information can be clearly displayed for staff, patients and /or visitors
- A review of the information available outside of the ward/communal hall needs to take place to ensure 'Putting Things Right' is clearly displayed
- Information should be updated/replaced to accurately reflect the current health board

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated with patients effectively. We heard staff undertake discussions using words and language suitable to the individual patient.

Staff told us that any patient requiring support or services for difficulties with hearing and sight would be accommodated and their needs met.

Timely care

The ward had a multi-disciplinary team which included consultants and nurses. Depending on patient needs, referrals would be made to services which included occupational therapy, psychology and physiotherapy to support patient

care and treatment. We were also told that from April 2018 dedicated occupational therapy would be available without referral.

Individual care

People's rights

At the time of our visit there were no patients detained under the Mental Health Act, however we were told that patients could utilise the Independent Mental Health Advocacy³ (IMHA) service and also access the Independent Mental Capacity Advocacy⁴ (IMCA) service when required. We saw that advocacy information was displayed for patients and families.

We observed visitors utilising the lounges/dining rooms and individual's bedrooms to meet with their relatives. As previously stated, a volunteer café was available for patients and families to meet off the ward.

There were flexible visiting hours in place and staff told us that the ward telephone could be used as an additional method for maintaining contact with family and friends.

Listening and learning from feedback

³ In Independent Mental Health Advocacy (IMHA) is a statutory advocacy service introduced in 2009. There is a legal duty to provide IMHA to patients who qualify under the Mental Health Act 1983. An Independent Mental Health Advocate (an IMHA) is someone who is specially trained to work within the framework of the Mental Health Act to meet the needs of patients. Independent Mental Health Advocacy services do not replace any other advocacy and support services that are available to patients. An IMHA will work alongside these services. Patients should be informed of their right to access an IMHA. This is the responsibility of the person who is in charge of their care at the time.

⁴ The Mental Capacity Act 2005 introduced the role of the independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Located outside of Suite 2 we observed facilities for submitting feedback about services provided by the hospital, which included comment cards and a post box to submit these anonymously.

On the ward, despite the lack of visible information on how patients and families could provide feedback, staff told us that a pack was issued to relatives, which contained information that included the complaints process, 'Putting Things Right'. Staff told us that they and/or families would support patients to submit any feedback they may want to raise. It is recommended however, that clearer information on how patients and visitors can provide feedback would be better displayed on the ward.

We were told that advocacy services could be arranged to provide independent advice for any patient who wished to raise concerns. We did observe some information about the advocacy service but it was evident that their presence was not regular, unless they had appointments booked with patients.

Delivery of safe and effective care

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

There were no detained patients at the hospital at the time of the visit therefore we were unable to review any Mental Health Act paperwork.

We did review patient files in general and found them to be overloaded to the point where a number of documents had become detached and were therefore susceptible to loss.

Patient files were routinely carried from the ward to the reception area at the front of the building for information to be input to the computer system by administrative staff based there and we have recommended the health board consider employing a ward clerk to support this area of the service.

We identified issues with the environment that needed to be addressed to ensure patient safety is maintained. These included replacing broken bedroom sensors, reviewing the availability of a nurse call system in the toilet/showering areas for those who use these unaided. The courtyard requires cleaning to provide a cleaner, tidier and safer space for patients, visitors and staff.

Safe care

Managing risk and promoting health and safety

There were processes in place to manage and review risks and maintain health and safety on the ward.

Suite 2 is designed like a square polo mint, with the courtyard situated in the middle. The ward is located on one floor and an intercom system ensured the safety of patients and visitors onto the ward.

The ward appeared clean and bright and generally well maintained, which upheld the safety of patients, staff and visitors. Staff were able to report environmental/maintenance issues to the hospital estates team when required. At the time of our visit, we identified some maintenance issues that need to be rectified to maintain a satisfactory environment.

Internally, we identified some damaged plasterwork that required repair. In the clinic room, some ceiling tiles were stained due to a recent leak and therefore needed replacing. Movement sensors in some patient bedrooms were broken. These need to be reviewed and replaced to ensure patient safety is maintained at all times. We observed that none of the toilet/showering facilities had nurse call alarms within easy reach for those patients who use these facilities unaided. This was discussed at the feedback meeting and despite some reassurance that regular observations were conducted, there may be occasions whereby a patient may need assistance urgently and there would be no way of raising an alarm. Therefore we recommended that this issue is reviewed to ensure that patients can request assistance if they were unable to call for help and/or were physically unable to.

Externally the courtyard required a thorough clean to remove the fallen leaves and debris. The patio slabs needed to be cleaned to remove the discolouration caused by the winter weather and to ensure the surface is not slippery as a result of the decomposing leaves and vegetation. The handrail was rusty and required re-painting and we saw some debris in the guttering that needed to be removed to ensure no blockages would occur. We were able to see into rooms, including patient bedrooms from the courtyard. To protect patient privacy and dignity, we have recommended that a one-way film or similar product be considered, so as to prevent those accessing the courtyard from being able to look into the rooms.

The ward was accessible for people with mobility difficulties. There were arrangements in place to use evacuation blankets in an emergency for some single occupancy bedrooms because the beds were unable to leave the bedrooms easily due to their size and the issue of being unable to turn in the corridor.

Staff did not use personal alarms, but there were alarms in rooms which staff used if assistance was required.

There were no ligature cutters⁵ available on the ward and despite reassurances that preventative strategies were in place, we have asked that consideration is given to their provision.

We noted that the oxygen cylinder spanner was not stored where it should have been. This was highlighted with staff at the time and we recommended that all staff ensure that equipment is stored appropriately so it can be easily located in an emergency.

Improvement needed

Issues identified within the environment need to be reviewed and rectified, specifically:

- Repairs to the damaged plasterwork
- Bedroom movement sensors to be reviewed and broken ones replaced
- Ceiling tiles in the clinic room to be replaced
- The availability of a nurse call system for patients who use the toilet/showering facilities unaided
- The courtyard to be cleared of fallen leaves, patio slabs cleaned, handrail painted and guttering cleaned to ensure no blockages occur
- Privacy and dignity needs to be protected by preventing those accessing the courtyard from being able to look into the rooms.

Consideration needs to be given to having ligature cutters on the ward

A review of the clinic room is required to ensure equipment is stored appropriately and easy to locate.

⁵ Ligature cutters allow for the speedy and relatively safe insertion under the ligature, whilst minimising the risk of secondary injury to the person or staff.

Safeguarding children and adults at risk

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

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff on Suite 2 provided safe and clinically effective care for patients.

The staff we spoke to were able to describe to us the process used to record incidents and how learning is shared among the team from incidents.

Record keeping

We reviewed two sets of records and our findings were the same for both sets.

The paper records we reviewed were overloaded and difficult to navigate. Some records were detached from the file and therefore liable to loss. This was a particular concern because there was no dedicated ward clerk on Suite 2. At the time of our visit, patient files were physically transported to the on-site reception area where necessary input of data onto the hospital computer system takes place. This raises the possibility for loss of unsecured notes and for them to be viewed by individuals who may not be authorised to do so. During the feedback meeting we asked for this process to be reviewed and consideration given to appointing a ward clerk to support this area of the service.

Of the records we reviewed, we found some handwritten records were virtually illegible. Notes need to be understandable and good quality to ensure proper ongoing care of the patients and that the information allows all staff to have clear evidence of how decisions relating to patient care were made.

Improvement needed

Files need to be reviewed and downsized to ensure the security of the documentation within and that they are easy to navigate

Consideration needs to be given to appointing a ward clerk for Suite 2 to ensure the files remain in complete and secure condition on the ward, thus reducing the possible loss of patient records

A review of patient notes needs to take place to ensure written records are understandable

Mental Health Act Monitoring

There were no patients at the hospital at the time of our visit detained under the Mental Health Act; therefore there were no relevant records to review.

We recommended in our feedback meeting that findings from HIW reports relating to mental health inspections at other hospitals within the health board are shared with staff at Tonna hospital so learning can be shared.

Monitoring the Mental Health (Wales) Measure 2010

There were no records to review on the day of our visit.

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.

Through discussions with staff and observations on Suite 2, we concluded there was good team working taking place. Staff were committed to providing patient care to high standards and said they felt supported by senior management.

Processes were in place for staff to receive an annual appraisal and complete mandatory training. These areas had high rates of compliance, however, staff told us of difficulties of logging onto the computer system and we have asked the health board to explore this issue.

The staff we spoke to were able to describe the process for reporting incidents and lessons learnt were communicated to all staff as a means of improving patient care.

Governance, leadership and accountability

We found that there were systems and processes in place to ensure that the ward focused on continuously improving its services; this was, in part, achieved through a rolling programme of audit. The results of which are submitted to senior managers so outcomes can be monitored and clinical outcomes discussed regarding the delivery of patient care.

Suite 2 had a dedicated ward manager and clinical lead person, both of whom were supported by a ward and multi-disciplinary team, including senior managers.

We found that staff were committed to providing patient care to high standards and staff commented that team working on the ward was very good. Staff said

they felt supported and valued by managers and described them as approachable.

It was positive that throughout the inspection, the staff working within the ward were receptive to our views, findings and recommendations.

Staff and resources

Workforce

We observed, and staff told us, that the ward had a good team. We saw the team working well and providing compassionate care for patients. We saw staff assisting patients at mealtimes, however it was confirmed from discussions with staff that at the time of our visit, there were not enough staff to support all the patients that required assistance with eating. This was discussed at the feedback meeting and we were reassured that staffing levels were regularly monitored and that this observation will be reviewed.

Daily shift handovers were in place and regular staff meetings, all of which were documented. This ensured that any staff not on duty would be kept up to date.

We reviewed the mandatory training programme for all staff and noted the high compliance rate. This ensured that staff were up to date with essential skills and knowledge to support the patient group.

Additional computers had been installed on the ward for staff to complete online training, but staff reported frustrations regarding log-on issues. We recommended that this issue is reviewed to ensure all staff can complete their training in a timely manner.

There were no issues of staff accessing additional and relevant external training with line manager approval.

Staff were receiving annual, documented appraisals with completion dates recorded on the Electronic Staff Record (ESR) system. The system showed a 100% compliance rate for staff appraisals.

Nursing staff described the procedure of reporting incidents and there was clear understanding and knowledge provided from them regarding this process.

Incidents were recorded on the Datix⁶ system and staff told us that lessons learnt would be discussed with the ward team when required.

Improvement needed

The issues raised by staff about difficulties of logging onto the online training system need to be explored by the health board to ensure staff can complete their required training so as to maintain the high compliance rate.

⁶ Datix is an incident reporting and risk management system to report and track clinical incidents.

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 NHS Mental Health Act monitoring inspections

Our NHS Mental Health Act monitoring inspections 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.

During our NHS Mental Health Act monitoring inspections will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Health \(Wales\) Measure 2010](#) and [Mental Capacity Act 2005](#)
- Meet aspects of 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: Tonna Hospital

Ward(s): Suite 2

Date of inspection: 6 March 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
No immediate assurance issues were identified				

Appendix C – Improvement plan

Service: Tonna Hospital

Ward(s): Suite 2

Date of inspection: 6 March 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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>Information for patients and visitors needs to be reviewed and improved, specifically:</p> <p><input type="checkbox"/> On Suite 2 the whiteboard needs to be populated daily to ensure patients can orientate themselves with the day and date</p>	<p>3.2 Communicatin g Effectively</p> <p>4.2 Patient Information</p>	<p>-Night staff to update daily orientation boards prior to their shift ending. This will be monitored by the Service Manager via the rolling programme of Quality Assurance Reviews. The template which is used for all wards within the locality is to be amended.</p>	<p>Ward Manager</p>	<p>Completed 29/3/18.</p> <p>Email sent to all registered nurses on Suite 2 and random checks commenced.</p> <p>Completed</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><input type="checkbox"/> The missing keys for the notice board on Suite 2 need to be replaced so information can be clearly displayed for staff, patients and /or visitors</p> <p><input type="checkbox"/> A review of the information available outside of the ward/communal hall needs to take place to ensure 'Putting Things Right' is clearly displayed</p> <p><input type="checkbox"/> Information should be updated/replaced to accurately reflect the current health board</p>		<p>-Function of whiteboards on Suite 2 reviewed:</p> <p>Two identified as 'Orientation Boards' outside each dayroom.</p> <p>One at ward entrance to identify 'Staff on Duty'.</p> <p>One in ward reception area describing patient activities.</p> <p>One to be removed from dayroom [job reference number 537702].</p>	Ward Manager	5/4/18
		<p>New lock requested on 28/03/18 [job reference number 537701].</p>	Ward Manager	27/4/18
		<p>-Restock information rack outside Suite 2 with the updated 'Putting Things Right' leaflets and information on how to provide feedback.</p>	Ward Manager	Completed 27/3/18
		<p>-Review patient/visitor information in communal hall and make available</p>	Service Manager	'Putting Things Right'

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		'Putting Things Right' leaflets.	Ward Manager Ward Manager Delivery of safe and effective care	leaflets now available in Hall, new leaflet display unit ordered. Completed 28/3/18 13/4/18
Delivery of safe and effective care				
<p>Issues identified within the environment need to be reviewed and rectified, specifically:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Repairs to the damaged plasterwork <input type="checkbox"/> Bedroom movement sensors to be reviewed and broken ones replaced <input type="checkbox"/> Ceiling tiles in the clinic room to be replaced <input type="checkbox"/> The availability of a nurse call system for patients who use the toilet/showering facilities unaided 	2.1 Managing risk and promoting health and safety	<p>All maintenance issues to be signed off as completed to maintain a safe environment.</p> <p>Repair to plasterwork (job reference number 535605) reported 08.03.18</p> <p>Review of bed sensors requested on 12 February 2018 and followed up on 6 March 2018. Portable bed sensor mats to be purchased whilst review of appropriate bed alarm system is undertaken. Bed sensor demonstration</p>	Service Manager	<p>30/4/18</p> <p>Delivery of bed sensor mats 30.04.18</p> <p>Review of</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><input type="checkbox"/> The courtyard to be cleared of fallen leaves, patio slabs cleaned, handrail painted and guttering cleaned to ensure no blockages occur</p> <p><input type="checkbox"/> Privacy and dignity needs to be protected by preventing those accessing the courtyard from being able to look into the rooms</p>		<p>booked for 11/4/18 prior to purchase of equipment.</p> <p>Replacement of ceiling tiles (job reference number 535604)</p> <p>Review of options for providing nurse call systems in the toilet/showering areas to be undertaken, together with options for including a bathing facility on the ward.</p> <p>Previous job requisition for leaves/guttering [job reference number 533901] to be reported again adding in painting of handrail/cleaning of patio slabs</p> <p>Privacy film to be installed on all windows overlooking courtyard.</p>		<p>options for replacing bed sensor system 31.05.18</p> <p>Completed 12/3/18 31.05.18</p> <p>30.04.18</p> <p>30.04.18</p>
<p>Consideration needs to be given to having ligature cutters on the ward</p>	<p>2.1 Managing risk and promoting</p>	<p>Ligature cutters to be requisitioned for Tonna Hospital. Order placed 12/3/18.</p>	<p>Service Manager</p>	<p>30/4/18</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	health and safety 3.1 Safe and Clinically Effective care			
A review of the clinic room is required to ensure equipment is stored appropriately and easy to locate	2.1 Managing risk and promoting health and safety	All drawers to be clearly labelled including storage of the oxygen spanner.	Ward Manager	Completed on 06/03/18
Files need to be reviewed and downsized to ensure the security of the documentation within and that they are easy to navigate	3.5 Record keeping 4.2 Patient Information	Review of clinical files to be incorporated into the Ward Round to ensure that information is stored securely and well organised.	Ward Manager	Completed 29/3/18
Consideration needs to be given to appointing a ward clerk for Suite 2 to ensure the files remain in complete and secure condition on the ward, thus reducing the possible loss of patient records	3.5 Record keeping	A locality-wide review of ward clerking arrangements is to be undertaken with recommendations including resource implications to be presented to the Delivery Unit.	Locality Manager	30.06.18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
A review of patient notes needs to take place to ensure written records are understandable	3.5 Record keeping 4.2 Patient Information	The findings of the inspection regarding the quality of handwritten records in the patient's file to be communicated to all members of the MDT. Service Manager to review as part of Quality Assurance Reviews and will amend the audit tool to facilitate this.	Service Manager	30.04.18
Quality of management and leadership				
The issues raised by staff about difficulties of logging onto the online training system need to be explored by the health board to ensure staff can complete their required training so as to maintain the high compliance rate.	7.1 Workforce	It is understood that the main issue relates to staff having to reset their passwords because they have been locked out of the system following infrequent use. The nature of the problem needs to be clearly determined so that it can be considered by the ESR team or result in alternative ways of working by staff.	Locality Manager	31.07.18

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

Service representative

Name (print): Janet Williams

Job role: Head of Operations

Date: 5th April 2018