NHS Mental Health Service Inspection (Unannounced)

Cardiff & Vale University Health Board

Hafan y Coed

Willow, Beech & Oak wards

Inspection date:

19 - 21 March 2019

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Hafan y Coed within Cardiff and Vale University Health Board on the evening of 19 March 2019 and following days of 20 and 21 March. The following sites and wards were visited during this inspection:

- Beech ward
- Oak ward
- Willow ward

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

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

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

Overall, we found that Willow, Beech and Oak wards at Hafan y Coed provided effective patient centred care. However, we found that the health board did not always meet all standards required within the Health and Care Standards (2015), the Mental Health Act (1983), Mental Health (Wales) Measure (2010) and the Mental Capacity Act (2005).

There was evidence of good leadership on all three wards and within Hafan Y Coed as a whole. Staff had a strong sense of team ethic, and prioritised the care and rehabilitation of patients.

This is what we found the service did well:

- Staff on the three wards provided care to patients in a caring and professional manner
- Patient notes and care plans were of a very high standard
- Patient feedback was sought on up-to-date issues with a view to continuously improving the care provided
- The three wards had good leadership structures in place, supported by the organisational structure of Hafan y Coed

This is what we recommend the service could improve:

- Areas of Mental Health Act documentation require improvement
- Garden areas on all wards are in need of maintenance and the responsibility for this, needs to be confirmed
- Inconsistency of information displayed for patients and relatives across the wards

- Areas of good practice employed on some wards are not shared with others to maintain consistency
- Some patients are sleeping out[1] from their designated ward due to additional demand and clinical need

[1] Sleeping out is where a patient is required to spend a night on another ward within the same unit. This is a clinical decision and is fully risk assessed taking into account the individual circumstances and needs of patients.

3. What we found

Background of the service

Cardiff and Vale University Health Board provides NHS mental health services at Hafan y Coed, Llandough University Hospital, Penlan Road, Penarth, CF64 2XX.

Our inspection concentrated on the three locality wards, these being:

Oak ward - A 17 bed mixed gender locality ward, all patients having their own room with en-suite. At the time of the inspection there were 25 patients listed on the ward, 3 being on Section 17 leave and 2 sleeping out on other wards.

Beech Ward - A 17 bed mixed gender locality ward, all patients having their own room with en-suite. At the time of the inspection there were 20 patients listed on the ward, 1 being on Section 17 leave and 2 sleeping out on other wards.

Willow Ward – A 17 bed mixed gender locality ward, all patients having their own room with en-suite. At the time of the inspection there were 22 patients listed on the ward, 4 being on section 17 leave and 1 sleeping out on another ward

The service employs a team which consists of between 11.4-13.13 whole time equivalent registered nurses and 12.19 whole time equivalent healthcare support workers on each ward. These include a ward manager, a deputy ward manager. Ten registered nurses and twelve healthcare support workers. The multidisciplinary team includes Psychiatry, Psychology, on-site GP and pharmacy. There is a central activity hub within Hafan y Coed where patients can benefit from occupational therapy and physio therapy sessions appropriate to their needs.

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 with dignity and respect in a clean and clutter free environment.

Patients on the whole provided positive feedback on the care they received whilst at the hospital.

We had concerns around patients being required to sleep out on other wards, and the way in which this was implemented.

Staying healthy

Overall, patients told us that they were encouraged to maintain a healthy lifestyle. We were satisfied the service offered an increasing range of activities, support and services to promote healthy living. However, a large majority of activities including the gymnasium were off the wards and predominantly in the central activity hub area. Patient access to this was limited, based on staff availability and the clinical presentation of the patient at the time of their request.

Occupational Therapy and Physiotherapists are actively involved in arranging and running various activities. Dietician input is available for patients, and this is based on a referral made by the responsible clinician.

Each of the three wards had its own outside garden area. This area is an enclosed paved area, surrounded on all sides by the hospital. There is a small amount of furniture in the garden and a smoking shelter. The garden does not have a very pleasant feeling about it and appears quite intimidating with the buildings on all sides. It was also very untidy and unkempt, with weeds overgrowing much of the floor area. There was a significant amount of cigarette ends strewn on the floor.

The ward areas were clean and tidy, and the environments still had a new feel to them.

We saw a range of activities such as pool table, books and televisions available in some of the sitting rooms on the wards. Patients had access to drink stations on each ward to make hot beverages. Snacks were also available to patients outside of normal meal times.

We did not see any information displayed or the availability of leaflets advising on health promotion or how to maintain a healthy lifestyle.

Improvement needed

The health board must ensure that information is displayed and made available for patients to promote a healthy lifestyle

Dignified care

Overall, we were satisfied that patients were treated with dignity by the staff teams. The observation screens to allow staff to view the inside of each bedroom on all three wards were digital. There was a non-recording camera in each room relaying the footage onto a screen at the entrance to the room. These screens were operated by staff swiping their ID badges. When not in use they were covered by a metal panel. However, we saw a number of screens that were switched on, without the metal cover being replaced. Staff reported that some of these covers were faulty and would not remain closed. This issue must be addressed and rectified.

We saw that staff spoke with patients in a respectful and supportive manner. Patients seemed comfortable interacting with staff of all grades. There were individual en-suite bedrooms which had been personalised, taking into consideration patient and staff safety and welfare.

There were a number of communal areas which provided sufficient space for patients to have personal quiet time away from their rooms. There were several of these on each ward. Staff told us that they were able to control who could access each room remotely, as access was gained using personal electronic armbands issued to each patient.

We saw that all patients were addressed by their first names, according to patient preference. The three wards were mixed gender, they were not organised into male / female areas. However, each patient bedroom could only be unlocked by that individual patient, therefore this assisted in maintaining the privacy and dignity of each patient.

Improvement needed

The health board must ensure that the observation system on all wards is in full working order and screens are appropriately covered when not in use.

Patient information

In the reception area and entrance to each ward, we saw a selection of information for patients, relatives or carers which would aid understanding of specific mental health diagnoses.

Each ward had information leaflets regarding the facilities and arrangements offered. Patients told us they were satisfied that staff communicated information in a timely manner. There were however, inconsistencies in the level of this information displayed across the wards. There were a number of empty notice boards which could be utilised to make the presentation of this information more purposeful.

As part of the admission process to the hospital, all patients and nearest relatives are provided with information relating to their rights while detained under the Mental Health Act (section 132 of the Mental Health Act). This included information about the section of the MHA that they are detained under, consent to treatment and leave of absence. This information was regularly discussed and re-presented to patients and recorded in the patient notes.

During our inspection we saw advocacy services being utilised by patients from the three wards. We were assured by patients and staff that this service was considered very good. Advocates would often assist patients in understanding and communication during ward rounds and multidisciplinary meetings.

Visiting times on the wards are set but with some flexibility afforded where appropriate. Visiting outside of set times are pre-arranged, and the length of the visit can be adjusted based on the patients need and other factors such as, the distance visitors have travelled.

Improvement needed

The health board must ensure that relevant information is displayed appropriately and consistently throughout the three wards.

Communicating effectively

All patients told us that they understood what was happening with their care and had access to their Care and Treatment Plan. Patients attended multidisciplinary team meetings, and where appropriate worked with their key nurses to review and develop their care and activity plans.

There was a patient feedback questionnaire available for patients to complete, and the results from these were collated by senior management. They were regularly reviewed to take account of any issues raised on the wards. This formed part of the 'you said, we did'[2] process on the wards. Where applicable,some information provided in the questionnaires was treated as confidential.

All three ward managers had their offices within the confines of the ward. They were available to speak with patients where appropriate, and encouraged feedback. Patients we spoke with told us they were comfortable speaking with staff about incidents and issues. Patients felt they were listened to by staff.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act, or to restrict patients leaving the hospital was completed to a high standard, and was compliant with the relevant legislation.

Patients could utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital regularly. Patients and staff told us that this service was utilised well.

There were suitable places for patients to meet with visitors on the three wards, along with arrangements in place to make private telephone calls. The visiting rooms however, had windows that looked out over the wards which could reduce the level of privacy offered

[2] https://www.gov.uk/government/publications/you-said-we-did-2014

Patients were allowed to bring personal possessions into the wards. However, items were risk assessed prior to storing in the relevant patient bedrooms. We saw that items which posed a risk to patient safety, or were not suitable due to lack of space in bedrooms, were stored in specific areas on the wards. These items were labelled and identified according to the relevant patient. Patients also had a lockable safe within their rooms, which was accessed using their electronic wristband.

Patients who were required to sleep out, did not have a personal area to store their belongings. Where patients were authorised to have restricted items in their usual ward, these were removed from the patient prior to the overnight stay, if the sleep out was on a more restricted ward. The rationale for this was provided to the patient, and then the items were returned to the patient, once they returned to their home ward the following morning.

Improvement needed

The Health Board must fully consider the impact on the rights of individual patients when there is a requirement for them to sleep out on a more restricted ward.

Listening and learning from feedback

As highlighted earlier in the report, we found that the unit had developed its own patient feedback questionnaire which was regularly reviewed to encompass patient views on up-to-date issues.

At the entrance to each of the three wards there was a 'you said, we did' board. These illustrated how the ward had listened to feedback and acted upon it where appropriate.

The individual ward managers were able to decide where and what information was displayed for patients. We found that there was some inconsistency across the three wards about what and how much information was displayed.

Each ward had a discharge tree where patients could leave feedback about their journey to recovery. We found that Willow ward utilised this where the leaves of the tree were still in situ with detail from past and present patients. We found this to be an element of noteworthy practice, for the benefit of existing and new patients. The tree on the other two wards had leaves removed and was poorly maintained. We advise that the remaining wards maintain their discharge trees, to ensure there is consistency across all three wards.

Delivery of safe and effective care

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

Staff on the three wards provided safe and effective care for patients. There were processes in place to identify patients' needs, and to maintain their safety whilst receiving an improving standards of care, from a motivated team.

We found some inconsistency in the processes being utilised on the three wards and recommend the sharing of good practice between the wards.

The garden areas are in need of maintenance to provide a therapeutic area outside for detained patients.

Safe care

Managing risk and promoting health and safety

There were processes in place to manage risk and maintain health and safety. All three wards provided individualised patient care.

The unit is relatively new and was purpose built as a mental health unit. The wards inspected were three of ten wards. There was a large spacious reception area with easy access to all wards and treatment areas, including easy access for wheelchair users and people with mobility difficulties.

There were regular Health and Safety audits carried out on the wards which included a ligature point audit. There was also a risk assessment in place for the ligature points.

The staff alarm system was sophisticated and accessible. Each staff member had their own alarm fob as well as numerous locations throughout the wards having alarm strips on the walls. There were protocols in place for reacting to alarm incidents.

The furniture fixtures and fittings on all three wards were appropriate to the patient groups. The wards were in a good state of repair, however, the décor throughout was generally bland. The senior management team were supportive

of ward managers presenting and implementing ideas to improve the wards' appearance.

Ward managers were able to adapt spaces within their specific wards for use by patients. On Willow ward, an activity room had been created from a sitting room where patients could access a games console, board games, books and a pool table, where appropriate. Access to this room was via the electronic arm band system and could be controlled by staff.

Fully stocked first aid kits were on each ward and all contents were in date.

Infection prevention and control

We found that all three wards were visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately. There were cleaning schedules for the wards and this work was carried out by health board domestic staff.

Patients were also encouraged to keep their personal spaces clean and tidy, as part of their rehabilitation.

We saw hand hygiene products available in relevant areas on the units and information displayed on the importance of using these. Staff had access to infection prevention and control and decontamination Personal Protection Equipment when required.

Nutrition and hydration

Patients were provided with meals at the hospital which included breakfast, lunch and evening meal. The weekly menu was available in each ward for patients to choose from. Some patients told us that the food was bland and the menu could become repetitive after a while.

Snacks and fruit were also available throughout the day. Patients were discouraged from storing any food in their rooms due to the risks associated with inappropriate food storage.

Patients were able to make hot drinks at the beverage stations on each ward. There was no facility for patients to securely store or cook their own food on the ward. Some patients told us that this is something they would like to see changed to afford them a little more independence.

Medicines management

We found that some improvement is required with medicines management, particularly with the securing of medication on the wards

The three wards had a designated room for secure storage and administration of medication which was locked. However, we found on Beech ward that the drugs trolley was not attached to the wall. Medication fridges on all the wards were left unlocked when the room was unoccupied but locked.

The patients' legal status was not always recorded on the Medication Administration Records, with some sections being recorded incorrectly. When medication had not been administered, on a small number of occasions we found that the reason had not been recorded.

We found that a hard copy of the medication management policy was not consistently held in the medication rooms across the three wards. However, it was accessible electronically.

Improvement needed

The health board must ensure that medication trolleys are secured to the wall and fridges are kept locked within the locked treatment rooms of each ward.

Safeguarding children and adults at risk

There were established processes in place to ensure that staff on all three wards safeguarded vulnerable adults and children. Safeguarding referrals were also completed if required. We saw evidence of the safeguarding process having been utilised, and a robust system of safeguarding management was shared with the health board as a whole.

Children were allowed to visit the hospital, however they were not permitted onto the individual wards. This was due to the visiting room on each ward being considered as part of the ward. There was not an appropriate room with books and toys within Hafan y Coed where parents could meet with young family members.

Improvement needed

The health board must provide an appropriate space where patients can meet with young family members at Hafan y Coed.

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place on all three wards, which helped ensure staff on both units provided safe and clinically effective care to patients.

Record keeping

Patient records were held in an electronic format and were password protected.

The system was well organised and very easy to navigate. We saw evidence of comprehensive needs assessments that fed into the care and treatment plan, underpinned by a dynamic risk assessment. Multidisciplinary team discussions and consideration of consent were also recorded.

Other risk assessments were also present covering nutrition, healthcare, falls, and Waterlow assessments[3], along with involvement of families and advocacy with the patient.

It was evident that staff on the three wards were providing a good level of assessments and monitoring of patients' well-being. The care and treatment plans were outcome focussed and comprehensive. Physical health assessments were undertaken on admission, and there was ongoing monitoring for this. We saw good use of recognised mental health and occupational therapy assessment tools with evidence based clinical practice. All patient interventions were appropriate to meet individual patient need, with clear details provided in the records. There was evidence of regular reviews of assessments and care plans.

[3] http://judy-waterlow.co.uk/waterlow_score.htm

We found evidence within the patient records of compliance with the Mental Health Act measure.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across the three wards inspected. It was evident that detentions had been applied and renewed within the requirements of the Act.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor[4] (SOAD) was used, a record of the statutory consultees' discussion was completed and kept with SOAD documentation.

Consent to treatment certificates were kept with the corresponding Medication Administration Record on two wards, however on Willow ward these are filed separately, which increases the potential for drug administration errors. Best practice allows for staff administering medication to refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

The health board's mental health act administration team ensured that patients were provided with their statutory rights under the Act, including appealing against their detention. There was evidence that patients were supported by the advocacy service. We found that the Mental Health Act monitoring paper filing system was difficult to navigate, because individual forms are not segregated into specific areas.

We noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. These forms were detailed and had been fully completed.

We found a number of issues with the Mental Health Act monitoring files we examined. These were addressed individually with the mental act administrator and are listed below:

[4] http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=816&id=112916

- Some expired section 17 leave authorisation forms had not been marked as no longer valid, in the patients' statutory folder, or on the PARIS system in accordance with chapter 27.17 of the code.
- Certificates that no longer authorise treatment or parts of treatment had not been marked as such, in the patient statutory folder or on the PARIS system in compliance with chapter 25.87 of the code.
- No evidence of patients' capacity to consent to treatment was documented by the responsible clinician, in accordance with chapters 24.29, 24.31, 24.34 of the code.
- An amended form CO2 was observed in the statutory folder of one patient.
- There was no record that the clinician in charge of the treatment had communicated the results of the SOAD visit with the patient in accordance with chapter 25.69 of the code.
- A form CO2 authorising treatment had not been completed by the current responsible clinician in charge of the patients' treatment and needs to be reviewed in accordance with chapter 25.84 of the code.

Improvement needed

The health board must ensure that consent to treatment records are filed with the corresponding medication administration records.

The health board must ensure that Mental Health act documentation is completed correctly, no longer required paperwork is marked as such.

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

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

There was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements.

On both units there was an extensive range of risk assessments completed, that set out the identified risks and how to mitigate and manage them. There were also good physical health assessments and monitoring recorded in patient notes.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training and were aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS). There were no patients detained under DoLS during our inspection

Quality of management and leadership

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

There was evidence of good leadership on all three wards, and the unit as a whole. Staff were confident in carrying out their roles to the best of their ability

There was an emphasis on improvement within the unit, to achieve the best outcomes for patients.

We saw a strong sense of team ethic from director level to operational staff working on the wards.

Governance, leadership and accountability

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

We were made aware of the health board's Quality Checks in Health Care process, which is a peer review system utilised at Hafan y Coed. This produced detailed reports which helped to promote and achieve improvement in the three wards inspected.

There were ongoing issues with the health board's management and upkeep of the garden areas within the three wards. This is currently under review.

There was dedicated and passionate leadership from the ward managers, who were supported by committed teams, strong multidisciplinary teams and senior health board managers, who were based within the unit. We found that staff were committed to providing patient care to high standards.

It was positive that throughout the inspection, staff on all wards were receptive to our views, findings and recommendations.

Staff and resources

Workforce

The three wards had established teams that evidenced good team working. As these formed part of the ten wards within the Hafan y Coed unit, they benefited from the resilience and support provided by a robust resource management system, managed by the senior nurse on duty.

Staff were appraised annually and there were regular clinical and management supervision sessions for all staff. The staff we spoke with all felt empowered to share views on improvements that could be made, and felt supported to implement changes where appropriate.

However, senior ward staff expressed concerns about the reduction in the allocation of supernumerary management time from three to one day a week. We were told this has impacted on senior ward staff being able to complete additional duties required within their role.

There was a programme of mandatory training in place with a good level of compliance. Unit managers had responsibility for ensuring staff were compliant and that the recording and audit system was up to date.

Improvement needed

The health board must consider the concerns raised by senior ward staff in relation to the reduction of management time

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, measurable, 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: Hafan y Coed

Ward/unit(s): Willow, Beech, Oak.

Date of inspection: 19 – 21 March 2019

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 immediate assurance issues				

Appendix C – Improvement plan

Service: Hafan y Coed

Ward/unit(s): Willow, Beech, Oak.

Date of inspection: 19 – 21 March 2019

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that information is displayed and made available for patients to promote a healthy lifestyle	1.1 Health promotion, protection and improvement	Advanced Nurse Practitioner for physical health will gather and display relevant information	ANP for physical healthcare	30 June 2019
The health board must ensure that the observation system on all wards is in full working order and screens are appropriately covered when not in use.	4.1 Dignified Care	1. Stickers have been placed on all ROS doors reminding staff to close them when not in use 2. All ROS systems have been serviced by Estates & Maintenance dept. 3. Local Estates & Maintenance staff are now trained and equipped to repair the	 Estates dept. Deputy Directorate	Complete Complete Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		system.	Manager	
The health board must ensure that relevant information is displayed appropriately and consistently throughout the three wards.	4.2 Patient Information	A digital camera is being purchased to enable staff photographs to be displayed on ward boards A review will be undertaken to ensure that there is consistency of information across the three wards. Ward notice boards will then be updated accordingly	Deputy Directorate Manager Senior nurse for adult in-patient areas	31 July 2019 End June 2019
The Health Board must fully consider the impact on the rights of individual patients when there is a requirement for them to sleep out on a more restricted ward.	6.2 Peoples rights	The Sleeping Out guidance will be reviewed and updated to include information that will be provided to patients. Currently the guidance includes: • factors that ward staff need to consider when reviewing patient caseload in order to determine the most suitable patients to transfer to a different ward • A requirement that patients are asked if they would be happy to	ANP for physical healthcare	30 June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		sleep out and a clear policy that no patient is obliged to comply against their wishes Patient records are electronic and therefore fully accessible to any member of staff to ensure continuity of care. Ward staff on the "sleeping out ward" are encouraged to liaise with their colleagues for information and advice as required All wards are built to the same specification and as a result no patient will be accommodated in an inferior environment.		
Delivery of safe and effective care				
The health board must ensure that medication trolleys are secured to the wall and fridges are kept locked within the locked treatment rooms of each ward.	2.6 Medicines Management	Senior Nurse has reminded all staff of safe storage of medication. This has been achieved through email, ward managers meeting and the adult Q&S fora. This will be monitored by Senior Nurses	Senior nurse for adult inpatient service	31 May 2019 Review Sept

Improvement needed	Standard	Service action	Responsible officer	Timescale
		on an ongoing basis		2019
The health board must provide an appropriate space where patients can meet with young family members at Hafan y Coed.	2.7 Safeguarding children and adults at risk	1. Staff have been reminded of the purpose of the visitors room and to advice patients and visitors how to access this resource. 2. Review the visitors' room protocol to ensure that the necessary steps are taken to ensure a more child friendly environment is created. This must include the provision of suitable toys and books, taking in to consideration the necessary infection, prevention and control factors	Senior nurse for adult inpatient service	31 May 2019- 31/08/19
The health board must ensure that consent to treatment records are filed with the corresponding medication administration records. The health board must ensure that Mental Health act documentation is completed correctly, no longer required paperwork is marked as cancelled and legal documentation is	Application of the Mental Health Act	Senior Nurse for inpatients has reminded staff to file consent to treatment records with the corresponding medication administration records Forms that have been scanned and uploaded to the Paris system that have expired are manually marked as "no longer valid" when we receive the subsequent form.	Senior Nurse for adult Inpatient service	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
not amended.		There is a change request with the Paris Development team (CR6311) for this to be completed automatically to reduce the risk of human error. The MHA Office have procured rubber stamps and are now stamping hard copies of forms that are no longer valid. An automatic electronic notification is in trial. This will be sent to RC's daily and includes current and upcoming consent to treatment needs.		
Quality of management and leadership				
The health board must consider the concerns raised by senior ward staff in relation to the reduction of management time	7.1 Workforce	The Clinical Board is working with the executive team to increase the funded nursing establishment on the inpatient wards to enable additional supernumerary time for the ward managers.	Director of Nursing for Mental Health	Sept 2019

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): **Jayne Tottle**

Job role: **Director of Nursing for Mental Health Services**

Date: **31/05/2019**