

HIW Hospital Inspection Report (Unannounced)

Bryngofal Ward, Prince Philip
Hospital, Hywel Dda University Board

Inspection date: 11, 12 and 13 July 2022

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did
 2. Summary of inspection
 3. What we found
 - Quality of Patient Experience
 - Delivery of Safe and Effective Care
 - Quality of Management and Leadership
 4. Next steps
- Appendix A - Summary of concerns resolved during inspection
- Appendix B - Immediate improvement plan
- Appendix C - Improvement plan

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Prince Philip Hospital, Hywel Dda University Health Board on 11, 12 and 13 July 2022. The following hospital wards were reviewed during this inspection:

- Bryngofal Ward - 17 beds providing adult mental health services.

Our team for the inspection comprised of three HIW Inspectors and three clinical peer reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found a dedicated staff team that were committed to providing a high standard of care to patients. We saw staff interacting with patients respectfully throughout the inspection. Patients we spoke to told us they were happy, and that they were receiving good care at the hospital. Patients had access to a mental health advocate who provided information and support with any issues they may have about their care.

This is what we recommend the service can improve

- Work must be undertaken to improve the appearance of the garden for patients and broken bench replaced
- Patient areas require redecorating and new flooring.
- The ward could be made more homely and welcoming, as it appears stark and clinical in places.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients we spoke to told us they were happy and receiving good care.

Safe and Effective Care

Overall summary:

Staff appeared committed to providing safe and effective care. Patient care and treatment plans were being kept to a good standard. Safe and therapeutic responses were in place to manage challenging behaviour and promote the safety and wellbeing of patients. Suitable protocols were in place to manage risk, health and safety and infection control. Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation. However, some further improvements are needed regarding the administration of the Act.

This is what we recommend the service can improve:

- Implementation of the Mental Health Act
- Policy on bank staff being trained in restrictive physical intervention as the unit is a stand-alone ward without the benefit of access to staff from other wards to provide support.

This is what the service did well:

- Medication records were comprehensive and complete, and we saw evidence of audits taking place
- Care plans were detailed and there was clear evidence of patient involvement.

Quality of Management and Leadership

Overall summary:

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital. There was dedicated and passionate leadership displayed by the ward manager.

This is what we recommend the service can improve

- Mandatory training compliance.

This is what the service did well:

- Staff were positive about the support and leadership they received
- We found an effective governance structure in place in terms of regular audit activities and meetings to discuss incidents, findings and issues related to patient care.

3. What we found

Quality of Patient Experience

Staying Healthy

Health Protection and Improvement

We handed out HIW questionnaires to patients during the inspection to obtain their views on the service provided at the hospital. In total, we received five completed questionnaires. All the completed questionnaires were from patients who had been a patient at the hospital. All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good. Some of the questionnaire results appear throughout the report.

We looked at a sample of patient records and saw evidence that patients received appropriate physical assessments upon their admission in addition to their mental healthcare. Patients also received ongoing physical health checks during their stay such as weight management and monitoring. Measurements were recorded on National Early Warning Score charts and within physical health and wellbeing care plans.

The use of a physical health improvement profile would assist the physical health monitoring of patients. Checks should include weight, BMI, waist circumference, blood pressure, Lipid profile, screening for insulin resistance and diabetes, as well as dental and eye checks, smoking status, and referral to Smoking cessation services if needed for specialist advice, Male and female specific wellness checks and referrals should also be part of the checklist.

The use of the Rethink mental health and physical health check tool could be used to assist patients in managing their physical health alongside patients mental health issues.

During ward rounds doctors reported that they had difficulty getting medical colleagues to come to the ward to assess patients that they believed to have physical illness causing their current presentation. The health board must ensure that patients are assessed in a timely manner if they have physical health problems

and for doctors on the ward to feel supported by their colleagues on the general wards.

Staff told us that there were plans to develop a relaxation room for patients. We were also told that a walking group had been set up for the patients and that access to local gyms were available if required. However, over half the patients who completed the questionnaires disagreed that there were sufficient and appropriate recreational and social activities.

The patients would benefit from a more robust occupational therapy activity programme and the use of alternative therapies such as yoga to assist patients in relaxation techniques as an alternative to medication use.

Patients had access to a garden area, this area was overgrown and had a notable number of weeds present and broken furniture. This could be a therapeutic area for patients to spend time in. We recommend that work is undertaken to improve the appearance and safety of the garden for patients.

Dignified care

Dignified care

We noted that all employees; ward staff, senior management, and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were enthusiastic about their roles and how they supported and cared for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients raised, this showed that staff had responsive and caring attitudes towards the patients.

It was noted that the ward entrance was locked and an intercom system to the ward prevented any unauthorised access.

En-suite bedrooms for patients provided a good standard of privacy and dignity. Patients could lock their rooms, but staff could override the locks if needed. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Each bedroom door had a vision panel which enabled staff to undertake observations from the corridor without opening the door to minimise any potential disruption to patients sleeping. During our tour of the hospital, we positively noted that the vision panels were closed by default to protect the privacy of patients as people passed the rooms. However, some patients indicated that they do not have curtains on bedroom windows which interrupts their sleep. The health board must ensure that appropriate and safe curtains are placed in patient bedrooms.

Patients were able to personalise their rooms and store their own possessions. Personal items were risk assessed on an individual basis for the safety of each patient. This included the use of personal mobile phones. A telephone was available at the hospital for patients to use to contact friends and family if needed.

The ward provided mixed gender which can present challenges around aspects of dignified care. On the first night of the inspection, we observed a female patient who had just been admitted onto the ward. This female was placed on the male corridor some distance away from the nursing office, potentially placing the female in a vulnerable position. The health board needs to consider gender segregation and ensure that proper safeguards are put in place, and that care plans and risk assessments are completed accordingly.

There were laundry facilities at the hospital and patients are encouraged to use them with support from staff where needed. However, one washing machine was out of use. Staff told us the broken washing machine had been in this condition for 3 months. We were told that this had been reported to the hospital maintenance team but had not yet been replaced. The health board must ensure that the washing machine is replaced or fixed.

We were told that when patients leave the ward for activities staff going with them remain in uniform. This needs to be reviewed as is a dignity issue for patients.

Communicating effectively

All patients we spoke with stated that they felt safe and able to speak with a staff member should they need to. Patients told us they were happy at the hospital and that staff were kind and helpful. There was clear mutual respect and strong relational security between staff and patients.

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

There were a number of meetings involving patients and staff. These meetings included formal individual care planning meetings and group community meetings.

Staff at the hospital who spoke Welsh had uniforms identifying them as Welsh speakers. This enabled patients and visitors to communicate in Welsh with staff members.

Patient information

Written information was displayed on the ward for patients and their families. We saw that posters displayed information about advocacy services and how patients

could provide feedback on the care they received on the ward. Information on visiting times was also displayed.

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

Patient status at a glance board were in the nursing office. The boards were out of sight of patients which helped protect patient confidentiality.

Timely care

Timely Access

The ward held daily bed status management meetings to establish the bed occupancy levels, and to discuss patients who had been placed in other wards within the health board or independent providers.

Bryngofal Ward has a designated Section 136 suite. The suite complied with the National Institute for Health and Clinical Excellence (NICE) standards, and the hospital ward and police had an agreed protocol on the use of the suite. It was positive to see that the health board had made improvements to the Section 136 suite since the last inspection, however, we recommend that the health board consider observation mirrors to help staff check that access to concealed areas or corners in the rooms of the Section 136 suite are safe.

We were also told that meetings took place between the police and ward staff to evaluate admissions and frequency of use of the suite. It was positive to hear that any lessons learnt, and organisational feedback would be discussed during these sessions and fed back to staff from both organisations. Close partnership working with the police and effective use of the Section 136 suite is crucial to ensure that people presenting with mental health issues are getting the right care in the right setting. It was positive to see Police representation on the daily bed status management meeting.

Individual care

Planning care to promote independence

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

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

We looked at the records for patients who were detained under the Mental Health Act (the Act) and saw that documentation required by legislation was in place within the sample of patients' records we saw. This showed that patients' rights

had been promoted and protected as required by the Act. The quality of these documents is discussed later in the report.

People's rights

Legal documentation we saw to detain patients under the Act was compliant with the legislation.

Information was displayed on the wards to inform patients, who were not restricted by the Act, about their rights to leave the ward.

Patients who completed questionnaires confirmed that they had been given the opportunity to have a copy of their detention papers.

Due to Welsh Government restrictions associated with COVID-19 legislation, visitors were not allowed on to the hospital ward. However, some patients could meet with family and friends within the hospital grounds. Other patients could keep contact with family and friends by telephone and video calls.

Listening and learning from feedback

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

Information was displayed for patients and their families on how they could supply feedback or raise a concern or complaint. Suggestion boxes were available which could be used by patients and their families to provide feedback about the service.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. The health board also had a process in place where patients could escalate concerns via the health board Putting Things Right complaints procedure.

Discharge packs also contained surveys for patients to complete. The ward manager would review these to see where improvements are required or where good practice had been highlighted. This information would be shared and discussed with staff.

Delivery of Safe and Effective Care

Safe Care

The hospital ward was accessible for those with restricted mobility and wheelchairs. Wheelchair accessible rooms were available for both male and female patients.

Staff wore personal alarms which they could use to call for help if needed. There were also nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could summon aid if needed.

We saw evidence of various risk assessments that had been conducted including, ligature point risk assessments and fire risk assessments. We were told of the environmental checks that are completed and saw evidence of the weekly ward manager checks.

During discussions with staff, it was unclear if bank staff used by the ward were trained in physical interventions to manage patient aggressive or self-harming behaviours. Some staff told us that all regular bank staff are trained, whilst others told us they are not. The health board must ensure that when bank staff are used on the wards there are enough staff trained in physical intervention techniques to ensure the safety of patients and staff. The health board needs to review its policy around bank staff working on mental health wards and the training required.

The inspection team considered the environmental tour of the hospital on the first night of the inspection and the remaining days. Our observations concluded that the environment of care required some improvements. Overall, the environment of care was clutter free, however, some areas of the ward looked stark and clinical. The following areas of improvements are required:

- Staff offices and communal areas require refresh and repainting
- Broken bench in the garden area needs replacing and the garden area requires improvements
- Carpets need replacing with proper flooring to prevent hazards and risks of infection
- The flooring in the main patient area was marked, worn, and damaged which could be an infection hazard
- Hot and cold beverage/drink bay needs a complete refurbishment, and a fridge must be made available for the patients (this has been highlighted in previous inspections)
- a designated office space available on the ward for doctors and medical staff would benefit patients and staff.

Infection prevention and control

We found suitable IPC arrangements in place at the hospital. A range of up-to-date policies were available that detailed the various infection control procedures to keep staff and patients safe. Regular audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures.

Cleaning equipment was stored and organised appropriately. There were suitable arrangements in place for the disposal of clinical waste. However, we noted four full sharps boxes stored on the clinic floor on the second day of the inspection waiting to be disposed of. These should be disposed of promptly.

In addition, the closure tops of the sharps boxes currently being used were not closed. The health board must ensure that the full sharp boxes are disposed of and that closure tops are closed.

We saw evidence to confirm that the health board conducted necessary risk assessments and updated relevant policies and procedures to meet the added demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. We also examined COVID-19 documents, which supported staff to ensure they remained compliant with policies and procedures.

Nutrition and hydration

Patients were supported to meet their dietary needs.

We found that patients were provided with a choice of meals. We saw that a varied menu was displayed, and patients told us that they had a choice of what to eat. Drinks and snacks were available throughout the day. Most patients told us that they enjoyed the food and felt that it was of good quality. However, feedback about the food from patients who completed questionnaires was variable; half of the patients agreed, while half of the patients disagreed, that the food at the hospital was good and that it met their dietary requirements.

As highlighted above patients did have access to a small open kitchen to make hot or cold drinks however, there was no fridge for patients to store the milk and we observed milk being left unrefrigerated. This whole area required refurbishment.

Medicines management

Relevant policies, such as medicines management and rapid tranquillisation, were in date and available to staff electronically on computers in the clinic rooms.

Medication records were comprehensive and complete, and we saw evidence of audits taking place. There was good evidence of staff ensuring that patients had individualised medication management plans. It was clear that patients had been involved in these plans and that discussions had taken place.

Physical health monitoring is consistently recorded in patient records; however, we did not find any evidence that the side effects of medication are routinely discussed with the patients. To fully assess patients for any side effects from medication, a rating scale should be used.

There needs to be a more extensive recording of physical health monitoring as previously mentioned. Weight gain is a common side effect and therefore patients should be referred to dietetics should the weight gain be excessive for further support.

There was regular pharmacy input and audit undertaken that helped the management, prescribing and administration of medication on the ward. The designated pharmacist who is currently undertaking a prescribing course and undertakes regular audits on medication. There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature.

There were arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records we viewed evidenced that twice-daily checks were conducted with nursing signatures confirming that the checks had been conducted.

The Medication Administration Records reviewed were fully completed by staff. We saw several medication rounds, and saw that staff undertook these appropriately and professionally, interacting with patients respectfully and considerately.

The clinical room was generally well organised; however, the shelving was messy and more robust storage should be considered as the shelves looked overcrowded and unsafe. The ward First Aid box was stored on top of the cupboards in the clinic, making it difficult to reach it, if needed. The contents were complete and in date.

Safeguarding children and safeguarding adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board's safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Medical devices, equipment and diagnostic systems

We saw evidence of weekly checks being undertaken on resuscitation and emergency equipment held on each ward. Staff had documented when these had occurred to ensure that the equipment was present and in date.

On the first night of the inspection, we noted that the oxygen cylinder on the emergency trolley did not have oxygen piping and a mask attached which enables staff to provide response in a timelier manner during an emergency. We brought this to the attention of the ward manager, who reassured us that the items were present but were not visible and this was immediately resolved.

Effective care

Safe and clinically effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked and robustly supervised.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with many examples where they were reviewing the provision of service on the ward and the wider health board. This was to help in the modernisation of care and implement innovation to develop the service. Since our last inspection, the health board had redesigned the Section 136 suite allowing the person being or waiting to be assessed to access a small garden area without them having to walk through the communal area of the main ward.

It was positive to note that the health board had an established agreement with St John Ambulance to support staff and patients with any travel arrangements for admissions or discharge.

It was also positive to hear of the ongoing developing plans where the health board was focussing on keeping patients local via the daily bed conferencing meetings.

Record keeping

Patient records were being kept electronically. The electronic system was password protected to prevent unauthorised access and breaches in confidentiality. We used the system throughout the inspection and found patient records to be comprehensive and well organised.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act Monitoring

We reviewed the statutory detention documents for three patients at Bryngofal Ward.

All patient detentions were found to be legal according to the legislation and well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information.

However, we identified that a number of consent to treatment certificates had expired, meaning that there was no authority to give medication. In addition, we found no evidence of Section 62 being recorded in patients notes for those that had expired.

It is recommended that the health board review their Section 62 forms and ensure that the forms are received by the mental health team before the end of the working day to ensure that all certificates are up to date and the correct entries documented for medication to be authorised.

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

We reviewed the care plans of three patients. We reviewed a sample of care files and found that they were kept to a good standard.

Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

There were comprehensive needs and risk assessments completed throughout the patient admission which linked to the plan of care and risk management strategies implemented on the ward. There was evidence of multidisciplinary involvement in the care plans, which reflected the domains of the Mental Health (Wales) Measure.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations.

It was positive to see that care files clearly showed patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included the views of the patients and quotes from the patients were used to reflect their views. All patients who completed questionnaires said that they had felt involved in the development of their care and treatment plan. Overall, the nursing documentation viewed was good and physical assessments were comprehensive.

During the review of care plans we noted that there was no place in the documentation to document side effects, and rating scales to monitor these would have been useful. Also, capacity is not routinely documented in relation to decisions around care and there were no areas to record this.

Quality of Management and Leadership

Governance, Leadership and Accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

There was dedicated and passionate leadership from senior ward staff, who are supported by committed ward multidisciplinary teams and senior health board managers. We found a friendly, professional staff team who showed a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of most patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. Close and productive working with the community mental health teams supported this.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

We found improvements had been made in a number of areas since our previous inspections at the hospital. It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings, and recommendations.

Workforce

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection. However, on the night of our arrival it was noted that there was only one qualified nurse on duty for the night shift, instead of the expected two. This had been backfilled with a Health Care Assistant.

Staff showed strong team working and appeared motivated to provide dedicated care for patients. Staff we spoke with were positive about the support they received from colleagues, and leadership by their managers.

We saw evidence of staff annual appraisals in staff files and there was evidence of regular staff meetings.

We reviewed staff training. Whilst it was clear that the ward manager was monitoring this, there were deficiencies in mandatory training. Training figures for

Moving and Handling were 18.75%, basic life support 38.71%. The health board must ensure staff are supported to attend training and that training compliance is scrutinised on a regular basis by senior management to ensure compliance. We were reassured by the ward manager that training for the previously mentioned courses had been arranged.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Bryngofal Ward

Date of inspection: 11 - 13 July 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurances were issued on this inspection.				

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: Bryngofal Ward - Prince Philip Hospital

Date of inspection: 11 - 13 July 2022

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/ Regulation	Service action	Responsible officer	Timescale
Patients are assessed in a timely manner if they have physical health problems and for doctors on the ward to feel supported by their colleagues on the general wards.	1.1 Health promotion, protection, and improvement	Senior medical staff from Mental Health Services and General Acute Services in Prince Philip Hospital to liaise and discuss how communication to support timely assessments and support can be improved upon for doctors	Associate Medical Director Mental Health and clinical Director Prince Philip Hospital	30 th November 2022
Work must be undertaken to improve the appearance of the garden.	1.1 Health promotion, protection, and improvement	Estates will review the garden and identify work plan to improve appearance.	Head of Estates Department	30th November 2022

Appropriate and safe curtains are placed in patient bedrooms	4.1 Dignified Care	Estates to review environment in bedrooms and identify work plan to replace curtains	Head of Estates Department	30th November 2022
consider the placement of females the male corridor and ensure that proper safeguards are in place and that care plans are updated.		Every admission is risk assessed for vulnerability and risk in relation to sex/gender. Care plan and Risk Management Plan and bedroom allocation reflects this plan.	Ward Manager	Completed July 2022
The washing machine is replaced or fixed.	4.1 Dignified Care	Estates work to be carried out and regular maintenance of washing machine to be arranged.	Head of Estates	December 2022
Review staff wearing uniforms when taking patients out on activities from hospital.	4.1 Dignified Care	Memo circulated to all staff advising that own clothes are too be brought into work to escort patients on leave off the Ward.	Ward Manager	Completed July 2022
Invest in appropriate observation mirrors to enable staff to see concealed areas in section 136 suite.	2.1 Managing risk and promoting health and safety	Estates to review environment and work plan formulated to ensure appropriate observation mirrors are in use	Head of Estates	December 2022

Review policy around bank staff being trained in physical interventions on mental health wards.	2.1 Managing risk and promoting health and safety	Senior Nurse and Ward Manager met with Manager of the Nurse Bank Office. It has been agreed that once bank staff have completed shadow shifts, they will be booked on to RPI training prior to working independently on ward	Ward Manager Senior Nurse Manager of Nurse Bank Office.	Completed July 2022
Staff offices and communal areas require refresh and repainting.	2.1 Managing risk and promoting health and safety	Estates to review and build in regular maintenance of surroundings into work plan	Head of Estates	March 2023
Carpets need replacing with proper flooring to prevent hazards and risks of infection The flooring in the main patient area was marked, worn, and damaged which could be an infection hazard	2.1 Managing risk and promoting health and safety	Estates work to be carried out and regular maintenance of flooring and surroundings to be arranged. Estates to review	Head of Estates	December 2022
Tea bay needs a complete refurbishment, and a fridge must be made available for the patients.	2.1 Managing risk and promoting health and safety	Estates to review to be carried out including the provision of a fridge and regular maintenance	Head of Estates	March 2023

		of tea bay and surroundings to be arranged.		
A designated office space is made available on the ward for Dr and medical staff.	2.1 Managing risk and promoting health and safety	Senior Nurse and Ward Manager have identified area. Estates work required to modify area.	Head of Estates	March 2023
Full sharp boxes must be disposed of	2.1 Managing risk and promoting health and safety	Sharps boxes have been collected by Porters. Procedure in place to contact Porters for collection in future.	Ward Manager	Completed July 2022
Sharp boxes must have closure tops on when in use	2.1 Managing risk and promoting health and safety	Memo sent to staff as a reminder to ensure all sharps boxes have closure tops on when in use.	Ward Manager	Completed July 2022
Shelving in clinical room is replaced and reorganised	2.1 Managing risk and promoting health and safety	Estates work to be carried out and regular maintenance of shelves and surroundings to be arranged. Shelves to be reorganised once Estates work has been completed.	Head of Estates Ward Manager	December 2022

Consent to treatment forms and Section 62 forms are reviewed and in date	3.5 keeping	Record	Process for reviewing the Consent to Treatment form has been carried out. The Mental Health Act Department notify ward of expiry dates. These dates are also checked biweekly in Ward Round and Business Meeting by MDT and Pharmacist.	Ward Manager Mental Health Act Department	Completed July 2022
Care notes document side effects, and rating scales to monitor these.	3.5 keeping	Record	Side effects from medication to be documented in summary reports during ward round, and LUNSER rating scale to be used if required, this has been communicated to staff via email and memo.	Senior Nurse	Completed July 2022
Ensure capacity is routinely documented in relation to decisions around care and there were no areas to record this.	3.5 keeping	Record	Summary report on ward rounds has been amended to include service user capacity. Capacity is now documented in summary reports during ward round.	Senior Nurse	Completed July 2022
Mandatory training figures are improved.	7.1	Workforce	Improvement plan in place for mandatory training this is being	Ward Manager Senior Nurse	Completed July 2022

		monitored weekly by Ward Manager and Senior Nurse.		
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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 Lisa Bassett

Name (print): Lisa Bassett

Job role: Ward Manager

Date 07/09/22