

# Hospital Inspection Report (Unannounced)

Tawe Ward, Ystradgynlais  
Community Hospital, Powys  
University Health Board

Inspection date: 9 - 11 January 2023

Publication date: 4 May 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-80535-904-3

© Crown copyright 2023

# 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 .....	5
2. Summary of inspection.....	6
3. What we found .....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership .....	18
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection .....	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan .....	23

# 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 Tawe Ward, Ystradgynlais Community Hospital, Powys University Health Board on the evening of 9 January 2023 and the following days of 10 and 11 January 2023. Tawe Ward provides mental health services for older adults of both genders, experiencing organic or functional disorders.

Our team for the inspection comprised of one HIW Healthcare Inspector, three clinical peer reviewers and one patient experience reviewer. 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.

This is what we recommend the service can improve:

- Provide health information on the ward for patients and visitors
- Upgrade the appearance of the garden and to make it safe for patients to use.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff.

### Delivery of Safe and Effective Care

Overall summary:

The hospital environment was equipped with suitable furniture, fixtures, and fittings for the patient group, however, there were outstanding environmental issues that needed to be resolved.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care. However, some improvements are required in relation to updating policies and compliance with mandatory training.

This is what we recommend the service can improve:

- Maintenance of the hospital facilities
- Organisation and completion of patient records
- Care plan documentation

This is what the service did well:

- Safe and effective medicine management.

## 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:

- Completion of mandatory training
- Completion of supervision and appraisals
- Regular staff meetings should take place and be minuted.

This is what the service did well:

- Staff were positive about the support and leadership they received
- Motivated and patient focused staff team.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Staying Healthy

##### Health Protection and Improvement

We handed out HIW questionnaires during the inspection to obtain views on the service provided at the hospital. We received no responses to the questionnaires. However, family members spoken to during the inspection spoke highly of staff and the care provided to their relatives. We also reviewed internal patient feedback logs to help us form a view on the overall patient experience.

We noted positive compliments through thank you letters and cards.

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.

We checked if patients had access to outdoor spaces. The ward had a garden area, however, this area was overgrown and had a notable number of weeds, broken furniture and was not safe for patients to use. This was disappointing as the garden area could be a useful 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 to use.

It was also disappointing to see that the conservatory room leading out onto the garden area was not safe for patients to use. The conservatory was cluttered with occupational therapy equipment, and it appeared to be used as a storage room. The health board must ensure that this area is decluttered as this could be used as an additional room for patients to meet with friends and family and enjoy the view of the garden.

Tawe Ward had a large dining area and lounge for patients to socialise, watch TV and participate in activities. There was one bathroom, which was well equipped and contained a supported bath. The ward also had a shower room for patients. Male and female toilet facilities were also available.



Clocks were available on the ward; however, these were small and possibly difficult for the patient group to read. The health board should consider using dementia friendly clocks to assist the patient group.

The main patient areas on the ward did not appear very welcoming or interesting for the patient group. There were no pictures on the walls, and they were sparsely decorated. The health board should review this and make some improvements to make the patient areas more interesting for the patient group.

There were appropriate aids available to provide additional support for patients if required.

## **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.

Staff we spoke to demonstrated a good level of understanding of the patients they were caring for.

Patients were able to personalise their rooms and store their own possessions. A telephone was available at the hospital for patients to use to contact friends and family if needed.

### **Communicating effectively**

During the inspection we observed staff engaging and communicating in a positive way with patients.

We saw that staff engaged with patients in a sensitive way and took time to help them understand their care using appropriate language.

### **Patient information**

We noted there was limited information displayed in the hospital to help patients and their families understand their care. There were no details on display about

organisations that can provide help and support to patients and families affected by mental health conditions.

There was no information available on display on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales.

Staff told us that information on advocacy, and other support networks was available, however this was not displayed for patients or family members to see.

The health board must review the notice boards on the ward and ensure that information is up to date and relevant. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.

## **Timely care**

### **Timely Access**

The ward held 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.

Access to the hospital out of hours was difficult, the call bell was not working, and the outside wall mounted phone was in a poor condition. The health board must ensure that these are fixed or replaced.

## **Individual care**

### **Planning care to promote independence**

There were limited facilities for patients to see their families in private. We were told that space would be made available in the dining room or in the patient's own bedroom.

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 patient 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**

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

Legal documentation we saw to detain patients under the Mental Health Act was compliant with the legislation. However, while reviewing one record, we noted that there were no capacity assessments being recorded. Therefore, there was no record to determine if the patient had capacity to make informed decision around:

- Administration of medication within the ward environment
- Understanding the salient points of having been admitted onto a locked ward with all its inherent restrictions.

### **Listening and learning from feedback**

There was the opportunity for patients, relatives, and carers to provide feedback on the care provided via the NHS Putting Things Right process. Senior ward staff confirmed that wherever possible they would try to resolve complaints immediately.

There was no evidence of regular patient meetings taking place, where patients would have the opportunity to discuss any improvements or patient initiatives.

It was positive to note that the hospital kept a record of thank you cards, and compliments received from patients' family members and friends.

# Delivery of Safe and Effective Care

## Safe Care

### Managing risk and promoting health and safety

Access to the ward was secure to prevent unauthorised access. Staff could enter the ward with an identification code and visitors rang the buzzer at the ward entrance.

We noted that staff were not wearing alarms and there was no policy or risk assessment in place to indicate why staff were not given alarms. Given that there is no psychiatric emergency response available other than on the ward, this presents a risk to staff and patient safety.

There were nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could summon aid if needed. However, nurse calling point control panels were flashing faults. The health board need to fix this fault to ensure that the alarm system is working correctly.

We saw evidence of various risk assessments that had been conducted including ligature point risk assessments and fire risk assessments. However, the current ligature risk assessment needs to include one specific area. This was not included in the current one presented to the inspection team. The health board should document how they will mitigate this risk. In addition, the health board should review the location of the ligature cutters so that all staff can have access in an emergency.

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort. Any use of restraint was documented. Information produced to the inspection team confirmed that restraint data was low.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX).

The inspection team considered the hospital environment during a tour of the hospital on the first night of the inspection and the remaining days of the inspection. Overall, the ward appeared clean and tidy, however we identified several decorative and environmental issues that required attention:

- Flooring in corridor outside Ward Managers office needs replacing

- Ceiling tile outside the ward entrance door needs replacing
- Some patients' bedrooms don't have magnetic curtains on doors or windows which could interrupt sleep and is a dignity issue
- Dripping tap in the sluice and one of the bedroom areas needs fixing
- Overloaded extension leads in the staff room.

Most of the above issues had been raised within the environmental spot checks undertaken by the Ward Manager but had not been resolved by the health board. It is important that the health board resolve these issues to ensure staff and patient safety on the ward.

### **Preventing pressure and tissue damage**

We found that appropriate checklists were completed, and any ongoing risks would be monitored. Pressure relieving mattresses and cushions were available and being used.

### **Falls prevention**

There were risk assessments in place for patients on the ward. We found that ward staff assessed patients for their risk of falling and made efforts to prevent falls.

Patient falls would be reported via the health board electronic incident recording system. Staff explained that the incident reporting system would be followed to ensure lessons were learnt and acted on appropriately.

### **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.

We also saw that staff had access to, and were using, personal protective equipment (PPE) where appropriate. Staff we spoke to confirmed that PPE was always readily available. Sufficient hand washing and drying facilities were available.

On the first night of the inspection, we noted an overflowing clinical waste bag in the rear of Adelina Patti Ward which is an adjoining ward to Tawe Ward, this was

immediately dealt with by the ward manager and was not part of a ward managed by the mental health team based at the hospital. This was brought to the attention of staff and immediately removed.

The wall mounted PPE stations need to be reviewed, PPE aprons were hanging out of the stations and pose a risk of infection and other safety risks.

### **Nutrition and hydration**

The hospital provided patients with meals on the ward, making their choices from the hospital menu. We were told that specific dietary requirements were accommodated and if patients missed mealtimes, they would be provided with sandwiches. Staff said patients make their food choices in advance and stated if a patient changes their mind they can usually be accommodated with another option.

The dining room was clean and tidy and provided a suitable environment for patients to eat their meals.

### **Medicines management**

Overall, we noted that medication was securely stored. Staff locked the clinic room and medication cupboards to prevent unauthorised access.

Staff locked medication fridges when not being accessed. There was evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the manufacturer's advised temperature.

There was regular pharmacy input and audit undertaken that helped the management, prescribing and administration of medication on the ward. It was also positive to see that in patient records, discussions between the consultant psychiatrist and pharmacist on suitability of medication for patients had been documented, discussed and reviewed.

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.

### **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**

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. Ligature cutters were currently kept in the clinical room. The health board should consider having additional ligature cutters placed elsewhere on the ward to ensure that all staff can have easy access in an emergency.

Staff told us that there was no defibrillator on the ward, however they could access one if needed from another area of the hospital. It would be beneficial for staff if they had a defibrillator specifically for Tawe Ward.

## **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 reviewed in governance meetings.

### **Information governance and communications technology**

We found that patient records and identifiable patient data was not always kept securely to ensure that confidentiality was maintained. The Patient Status at a Glance board was in the nursing office. However, the board was visible to patients and visitors. The health board must make every effort to consistently protect patient confidentiality.

### **Record keeping**

Patient records were mainly paper files that were stored and maintained within the locked nursing office, with some electronic documentation, which was password protected.

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 patient on Tawe Ward.

Whilst it was evidenced that patients were being informed of their rights under the Act on detention, there was no record of ongoing provision of rights as directed by the Mental Health Act Code of Practice for Wales. This means that patients may not be fully aware of their rights under the Act.

Copies of detention papers were not available in records we reviewed. The health board must ensure that copies of detention papers are held with patients record.

A review of patient records also highlighted that there was limited involvement from advocacy services. The health board needs to consider how it fulfils individuals right to advocacy and how the hospital can support and ensure that independent patient representation is provided at the hospital.

Errors were also noted on some forms, were crossing outs were initialled and not signed in full.

There were also incomplete pages of the joint medical recommendation for admission for treatment (HO7) and record of detention (HO14) forms, which seem to have been separated from copies of the original legal forms, so it appears that two sets of documents were on file. The health board must ensure that the Mental Health Act office undertake regular audit activity of the records to ensure that records are well maintained, fully completed and easy to navigate.

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

We reviewed the Care and Treatment Plans of four patient records and highlighted areas where improvements are required.

Patient care plan records were not being regularly assessed and monitored by the health board to ensure quality of the service and to identify, assess and manage risk relating to safe patient care. Risk assessments were not up to date or comprehensive enough to enable a member of staff who does not know a patient to be confidently aware of the risks.

This would be of particular concern for an agency member of staff attending the ward for the first time where it would be very difficult for them to understand patient behaviours and the appropriate actions to take to manage them.



Of the care plans reviewed; we identified several areas that required improvement.

- No evidence of pain assessment being completed
- Risk assessments not completed when change in patient presentation
- Some Section 17 leave forms incomplete (no date of review)
- Unmet needs not completed
- Dols care plan only partially completed
- Nursing assessment not completed six days post admission
- Lack of reference to discharge planning in notes
- Lack of structure around admissions and treatment goals during the admission.

In addition, we would recommend that the current patient records need to be reviewed and any information that is no longer relevant is removed. The files used by staff were extremely bulky and challenging to navigate. The health board should review the patients records to make them more user friendly.

# Quality of Management and Leadership

## Governance, Leadership and Accountability

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

We found that staff were committed to providing patient care to high standards. Throughout the inspection, staff were receptive to our views, findings and recommendations.

Staff were positive about the support they received from their colleagues and management teams.

We were told that staff meetings did take place, however these were not structured. The health board must ensure that regular team meetings can take place, these should be planned to make this a more meaningful, supportive, and valuable process for staff. The meetings should also be documented, and records kept.

## Workforce

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.

Staff also told us that they were supported by the doctors working on Adelina Patti Ward who were always available to support Tawe Ward patients with any physical health needs.

During our time on the ward, we observed 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.

The inspection team considered staff training compliance and was provided with a list of staff mandatory training compliance. Training figures indicated that improvements are required with 60% overall compliance with mandatory training. We were told that these figures would be immediately improved as staff sickness and maternity leave had affected compliance. In addition, the health board advised us that the impact of the Covid -19 pandemic had impacted on training figures. The health board must ensure that mandatory training compliance figures are improved.

The inspection team were provided with a range of policies, however, upon review most of the versions we received had passed their review date. The following policies were found to be out of date:

- Physical health and Monitoring procedure due for review August 2021

- Therapeutic engagement and observation policy due for review November 2022
- Putting things right Policy due for review May 2021
- Rapid Tranquilisation policy due for review November 2022.

The health board must make sure that all policies are updated and reviewed.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

There were vacancies on the ward. We were told that positions had been advertised and the management team told us they were trying to fill vacancies and recruit permanent staff to reduce the requirement to use agency staff.

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection.

## 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
Clinical waste disposal found outside adjoining ward	Hazard and safety issue	Immediately brought to the attention of Ward Manager	Clinical waste disposed of

## Appendix B - Immediate improvement plan

**Service:** Tawe Ward - Ystradgynlais Community Hospital

**Date of inspection:** 9 - 11 January 2023

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 identified				

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: Tawe Ward - Ystradgynlais Community Hospital

Date of inspection: 9 - 11 January 2023

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
The health board must ensure that improvements are made to the garden area to make it a safe and useable space for patients.	1.1 Health promotion, protection, and improvement	PTHB Estates service have visited to review. It has been placed on the works schedule but this will be raised each month at the Estates management meeting	Older Persons Service Manager, South Powys	Some works already carried out but will continue to pursue the remainder with the aim to be completed by estates by November 2023
The health board must ensure that the conservatory area is decluttered and not used as a storage room.	1.1 Health promotion, protection, and improvement	Area has now been decluttered. The ward manager will state that it has never worked as conservatory due to its small size and because of its use as an emergency exit	Ward manager, Tawe	This has been completed

<p>The health board should consider the use of dementia friendly clocks on the ward.</p>	<p>1.1 Health promotion, protection, and improvement</p>	<p>The ward manager has ordered dementia friendly clocks which meet ligature requirements</p>	<p>Ward manager, Tawe</p>	<p>31/03/2023</p>
<p>The health board should review patient areas and make some improvements, so these areas become more interesting for the patient group.</p>	<p>1.1 Health promotion, protection, and improvement</p>	<p>The ward environment can now be enriched as part of the post Covid return to normality. Pictures and photos were stored during Covid and these will be put back in place</p>	<p>Ward manager, Tawe</p>	<p>30/04/2023</p>
<p>The health board must ensure that a range of information for patients is displayed within the ward that includes:</p> <ul style="list-style-type: none"> <li>• The NHS Putting Things Right process</li> <li>• Guidance around mental health legislation</li> <li>• Healthcare Inspectorate Wales</li> <li>• Healthy eating and well-being.</li> <li>• Advocacy Service</li> </ul>	<p>4.2 Patient Information</p>	<p>The leaflets and information boards will be reinstated as part of the post Covid return to normality. The ward manager will ensure that the leaflets are applicable and relevant and will include those listed in the “improvement needed” column</p>	<p>Ward manager, Tawe</p>	<p>30/04/2023</p>



The health board must ensure that the call bell and phone at the hospital's main entrance is fixed or replaced.	2.1 Managing risk and promoting health and safety	This has been raised with Estates Dept. The phone will be removed and a new system will be installed. Any calls made using the new system will be directed to Adelina Patti ward	Community Services Manager, South Powys	30/04/2023
The health board must ensure that capacity assessments are recorded and included in patient records.	6.2 Patients' rights.	Capacity assessments are stored electronically at present, but any subsequent assessments will also be printed and inserted into the clinical notes	Ward manager, Tawe	Completed and monitored on an ongoing basis
The health board must make sure that staff have access to personal safety alarms.	2.1 Managing risk and promoting health and safety	To explore the pros and cons of either an audible alarm or electronic system. The most appropriate system will be used when agreed and ordered	Operations Manager Mental Health	30/04/2023 for decision  31/07/2023 for implementation
The health board must ensure that the nurse call point boxes are fixed and working.	2.1 Managing risk and promoting health and safety	Nurse call point now fixed	Ward manager, Tawe	Completed

<p>The health board must ensure that that an additional safety issue is placed on the current ligature audit and a description to stipulate how they will mitigate the risk.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>The ward ligature risk assessment has been updated. A walk around to further review the ward from a ligature perspective will be arranged with the Health and Safety team</p>	<p>Older Persons Service Manager, South Powys</p>	<p>31.06.2023</p>
<p>The health board should review the current location of ligature cutters to ensure that all staff can have access in an emergency.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>The current location (clinic room) is the only area that maximises safe storage of the ligature cutter. There are other options but these will need to be explored in terms of accessibility and safety before any decisions made</p>	<p>Head of Nursing Quality and safety</p>	<p>30/05/2023</p>
<p>The health board must ensure that the following environmental issues are resolved:</p> <ol style="list-style-type: none"> <li>1. Flooring in corridor outside Ward Managers office needs replacing</li> <li>2. Ceiling tile outside the ward entrance door needs replacing</li> </ol>	<p>2.1 Managing risk and promoting health and safety</p>	<p>Items 1,2 &amp; 4 have been recorded on the health board's FM system (Works schedule)</p> <p>Item 3 - the current system is the optimum solution that can be provided. Other options were previously explored but did not meet the needs of the patient group in terms of safety</p>	<p>Director of Environment and Assistant Director Estates</p>	<p>31.04.2023</p>

<ul style="list-style-type: none"> <li>3. Some patients' bedrooms don't have magnetic curtains on doors or windows which could interrupt sleep and is a dignity issue</li> <li>4. Dripping tap in the sluice and one of the bedroom areas needs fixing</li> <li>5. Overloaded extension leads in the staff room.</li> </ul>		Item 5 - has now been rectified		
The health board must ensure that the wall mounted PPE stations are made safe	2.1 Managing risk and promoting health and safety	The aprons supplied to the health board are packaged in a way that makes containment easy. This issue will be raised with the Infection Prevention and Control lead to ascertain level of risk and possible solutions	Infection Prevention and Control Lead	31/04/2023
The health board should consider placing a defibrillator on Tawe Ward.	2.1 Managing risk and promoting	This has been raised with the Health and Safety Lead for the Health Board	Older Persons Service Manager S Powys, Ward manager, Tawe and Health and Safety lead	31.04.2023

	health and safety			
The health board must ensure that Patient Status at a Glance board is covered to protect patient details.	4.1 Dignified care	New pull down blind ordered to cover the board	Ward manager, Tawe	31/03/2023
The health board must ensure that copies of detention papers are kept with patient records.	6.2 Peoples rights	Further clarity has been requested from HIW  All copies of MHA paperwork are inserted into clinical records	Ward manager, Tawe	
The health board must ensure that advocacy support is available for all patients.	4.2 Patient Information	Further clarity has been requested from HIW		
The health board must ensure that errors and crossing outs are signed and not initialled.	3.5 Record keeping	All staff made aware of the need to sign and date any error changes made to records	Ward manager, Tawe	Completed
The health board must ensure that all Mental Health Act forms are all completed in full	3.5 Record keeping	This relate specifically to the non-completion of review dates for Section 17 leave, All medical staff to be reminded to complete	Clinical Director Mental Health	Completed

<p>The health board must ensure that the Mental Health Act office undertake regular audit activity of the records to ensure that records are well maintained, fully completed and easy to navigate.</p>	<p>3.5 Record keeping</p>	<p>An audit cycle is being agreed with the Mental Health Act lead</p>	<p>Head of Nursing Quality and safety</p>	<p>31.04.2023</p>
<p>The health board must ensure that care plans contain:</p> <ul style="list-style-type: none"> <li>• Evidence of pain assessment being completed.</li> <li>• Risk assessments are completed when change in patient presentation.</li> <li>• Section 17 leave forms are fully completed</li> <li>• Unmet needs are completed</li> <li>• Dols care plan are fully completed</li> <li>• Nursing assessments are completed on admission</li> <li>• Details on discharge planning in notes</li> </ul>	<p>3.5 Record keeping</p>	<p>A full review of the documentation used by mental health wards is underway to ensure that the correct paperwork is completed. The ward manager and deputies will audit the notes monthly in which they will address the issues raised in the "needs improvement" column</p>	<p>Ward Manager, Tawe</p>	<p>Completed</p>

<ul style="list-style-type: none"> <li>Structure around admissions and treatment goals during the admission.</li> </ul>				
<p>The health board must ensure that patient records are organised and contain relevant and up-to-date information.</p>	3.5 Record keeping	<p>Consideration to be given to the creation of mental health only patient notes as this will aid organisation and relevancy. To be raised with senior managers in the mental health service</p>	Older persons Mental Health Service Lead	31/03/2023
<p>The health board must ensure that staff meetings are recorded, and minutes can be produced when requested.</p>	Governance, Leadership and Accountability	<p>Staff meetings have been held but given capacity, patient acuity and staffing issues they are not held at present. Ward manager to issue dates of future meetings which will be minuted. Attendance will be monitored and reasons for cancellation or low attendance will be recorded. Other avenue of meetings to be explored e.g virtual meetings</p>	Ward manager, Tawe	30/04/2023
<p>The health board must ensure that regular supervision takes place.</p>	7.1 Workforce	<p>The health board recognises that staffing and capacity issues has</p>	Operations Manager, Mental Health	30/04/2023

		made individual supervision problematic and is exploring ways of holding group supervision		
The health board must ensure that appraisals are regularly completed.	7.1 Workforce	Ward manager and deputy have put a plan in place to ensure that all appraisals have been completed by the end of May 2023	Ward Manager, Tawe	31/05/2023
The health board must ensure that all staff are compliant with mandatory training.		<ol style="list-style-type: none"> <li>1. Ward manager to ensure that all available staff have completed their online training within 3 months. As classroom training becomes available the ward manager will release staff to attend (taking into account staffing and patient acuity and maintain ward safety).</li> <li>2. Classroom training is not always available when</li> </ol>	<ol style="list-style-type: none"> <li>1. Ward Manager, Tawe</li> <li>2. Operations Manager Mental Health and Workforce Director</li> </ol>	31/05/2023

		needed and this will be raised with Workforce		
--	--	---	--	--

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):** Paul Hanna

**Job role:** Head of Nursing, Quality and Safety

**Date:** 21/03/2023