Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

NHS Mental Health Service Inspection (Unannounced)

Ysbyty Cwm Cynon

Ward 7

Cwm Taf Morgannwg University Health Board

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Contents

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 Ysbyty cwm Cynon, Ward 7 within Cwm Taf Morgannwg University Health Board on the evening of 13 January 2020 and following days of 14 and 15 January.

Our team, for the inspection comprised of one HIW Senior Healthcare Inspector, two clinical peer reviewers and one lay reviewer. The inspection was led by the HIW Senior Healthcare Inspector.

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

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 a committed staff group ensuring that patients had their basic care needs met. However, improvements could be made to support staff in providing greater individualised care for patients.

Improvements are required in the completion of clinical records to evidence in detail the care being provided and subsequent reviews.

The health board must ensure that policies are reviewed and up to date to direct staff in their professional practice.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- A range of dementia care initiatives
- Care for patient physical health needs and individual risks
- Implementation of Deprivation of Liberty Safeguards in line with legislation.

This is what we recommend the service could improve:

- The range of information and methods of communication suitable to patients with dementia and their families
- The environment of care to incorporate dementia care initiatives further
- The completion of clinical records in sufficient detail
- Embedding of clinical audits to improve and monitor the delivery of safe and effective care
- Joint learning and completion of commitments following outcomes of inspections.

3. What we found

Background of the service

Ward 7 provides NHS older persons mental health services at Ysbyty Cwm Cynon, New Rd, Mountain Ash CF45 4BZ, within Cwm Taf Morgannwg University Health Board.

The ward is a mixed gender organic[1] mental health ward and has 15 beds. At the time of inspection, there were 15 patients being cared for on the ward.

The service employs a staff team which includes a ward manager, deputy ward manager and a team of registered nurses, healthcare assistants and an occupational therapy assistant.

The ward is supported by the health board's clinical and administrative structures.

[1] An organic mental disorder is a dysfunction of the brain that may be permanent or temporary. It describes reduced brain function due to illnesses that are not psychiatric in nature. Organic mental disorders are disturbances that may be caused by injury or disease affecting brain tissues as well as by chemical or hormonal abnormalities. Exposure to toxic materials, neurological impairment, or abnormal changes associated with aging can also cause these disorders.

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 that staff interacted and engaged with patients appropriately and treated patients with dignity and respect. Staff were knowledgeable of each patient and strove to provide individualised care.

There was emphasis on providing care in a suitable dementia friendly environment, with some positive initiatives in place. However, further improvements can be made to the ward environment to make it more dementia friendly, for the patient group as a whole and for each individual patient.

Staying healthy

Patient records evidence that appropriate physical health monitoring and care was provided to patients on an individualised basis.

The ward had a designated full-time occupational therapy assistant who helped provide a range of activities and therapies on the ward. There was also input from other professionals such as occupational therapy, physiotherapy, dietetics and speech and language therapy depending on individual patient needs.

The ward held a "This Is Me"[2] folder to provide staff with readily accessible information about each patient to help enhance the care and support given while the person is in hospital. However, the file only contained completed copies for five of the 15 patients. During the inspection feedback we were informed that staff

[2] This is me' is a simple leaflet for anyone receiving professional care who is living with dementia. An example is available at https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me

also have access to an electronic version. The health board should consider how best to collate this information and whether a selection of this information should be displayed within the patient's individual bedroom in addition to the patient key information board. This board included what support the patient required with personal care and food, their religion, if they were a Welsh speaker and Do Not Attempt Resuscitation status.

There was a sign on entering the ward that encouraged family members to bring in personal items to help make bedrooms more homely, staff stated that this is also discussed with family members. However, whilst some patients had a selection of personal photographs within their bedroom, the health board should consider how to further incorporate each patient's This Is Me information into their individual bedrooms to help stimulate memories and aid reminiscence therapy[3] whilst being cared for and supported by staff in their bedrooms.

The ward had access to facilities and equipment, including assistive technology, to aid individual and group reminiscence. This included therapeutic spaces that were reminiscence orientated, such as the onward sweetshop and sensory room equipped with items and equipment to stimulate memories. There were a selection of other items to aid ad-hoc or structured activities such as empathy dolls, a wall-mounted fiddle board and electronic devices. Disappointingly whilst we observed some activities being undertaken on the ward, some of these resources appeared to be underutilised during our inspection.

Whilst the ward was pleasantly decorated and maintained it would benefit from additional decoration to make the environment of care more dementia friendly. This could include appropriate signage for dementia patients and a range of suitable pictures to help stimulate patient memories to provide the opportunity for ad-hoc reminiscence therapy.

During the inspection we also noted that the television in the communal lounge area was mainly showing current daytime TV shows that were not typically aimed

[3] Reminiscence sessions can be key in helping people, particularly with those who have Dementia, to remember and share their memories. These sessions enable people to communicate and socialise whilst they reflect and share their life experiences in a supportive environment.

to the specific patient group. This resource could be better utilised during the day to provide more meaningful programmes, films and music for the patient group.

Improvement needed

The health board must ensure that individualised patient information is captured and utilised to aid staff in engaging with patients through reminiscence on a structured and ad-hoc basis.

The health board must develop the ward environment further to aid patients with reminiscence.

The health board must ensure that there is appropriate dementia friendly signage and aids on the ward.

The health board must consider how to utilise the facilities on the ward further to suit the patient group.

The health board must support staff in developing their skills in providing ad-hoc activities and engagement with patients.

Dignified care

Throughout the inspection all the staff we observed interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

It was evident through our conversations with staff and observing their interactions with patients that they were very knowledgeable about each individual patient. This helped staff provide personalised care and support for patients.

We heard staff speaking with patients in calm tones throughout our inspection, and observed staff being respectful toward patients. When patients approached staff members, they were met with polite and responsive caring attitudes.

Patients had their own bedrooms, which provided them with a good level of privacy, and assisted staff in maintaining the dignity of patients. Each door had the patient's name written on it to help identify the room. However, whilst some patients would be able to recognise their own name the health board should consider how to help assist patients further with pictorial or photographic aids that would be recognisable to the individual patient. It was positive to note that each bedroom had a dementia friendly clock which can assist patients with their

orientation with the time of day. As stated above patient bedrooms could be further individualised to help support patients with reminiscence.

Improvement needed

The health board must consider how to further assist patients in recognising their own bedroom.

Patient information

We were informed that due to recent redecoration of the ward a number of information boards had been temporarily removed to allow for works to be completed. Not all of these information boards had not been remounted to the walls at the time of the inspection.

There was some information displayed regarding the ward such as meal times, visiting hours and ward staffing levels. However, there was no clear information displayed on how to provide feedback or raise a complaint, including the NHS Putting Things Right[4] process for raising a concern.

At the time of the inspection there was information displayed regarding external organisations advocacy service and the community health council. There was no information displayed on Healthcare Inspectorate Wales, what our role was and how to contact us.

There was limited information regarding the Mental Health Act, Deprivation of Liberty Safeguards (DoLS) and other pertinent information regarding care and support for patients with dementia, other mental health issues, physical well-being, along with information on organisations that can support patients, their families and carers.

The majority of information displayed was text based within minimal pictorial or easy read content to aid understanding, this means that whilst there is

[4] Putting Things Right is the process for managing concerns when someone is unhappy about services provided by the NHS in Wales. www.wales.nhs.uk/sites3/home.cfm?orgid=932

information displayed, it may not be in a format that aids understanding for some patients or family members.

Improvement needed

The health board must ensure that a range of information for patients is displayed within the wards that includes:

- How to provide feedback on the service, including the NHS Putting Things Right process
- Guidance around relevant legislation such as the Mental Capacity Act and the Mental Health Act
- Healthcare Inspectorate Wales

The health board must ensure that information is displayed that aids understanding for some patients or family members.

Communicating effectively

Through our observations of staff and patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers were also included in some individual meetings.

However, as stated above the health board must review the format of information and signage displayed to better aid patients and their families.

Individual care

People's rights

We reviewed the statutory documentation completed for Deprivation of Liberty Standards (DoLS) and found this to be compliant with legislation. There was evidence that patients could access advocacy and where appropriate staff could refer to advocacy on behalf of the patient.

There were places for patients to meet with visitors in private. Appropriate arrangements were also in place for patients to make private telephone calls using their own mobile phone or the ward phone.

Listening and learning from feedback

During the inspection we observed staff and family members engaging regularly with each other throughout. Staff spoke of their previous efforts of establishing a carers group, however staff had experienced difficulties in maintaining the regular attendance from family members.

Formal feedback from patients and their families is monitored as part of governance arrangements which enables comparisons and learning to be shared across the mental health directorate. However as stated earlier, improvements need to be made to invite feedback from patients and their families in provide feedback or raise a complaint.

Delivery of safe and effective care

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

There were defined systems and processes in place to support staff in delivering safe and effective care.

Whilst on the whole the ward was maintained to a good standard, we identified a number of areas that require action, some of these had already been reported to the health board's estates department but remained unresolved.

We also identified areas for improvement with regards to staff practice, in particular around completion of clinical records to evidence in detail the care being provided and subsequent reviews of care.

Clinic room audits need to be embedded to ensure that medicines management improvements are implemented and monitored.

Safe care

Managing risk and promoting health and safety

Access to the wards was direct from the hospital car park which provided suitable access for all visitors. The ward was secured to prevent unauthorised access; staff could enter the wards with their health board identification cards, and visitors were required to use the intercom to access the ward. However, when the inspection team arrived unannounced on the first evening they were let through the locked doors on to the ward without being challenged for identification. Staff must act with vigilance and ensure that the identity of visitors is confirmed prior to allowing their access on to the ward.

During the inspection there were a number of non-patient rooms and offices that were left unlocked while unoccupied. Some of these areas included information relating to patients and staff which could have been accessible to patients or visitors if they entered these areas. It was also noted that in one of the areas there was food and beverages which could have been harmful to a patient with swallowing difficulties if they attempted to consume these. Staff need to be mindful to ensure non-patient areas are secured when left unoccupied.

There were nurse call points around the wards, which included within patient bedrooms. However, the positioning of the bed within some of the bedrooms meant that the patient would not be able to easily activate the call bell if they required assistance. During the inspection we spoke to ward staff and senior managers regarding these arrangements. In a number of the cases where the bed was positioned away from the call bell it was explained that the bed was positioned to prevent other risks, such as a falls risk, and/or that the patient lacked capacity to activate the call bell if required to alert staff. However, the rationale for repositioning the bed was not documented within patient records, neither was how staff were mitigating the risk of the patient being unable to activate a call bell. This needs to be documented to clearly state how patients are being monitored to maintain their safety due to changes to their bedroom layout, or their lack of capacity to alert staff.

It was also noted that within some of the toilet and bathroom areas the nurse pull-cord had been tied up which meant it would be difficult or impossible to reach. Again we discussed this with ward staff and senior managers. It was explained that patients were generally supported by staff in these areas and therefore that they would not be activated by a patient. However, if a patient was being cared for on the ward and was accessing these areas independently they would not be able to activate the nurse pull-cord. It is acknowledged that pull-cords can present a risk of harm, however their function must not be compromised. If there are concerns of patient safety then alternative installation needs to be in place or the risk managed on an individual patient basis.

A large number of portable electrical equipment items had expired Portable Appliance Testing (PAT) dates. The ward's Fire Risk Assessment completed in October 2019 identified this as requiring action from the health board's Head of Estates "as soon as reasonably practicable", and this remained outstanding. We therefore could not be assured that all electrical equipment on Ward 7 was safe for use and that some appliances posed a risk of electrical fire. This was a significant safety risk for patients, staff and other persons present at Ward 7 and the hospital. Our concerns regarding this issue were dealt with under our immediate assurance process. This meant that we wrote to the setting immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided Appendix B which provided assurance that this issue has been addressed.

Whilst on the whole the ward was maintained to a good standard, during the inspection we identified a number of areas that require addressing. One issue that we identified was addressed during the inspection. Prior to the inspection the soft covering had been removed from a seating area, however this left an exposed hard corner where the seating had been which posed a risk of injury to

somebody if they fell on to this. The health board's estates team took remedial action to address this, however a soft covering requires to be returned to restore the seating area.

Repairs were also required to some door closure finger protectors, there were a number on the ward which had split which no longer afforded adequate protection against injury. There was also damage to the wall in the male shower that needs to be addressed.

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) that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed so that the occurrence of incidents could be reviewed and analysed. Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Reviewing records there was evidence of incidents being recorded and on the whole appropriate action taken. However, within one patient's notes it was documented that an injury had occurred but the cause was unknown. The patient records did not state what, if any, further actions were taken. There was also no record of the injury on DATIX to ensure that there was a timely review of the incident. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

The health board must ensure that staff confirm the identity of visitors prior to allowing access on to the ward.

The health board must ensure that staff ensure non-patient areas are secured.

The health board must ensure that rationale for re-positioning of beds is clearly documented.

The health board must ensure that when a patient is unable to utilise a nurse-call bell within their bedroom that there is a care plan to clearly identify what arrangements are in place for monitoring the patient whilst in their bedroom.

The health board must review the systems in place for patients to call for assistance from toilet and bathroom areas to ensure that they are suitable for use and do not pose a risk of self-harm.

The health board must ensure that a soft seating cover is returned to restore the seating area.

The health board must ensure that all door closure finger protectors are intact.

The health board must repair the damage to the wall within the male shower room.

Infection prevention and control

There were appropriate arrangements in place to safely manage infection prevention and control.

Cleaning schedules were in place to promote regular and effective cleaning of the hospital, and that staff were aware of their responsibilities around infection prevention and control.

There was a regular audit of infection control in place. This was completed with the aim of identifying areas for improvement, so that appropriate action could be taken where necessary.

Throughout the inspection we observed the hospital to be visibly clean however we found some rooms of the ward to be cluttered or being used to store items that should have been removed from the ward.

We were informed that a request to change the use of the on-ward examination room in to a storage room had been submitted. At the time of the inspection a decision had not been reached, however there were items being temporarily stored within the room which was also disorganised.

Within one patient's bedroom there was also a second bed and a porter's trolley being stored, these required to be removed as they should not be left within a patient bedroom.

In another patient's bedroom there was an unpleasant odour emitting from the en-suite toilet. We were informed that this had been reported and there was an ongoing attempt to eradicate the odour. Whilst we were assured that the health board were in the process of taking appropriate action in an attempt to address the issue, if this remains the health board must take further action to eliminate the odour.

Staff had access to infection prevention and control and decontamination personal protective equipment when required. These were on the whole appropriately placed throughout the ward, however within ward toilet areas there was not always protective aprons for staff to access, only gloves. Therefore if aprons were required staff may need to leave the toilet area to retrieve aprons which increases the risk of contamination.

Hand hygiene products available in relevant areas of the ward, however there was not always signage in place demonstrating appropriate hand washing routine.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

Improvement needed

The health board must ensure that there is sufficient storage available on the ward.

The health board must ensure that there is the required PPE in all relevant areas of the ward.

The health board must ensure that there is infection prevention and control signage in all relevant areas of the ward.

Nutrition and hydration

The care records we reviewed, evidenced that assessments of patients' eating and drinking needs had been completed. Where required, input from dietetics and speech and language team was sought.

Patient records documented specific individual dietary needs to maintain sufficient nutrition and fluid consumption, monitoring documentation we reviewed was appropriately completed.

Records also included whether the patient would require assistance from staff. The ward had access to some specialised equipment such as adaptive cutlery and crockery, anti-slip table mats and plate guards which could be used by patients to aid their independence.

We observed staff to be supportive and caring in assisting patients with their meals. It was positive to note that staff were mindful to observe and encourage those patients who were more independent at mealtimes to complete their meals and drinks.

It was also positive to note that family members were able to attend during mealtimes to accompany or aid their relative. The ward had protected mealtimes, this prevents patients being disrupted during their meals for clinical reasons that can wait until after the patient has completed their meal. This aids ward staff in ensuing patients have sufficient nutrition and hydration at the correct times.

We received mixed opinions from patients and their relatives during the inspection. The food that was observed being served during the inspection appeared suitable and there were options available to cater for different tastes. However, the menu available on the ward was only available in written format and staff had no pictorial or photographic aids to assist patients with their choice.

Staff stated that they would also discuss food preferences with family members when patients arrived at the ward and use this to help guide the choices made for mealtimes.

We saw that patients were provided with drinks throughout the day, this was aided by the onward beverage bay that staff accessed for patients. Snacks were also available throughout the day. In addition, family members were able to bring in items of food for their relatives.

Improvement needed

The health board must explore what aids can be used to assist patients with their meal choices.

Medicines management

We noted that medication was securely stored. The clinic room was locked to prevent unauthorised access, as were medication cupboards. The medication trolley was also secured to the clinic room, to prevent them being removed by an unauthorised person. The controlled drugs cupboard and medication fridge were locked when not being accessed.

The temperature of the medication fridge was being monitored and consistently recorded, to check that medication was stored within the appropriate temperature range. There was a thermometer within the clinic room to measure the ambient temperature. However there was no record of this being monitored and what actions would be taken if the temperature exceeded the manufacturers recommended temperature limit of 25 degrees Celsius, to ensure that the medication remained viable for use.

There were regular stock checks of medication, including Controlled Drugs and Drugs Liable to Misuse, to ensure that the correct amounts were present. However, we were informed that the stock check of liquid Controlled Drug medication was approximated by sight only and not regularly measured. It is recommended that liquid Controlled Drug medication is regularly measured to ensure that there is no stock unaccounted for, and if there is unaccounted medication it is promptly identified when it occurred within a given date range.

We reviewed the Medication Administration Record[5] (MAR) charts that were currently in place for all the patients on the ward. Whilst we saw that records of administration were on the whole completed, we did identify a few infrequent occasions when there was a blank box against psychiatric medication. Therefore it was not evident if medication had been administered or not, and if not, the reason why the medication had not been administered had not been recorded, as required, within the All Wales Medication chart.

It was also noted that required personal details were omitted from some patients MAR charts, this included allergies, Mental Health Act legal status, weight, height and BMI[6].

Where patients were receiving covert medication the records evidenced the reason why this was appropriate, the involvement of multi-disciplinary team members and family members in the decision process. However, the health board's covert medication policy was past its review date. Therefore, we were not assured that staff were obtaining or being provided with the most up to date guidance to direct their professional practice.

[5] A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

[6] Body mass index (BMI) is a measure that uses a person's height and weight to work out if their weight is healthy. BMI takes into account natural variations in body shape, giving a healthy weight range for a particular height.

PRN medication[7] was recorded on MAR Charts as being dispensed. There was also a record within the patient's records that PRN medication had been administered and the reason why. The use of PRN medication was regularly reviewed.

There were regular checks of resuscitation equipment. Staff had documented when these had occurred to ensure that the correct equipment was present and in date.

It was noted that there was no clinic room audit schedule in place to monitor staff practice and general upkeep of the area. During the inspection the clinic room was disorganised which included old order sheets left on top of the medication fridge.

Improvement needed

The health board must ensure that the ambient clinic room temperature is measured and arrangements to take appropriate action are in place.

The health board must ensure that stock checks of liquid Controlled Drug medication enables staff to promptly identified any unaccounted medication.

The health board must ensure that its covert medication policy is reviewed and updated as required.

The health board must ensure that there is a clinic room audit in place.

Safeguarding children and 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.

However as detailed in this report, improvements are required in clinical entries and recordkeeping to ensure that safeguarding infromation is clearly documented and monitored. The health board has set out its actions in Appendices B and C.

[7] PRN Medication is administered as and when required as opposed to medication administered at regular times.

Effective care

Safe and clinically effective care

Overall, we found that staff were committed to providing high standard of individualised care for the patient group. Systems and governance arrangements were in place to enable staff provided safe and clinically effective care for patients.

However, improvements are required in the completion of clinical records to evidence in detail the care being provided and subsequent reviews.

In addition the health board must ensure that policies are reviewed and up to date to direct staff in their professional practice.

The health board has set out its actions in Appendices B and C.

Record keeping

Patient records were a combination of paper and electronic documentation. The paper records that were used by staff contained copies of the electronic documentation. Whilst the paper records were well organised they did not always contain the most up to date information that was stored electronically therefore, we could not be assured that staff would be referring to the correct versions. We also found copies of DATIX records were not always contained within the patient's records.

This meant that in some cases the patient records were disjointed across a number of systems, which could result in an incomplete record being transferred with the patient when they were transferred or discharged from the ward.

Staff completed entries that were factual, however entries regarding patient daily routine often lacked detail to provided clear information regarding each patient's care. Some ward round records also lacked detail and did not provide a clear record of the discussions and decisions around the individual patient's care.

There was also examples where patient care records did not accurately reflect the care being provided to the patient and/or document the care in sufficient detail to provide clarity for review. This is detailed further in the next section of the report.

Improvement needed

The health board must ensure that patient records contain up-to-date documentation pertaining to the patient's care.

The health board must ensure that staff entries in patient records, including reviews, are sufficiently detailed.

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

We reviewed the Care and Treatment Plans (CTPs) of a total of three patients on Ward 7.

Patient records evidenced a fully completed and current overall physical health assessment and standardised monitoring documentation such as, NEWS[8] and MUST[9]. In addition, there were standardised assessments based on the individual patient needs, which included pressure ulcer score risk assessments and falls risk assessments.

There was evidence that care co-ordinators had been identified for the patients and the CTPs reflected the domains of the Welsh Measure. However, not all relevant areas of the CTPs were outcome focussed[10].

[8] The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

[9] MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

[10] Paragraph 4.40, Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010 "In writing an outcomes-based care and treatment plan, a clear statement of the issues to be addressed will first be required. Following this, the care coordinator and care team, along with the relevant patient, will work to identify, agree and describe the desired outcomes, either long term or short term, which if attained would demonstrate that the issues identified had been resolved or are progressing towards resolution. To achieve a full and meaningful outcomes-based care and treatment plan the care coordinator, care team and relevant patient will need to work

There were regular reviews of individual patient needs and care with weekly multi-disciplinary team ward rounds and periodic multi-disciplinary team CTP reviews. However, some records of ward rounds and CTPs were brief and lacked details to any changes in patient presentation or to care needs.

There was also inconsistency with the intervals of CTP review periods for different patients. Whilst reviews of CTPs should be patient need-led and should be held as frequently as required, i.e. when any significant changes to the relevant patient's health or social needs or identified risks, there should not be differing review period for patients on the ward.

It was noted that in one patient's CTP that the use of protective headgear was still documented despite this no longer being part of the patient's care because of the distress if caused the patient when wearing it. A review had subsequently been completed but the use of headgear had not been updated to reflect the change in care.

There was care plan in place for a patient that preferred to sleep in a chair, this was sometime in communal area as opposed to their bedroom. However, the patient's notes did not clearly record where the patient slept and whether it was within their bedroom or a communal area. Nor did the notes document what actions had been taken to encourage the patient to sleep within their bedroom to help maintain their privacy.

For another patient there was an up to date care plan in place for the use of a pelvic positioner[11]. However, the patient's records did not detail when the pelvic positioner was used and the duration. This means there was no clear record of when the pelvic positioner was used and how the frequency and effectiveness of this could be monitored and reviewed by the multi-disciplinary team.

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together to identify and agree the realistic, observable and achievable milestones to be reached in order to realise each outcome. This can promote the positive approach of building upon achievements."

[11] A pelvic positioner supports a patient whilst seated and can be used to help mitigate the risk of falls.

Improvement needed

The health board must ensure that Care and Treatment Plan goals are outcome focused.

The health board must ensure that multi-disciplinary team members document detailed records of ward rounds and CTP reviews.

The health board must ensure that CTPs accurately reflect changes in patient care and that legacy needs are clearly identifiable as such.

The health board must ensure that the use of restrictive devices or support aids are clearly documented in patient records to enable clear monitoring and review of use.

Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed seven patient records that were identified as patients subject to DoLS. All records evidenced that staff had referred to the local authority to apply for a DoLS, and that these were in place. It was evident that the process was being applied appropriately.

There was evidence that patients could access advocacy and where appropriate staff referrals to advocacy were made on behalf of the patient.

Mental Health Act Monitoring

At the time of the inspection no patients were detained under the Mental Health Act on Ward 7.

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 conscientious leadership, strong team working and motivated staff, who provided dedicated care for patients. Staff were also positive about the support they received from their colleagues and management.

However, the health board must review Ward 7 staffing levels and skill mix to ensure that it is sufficient to safely support patients 24 hours a day with essential care and support along with therapeutic input.

It was also noted that findings from other inspections within the health board were replicated at Ysbyty Cwm Cynon. This identifies a lack of joint learning on behalf of the health board on the outcomes of inspections.

Governance, leadership and accountability

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

Staff spoke positively about the leadership and support provided by the ward manager and senior management team. We found that staff were committed to providing individualised patient care to high standards.

There were defined systems and processes in place to ensure that the health board and ward managed its service. This was, in part, achieved through a rolling programme of audit and governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed. However, we found improvements are required in clinical

recordkeeping and therefore arrangements in monitoring these areas need to be embedded to ensure that sufficient standards of recordkeeping are met and maintained. The health board has set out its actions in Appendices B and C.

As was our finding during our last Mental Health Inspection of Royal Glamorgan Hospital[12] in July 2019 there were a large range of policies that had passed their review date. The health board's Mental Health directorate has progressed the review and update of relevant policies, whilst a priority list has been developed, the review and update of policies is still ongoing which means that we are not assured that staff were obtaining or being provided with the most up to date guidance to direct their professional practice.

We are also concerned that some identified areas of improvement are replicated during this inspection that had been identified at Royal Glamorgan Hospital in July 2019, such as medicine management and clinical records. This highlights a lack of shared learning from other inspections within its own health board which has resulted in repeat issues being identified during this inspection.

Throughout the inspection, all staff engaged openly and were receptive to our views, findings and recommendations.

Improvement needed

The health board must ensure that a programme of policy review is embedded.

The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.

[12] Royal Glamorgan Hospital provides NHS mental health services at Llantrisant, South Wales, and is also part Cwm Taf Morgannwg University Health Board. The Older Persons Mental Health inpatient service has two mixed gender wards and the Adult Mental Health inpatient service has four mixed gender wards.

https://hiw.org.uk/sites/default/files/2019-10/191014royalglamorganen.pdf

Staff and resources

Workforce

There was a staff organisational structure for the ward as part of the health board's mental health service.

There had been a recent restructure of the health board's Older Person's Mental Health service with Ward 35 at Prince Charles Hospital[13] being moved to become part of Ward 7 at Ysbyty Cwm Cynon. At the time of the inspection the Ward 7 staffing was almost fully appointed to; there was approximately 0.75 whole time equivalent (WTE) registered nurse vacancy. We were informed that this was due to staff progressing on to other roles as part of carer development.

It was positive to note that ward staff we spoke with confirmed that as a team the two sets of staff from Ward 7 and Ward 35 have come together as close team and that they felt supported by the warddmanager and deputy ward manager during this period of change.

It was confirmed that if there were any shortfalls in staffing i.e. sickness or additional staff required to meet patient need then bank staff were used. This often included staff from the ward itself or other staff who had previously worked at the hospital, this provided continuity of care for the patients and hospital.

We reviewed the staffing levels and what arrangements were in place to adjust these to reflect the needs of the ward. On the whole we were satisfied with staffing levels were sufficient to meet the needs of the patient group. However, during our observation of night-time routine on the first evening of the inspection we observed that staff were unable to sufficiently meet the support and observation needs of the patient group. We observed on two occasions that one member of staff was left within the ward's lounge area to observe two patients who were both on Level 4 Observations[14] whilst the other staff members were required to support another patient in their night-time routine.

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[13] Ward 35 at Prince Charles Hospital provided Older Persons Mental Health inpatient service at Merthyr Tydfil, South Wales.

[14] Level 4 Observations for Cwm Taf Morgannwg University Health Board requires the one patient to be observed by one dedicated member of staff, commonly referred to as one-to-one.

Following the inspection we analysed the previous four week rotas which stated that there was an established twilight shift which had only been staffed on three occasions. The health board clarified in their response to our immediate assurance that in fact there was not an established twilight shift and that this was an error on the roster system, further details are included in Appendix B.

However, given our observations and following conversations with staff who expressed some concerns regarding being able to safely manage the night-time ward routine further consideration must be given to the staffing levels and skill mix of the ward. The health board must ensure that there is sufficient staffing present to undertake the required enhanced observation and support levels on the ward, and at no point should one member of staff be required to undertake Level 4 Observations for two patients at the same time.

Further to this, whilst Ward 7 is located at Ysbyty Cwm Cynon, it is the only ward to care for patient with mental health needs at this location, consequently the only ward that is staffed by employees experienced to provide this care, therefore can be regarded as isolated. This is of particular significance during late evening and throughout the night when there are fewer staff on the ward, and that senior and community mental health staff located at the hospital are not typically present.

Despite observing staff routinely engaging patients with activities, including activities of daily living such as personal care and meals, the resources on the ward could be better utilised and developed further to enrich patient care. The health board must review the staffing, including the occupational therapy input, to ensure that there is sufficient resources to support patients and engage in meaningful activities.

There was a supervision structure in place and staff completed annual performance appraisal and development reviews. Training information provided by senior staff showed that staff were expected to complete mandatory training on a range of topics relevant to their roles. Training compliance was regularly monitored and whilst currently mandatory training compliance was at 76% senior managers provided assurance that strategies were in place for improving the compliance rate.

Improvement needed

The health board must review Ward 7 staffing levels and skill mix to ensure that it is sufficient to safely support patients 24 hours a day with essential care and support along with therapeutic input.

The health board must ensure staff complete their mandatory training.

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
Concrete seating sill left exposed following the removal of the soft seat cover	Risk of harm to patient	Raised with senior manager	Health board's estate department completed works to remove sharp edge.

Appendix B – Immediate improvement plan

Service: Ysbyty Cwm Cynon

Ward: Ward 7

Date of inspection: 13 – 15 January 2020

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	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
Finding – Safe and Clinically Effective Care / Record Keeping The inspection team considered the information documented within patient care records at Ysbyty Cwm Cynon, Ward 7. We reviewed the care records for patient [redacted] and a nursing entry made on [redacted] that stated "Bruise noted to left cheek near jawline - cause unknown. Evident on commencement of duty.". The patient was being cared for on Level 4 Observations (1:1) during and previous to this entry. No further information is documented within the patient notes (including the health board's incident reporting system DATIX) to evidence what actions had been taken following the discovery of the bruise to the patient's face to ensure that there was no further physical injury to the patient. In addition, there was no investigation how the cause of the bruising was unknown whilst the patient was being care for on Level 4 Observations.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Therefore we are not assured that the required physical health checks following the discovery of the bruise, nor that a review of how the patient sustained bruising with cause unknown whilst on Level 4 Observations, was undertaken. We are also not assured that the health board is appropriately documenting incidents of this nature on DATIX to ensure that there is timely review of individual incidents and ongoing monitoring and review of incidents of this nature. In addition, the patient records only made reference to the bruising as quoted above, there is no detailed description of the size of the bruise, a body map and/or photograph. Therefore we are not assured that staff are recording information with sufficient detail within patient records.				
Improvement needed **The health board must ensure that physical examination of patient [redacted] is completed to ensure there are no unidentified medical issues following this injury and required care is provided.**	**Standard 3.1**	**Physical Examination completed on [redacted]/01/20 by ward Doctor. Noted that patient is prone to bruising and marking of skin due to long term use of steroid cream, no indication of any other condition and not indicated for any further investigations.**	**Senior Nurse**	**Completed**

Improvement needed	Standard	Service action	Responsible officer	Timescale
Improvement needed **The health board must investigate the cause of the bruising and provide assurance that Level 4 Observations were in place prior to the discovery of the bruising.**	**Standard 3.1**	**The cause of the bruising remains unknown and as the bruise has now subsided any cause would be difficult to ascertain.** **The health board can confirm that level 4 observations were in place as prescribed and has reviewed the observation charts and can confirm that the level 4 observations were in place.**	**Senior Nurse**	**completed**
Improvement needed **The health board must ensure that incidents of this nature are recorded on DATIX to ensure that there is timely review of individual incidents and ongoing monitoring and review of incidents of this nature.**	**Standard 3.1 & 3.5**	**All staff to be reminded that any new injury is to be reported using DATIX to facilitate an investigation of this.** **A communication has been sent to all registered Nurses via email and this issue is also on the agenda for service leads and ward meetings and will be recorded in the minutes.**	**Senior Nurse**	**February 2020** **(*to undertake ward meetings. Email sent)***

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The Directorate will register an audit with the audit committee and test compliance in this area in 6 months.		**July 2020**
Improvement needed **The health board must ensure that staff record patient injury in detail.**	**Standard 3.5**	**All staff to be reminded that any new injury must be recorded in detail and include body mapping.** **A communication has been sent to all Registered Nurses via email and this issue is also on the agenda for service leads and ward meetings and will be recorded in the minutes.** **The Directorate will register an audit with the audit committee and test compliance in this area in 6 months.**	**Senior Nurse**	**February 2020 (*to undertake ward meetings. Email sent)*** **July 2020**
<u>Finding - Safe and Clinically Effective Care / Managing Risk and Promoting Health and Safety</u> During our observation of night-time routine on the evening of 13 January 2020 we observed that staff were unable to sufficiently meet the support and observation needs of the patient group. We observed on two occasions that one member of staff was left within the ward's lounge area to observe two patients who were both on Level 4 Observations (1:1) whilst the other staff members were required to support another patient in their night-time routine.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Staff rotas document that the 1 HCA twilight shift for 13 January was unfilled, if this shift had been filled it would have aided staff in completing to sufficiently meet the support and observation needs of the patient group. Copies of the previous four weeks rotas document that the HCA twilight shift had on only been fully staffed on three occasions. Therefore we are not assured that the ward is sufficiently staffed to support night-time routine.				
Improvement needed **The health board must ensure the ward is sufficiently staffed to meet the support and observation needs of the patient group.**	**Standards 2.1 & 3.1**	**The service has reviewed the off-duty and confirm that all substantive shifts are filled** **There is no twilight shift in the ward establishment, this was an error on the roster which has now been corrected. A twilight shift was in place due to a specific patients needs up to December 2019 but this was an additional bank shift not established shift and should have been removed.**	**Senior Nurse**	**Completed**

Improvement needed	Standard	Service action	Responsible officer	Timescale
<u>Finding – Medical Devices, Equipment and Diagnostic Systems</u> The inspection team considered the arrangements for checking the safety of portable electrical equipment on the Ward 7. A large number of portable electrical equipment items had expired Portable Appliance Testing (PAT) dates. The Fire Risk Assessment completed in October 2019 identified this as requiring action from the health board's Head of Estates "as soon as reasonably practicable", this remained outstanding. We therefore cannot be assured that all electrical equipment on Ward 7 is safe for use and at present there is a risk that some appliances could be a source of fire ignition. This is a safety risk for patients, staff and other persons present at Ward 7 and the hospital.				
Improvement needed **The health board is required to provide HIW with details of the action taken to ensure that portable electrical equipment on the Ward 7 is safe to use.**		**Testing of all equipment has been escalated and completed as of 22/01/2020** **We will ensure that we have checked PAT testing across all our sites to ensure that we do not have similar issues across the service.**		**Completed**

Appendix C – Improvement plan

Service: Ysbyty Cwm Cynon

Ward: Ward 7

Date of inspection: 13 – 15 January 2020

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 individualised patient information is captured and utilised to aid staff in engaging with patients through reminiscence on a structured and ad-hoc basis.	4.1 Dignified Care	"This is me" forms completed for all patients on admission by the responsible Named Nurse/HCSW. This information is shared with the ward team to personalise activity. This will be reinforced via staff 1:1's. The work will be audited on a monthly basis to ensure upkeep of this practice and to ensure quality of information as well as family/carer involvement	Senior Nurse, Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must develop the ward environment further to aid patients with reminiscence.	4.1 Dignified Care	Ward 7 has various evidence based equipment in place to aid activity i.e. RITA system, sensory room (developed by Occupational Therapy), reminisce box, selection of games etc. Since the visit we have also re introduced pet therapy. Senior Nurse, ward manager and Occupational Therapy to up-date the daily ward activities	Senior Nurse, Ward Manager	31 March 2020
The health board must ensure that there is appropriate dementia friendly signage and aids on the ward.	4.1 Dignified Care 3.2 Communicating effectively	New pictorial signage in place on in all patient/visitor rooms from 19th February 2020. All patient/visitor rooms are now marked with words (Bi lingual) and pictures. There is now a variety of seating in the ward corridors as well as lounge areas in line with the Kings Fund Dementia Friendly audit tool.	Senior Nurse	Completed
The health board must consider how to utilise the facilities on the ward further to suit the patient group.	4.1 Dignified Care	Senior Nurse, ward manager and Occupational Therapy to up-date the daily ward activities	Senior Nurse, Ward Manager	31 March 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must support staff in developing their skills in providing ad-hoc activities and engagement with patients.	4.1 Dignified Care	New part time band 6 Occupational Therapist post to be recruited and will support wider staff skill development.	Ward Manager, Occupational Therapy	31 May 2020
The health board must consider how to further assist patients in recognising their own bedroom.	4.1 Dignified Care	All patient rooms are identified by name, on admission patients are involved (if appropriate) in making their own room sign in line with Dementia Action Plan, involving patients in their own care. All patients and carers are encouraged to bring in personal effects to personalise space	Ward Manager	Completed
The health board must ensure that a range of information for patients is displayed within the wards that includes: • How to provide feedback on the service, including the NHS Putting Things Right process • Guidance around relevant legislation such as the Mental Capacity Act and the Mental Health Act	4.2 Patient Information	New notice boards fitted to entrance corridor which display location of have your say box, putting things right, Mental Health Act and Mental Capacity Act the information and HIW contact information.	Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Healthcare Inspectorate Wales				
The health board must ensure that information is displayed that aids understanding for some patients or family members.	4.2 Patient Information 3.2 Communicating effectively	New notice fitted to entrance corridor, information displayed includes visitor information and useful community resource information.	Ward Manager	Completed
Delivery of safe and effective care				
The health board must ensure that staff confirm the identity of visitors prior to allowing access on to the ward.	2.1 Managing risk and promoting health and safety	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. The senior nurse will sit in at some handovers to ensure it is being fully utilised on the ward	Senior Nurse	Completed
The health board must ensure that staff ensure non-patient areas are secured.	2.1 Managing risk and promoting health and safety	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. Practice will be monitored by the Ward Manager.	Senior Nurse	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that rationale for re-positioning of beds is clearly documented.	2.1 Managing risk and promoting health and safety	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. The Senior Nurse will review records where on their purposeful walk rounds they note beds re-positioned to ensure adherence.	Senior Nurse	Completed
The health board must ensure that when a patient is unable to utilise a nurse-call bell within their bedroom that there is a care plan to clearly identify what arrangements are in place for monitoring the patient whilst in their bedroom.	2.1 Managing risk and promoting health and safety	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. This process will be subject to monthly audit.	Senior Nurse, Ward Manager	Completed
The health board must review the systems in place for patients to call for assistance from toilet and bathroom areas to ensure that they are suitable for use and do not pose a risk of self-harm.	2.1 Managing risk and promoting health and safety	All pull cords for nurse call system now in place	Senior Nurse	Completed
The health board must ensure that a soft seating cover is returned to restore the seating area.	2.1 Managing risk and promoting health and safety	Soft seating now replaced.	Senior Nurse	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all door closure finger protectors are intact.	2.1 Managing risk and promoting health and safety	New protectors are on order and will be fitted on delivery. Senior Nurse to work with staff to ensure that the escalation of estates issues is embedded within the ward as there is already a clear process in place for this.	Senior Nurse, Estates supervisor	31 March 2020
The health board must repair the damage to the wall within the male shower room.	2.1 Managing risk and promoting health and safety	This work has been completed by estates	Senior Nurse, Estates supervisor	Completed
The health board must ensure that there is sufficient storage available on the ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	There are currently 5 storage rooms on the ward, this is sufficient for current stock. Staff have been reminded of all dedicated storage areas to ensure compliance	Senior Nurse	Completed
The health board must ensure that there is the required PPE in all relevant areas of the ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	There are apron/glove dispensing station situated on the ward, in addition to this aprons and gloves are stored in all relevant areas of the ward including bathrooms, toilets and dining area.	Senior Nurse, Ward Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there is infection prevention and control signage in all relevant areas of the ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	New signage in relation to sharps disposal and hand hygiene are now in place.	Ward Manager	Completed
The health board must explore what aids can be used to assist patients with their meal choices.	2.5 Nutrition and Hydration 3.2 Communicating effectively	All Wales IT Catering solution is in the process of being rolled out, this will allow Catering Assistants to taking patient orders with I-pads, there will be a pictures of every dish available on the caterers I-pad screen, in the meantime the Mental Health Unit are piloting a tool/app specifically for patients living with Dementia and the pilot will now be rolled out to Ward 7, this pilot is approved by CTMHUB R&D Department)	Senior Nurse	31 May 2020
The health board must ensure that the ambient clinic room temperature is measured and arrangements to take appropriate action are in place.	2.6 Medicines Management	Room temperature monitors and air conditioning unit in place, room temperature will be monitored and recorded daily, new monitoring added to staff's daily checks. To be audited monthly.	Ward Manager	Completed February 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that stock checks of liquid Controlled Drug medication enables staff to promptly identified any unaccounted medication.	2.6 Medicines Management	Medicines Management have advised not to change current practice of estimating volume using the liquid level and volume stated on bottle. This advice is based on the recognised risks of: • Pouring the contents out and then returning to a bottle can introduce a risk of inadvertently returning to the wrong container and also potentially introducing contamination to that liquid, • The repeated pouring process will increase the liquid's exposure to air and light • The repeated pouring will cause a loss of liquid which can accumulate to a significant amount over time	Pharmacy	Completed
The health board must ensure that its covert medication policy is reviewed and updated as required.	2.6 Medicines Management	This has been discussed with pharmacy and policy review will be undertaken led by pharmacy with mental health input.	Pharmacy	31 August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Interim advice is to continue with existing policy whilst under review		
The health board must ensure that there is a clinic room audit in place.	2.6 Medicines Management	Clinic room audit in place	Senior Nurse, Ward Manager	Completed
The health board must ensure that patient records contain up-to-date documentation pertaining to the patient's care.	3.5 Record keeping	The ward has adopted the safety brief as developed at the royal Glamorgan Hospital and will communicate this issue to staff via this means. The standard of documentation is subject to regular reviews by the Ward Manager and Senior Nurse.	Senior Nurse, Ward Manager	Completed
The health board must ensure that staff entries in patient records, including reviews, are sufficiently detailed.	3.5 Record keeping	The ward has adopted the safety brief as developed at the royal Glamorgan Hospital and will communicate this issue to staff via this means. The standard of documentation is subject to regular reviews by the Ward Manager and Senior Nurse.	Senior Nurse, Ward Manager	Completed
The health board must ensure that Care and Treatment Plan goals are outcome focused.	Mental Health (Wales) Measure 2010	The ward has adopted the safety brief as developed at the Royal Glamorgan	Senior Nurse, Ward Manager,	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	3.5 Record keeping	Hospital and will communicate this issue to staff via this means. Care and Treatment Planning (CTP) lead will audit care plans for clear evidence of outcome focus. Results of audit will be used to support staff to further develop outcome focused care plans.		
The health board must ensure that multi-disciplinary team members document detailed records of ward rounds and CTP reviews.	Mental Health (Wales) Measure 2010 3.5 Record keeping	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. The standard of documentation is subject to regular reviews by the Ward Manager and Senior Nurse.	Senior Nurse, Ward Manager, CPT Lead	Completed
The health board must ensure that CTPs accurately reflect changes in patient care and that legacy needs are clearly identifiable as such.	Mental Health (Wales) Measure 2010 3.5 Record keeping	CTP lead will audit CTP care plans for effectiveness. Results of audit will be used to further develop staff training	Senior Nurse, Ward Manager	30th April 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the use of restrictive devices or support aids are clearly documented in patient records to enable clear monitoring and review of use.	Mental Health (Wales) Measure 2010 3.5 Record keeping	The ward has adopted the safety brief as developed at the Royal Glamorgan Hospital and will communicate this issue to staff via this means. A review of this will be part of the monthly ward audit.	Senior Nurse, Ward Manager	Completed
Quality of management and leadership				
The health board must ensure that a programme of policy review is embedded.	Governance, Leadership and Accountability	Policy/Process meeting in place to review all policies, this is currently managed via Clinical Governance process and Clinical Governance officer. An assessment of policies for priority has been undertaken and all policies ranked in terms of Red/Amber/Green. The Directorate is working through the list and the overall timescale for this is 24 months. As an interim position wards are working to existing policies	Head of Nursing	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.	Governance, Leadership and Accountability	All learning from HIW inspections are shared via service leads meetings and documented accordingly. Each of the three localities has a forum to share learning as well as a forum at Directorate level where learning is shared Directorate wide. The Directorate has established a multi professional learning event that is quarterly for key learning to be shared across the Directorate and across the professions.	Head of Nursing, Senior Nurses,	Completed
The health board must review Ward 7 staffing levels and skill mix to ensure that it is sufficient to safely support patients 24 hours a day with essential care and support along with therapeutic input.	7.1 Workforce	A review of staffing levels on ward 7 is underway to ensure staff are able to meet the needs of patients/families 24 hours a day. In addition to this the review is being completed in line with the 10 principles of the “Wales Staffing Act” and will be measured against this for compliance.	Head of Nursing	31 May 2020
The health board must ensure staff complete their mandatory training.	7.1 Workforce	Ward 7 is currently 75% compliant with mandatory training. HB target is 85%.	Senior Nurse, Ward Manager	30 June 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The ward is focused on achieving compliance with this by June 2020.		

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): **Alan Lawrie**

Job role: **Director of Primary, Community and Mental Health**

Date: **28 February 2020**