Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection Report (Unannounced) Heatherwood Court Hospital

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

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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 focussed independent mental health inspection at Heatherwood Court, on the evening of 21 June 2022 and following days of 22 and 23 June.

The following hospital wards were reviewed during this inspection:

- Caernarfon Unit - Female Locked Mental Health Rehabilitation
- Caerphilly Unit - Female Low Secure Mental Health
- Cardigan Unit – Female Low Secure Mental Health
- Chepstow Unit – Male Low Secure Mental Health.

Our team, for the inspection comprised of two HIW Inspectors, 2 clinical peer reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

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

This (focussed inspection) 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 observed staff interacting with patients respectfully throughout the inspection. Staff showed a caring, compassionate, and understanding attitude to patients. Staff also showed that they had a desire to improve quality of services and care delivered to patients. However, the level of cleanliness in some patient areas required improvement.

This is what we recommend the service can improve

- Some patient areas require redecorating
- Cleanliness of the hospital.

This is what the service did well:

- The appointment of patient representatives was a positive initiative that helped promote patient engagement and ensure the voice of patients is heard
- Nursing staff were knowledgeable about patients, and we saw good rapport between staff and patients.

Safe and Effective Care

Overall summary:
Staff appeared committed to providing safe and effective care. Patient care and treatment plans were being kept to a good standard and were easy to navigate. Safe and therapeutic responses were in place to manage challenging behaviour and promote the safety and wellbeing of patients. Suitable protocols were in place to manage risk, health and safety and infection control. However, we found that some staff were unfamiliar with hand hygiene and cleaning audits.

This is what we recommend the service can improve

- The cleanliness and maintenance of the hospital to ensure safe and effective care
- Review current policies around patient access to bedroom areas and food beverages to take account of individualised care planning and risk assessments
- The use of anti- ligature clothing and the therapeutic benefits of its use were unclear. A review of current policy and justification for use needs to be undertaken.

This is what the service did well:

- The sample of patient records reviewed evidenced that physical health assessments and monitoring were being completed.

Quality of Management and Leadership

Overall summary:
We saw a committed staff team who had a good understanding of the needs of the patients at the hospital. Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior to and regularly during employment. There was dedicated and passionate leadership displayed by the hospital director who is supported by a committed multidisciplinary team. Mandatory training, supervision and annual appraisal completion rates were generally high. However, improvements were needed in training compliance for physical intervention and breakaway training.

This is what we recommend the service can improve

- Completion of some mandatory training
- Recruit staff to vacancies which will reduce the reliance on unfamiliar agency staff.

This is what the service did well:

- Staff were positive about the support and leadership they received.

- We found an effective governance structure in place in terms of regular audit activities and meetings to discuss incidents, findings and issues related to patient care.

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement
Within the hospital reception there was a range of relevant information leaflets for patients, families, and other visitors. There was further patient specific information displayed on the wards, this included healthy eating and smoking cessation advice.

Heatherwood Court had a wide range of well-kept facilities to support the provision of therapies and activities on each ward and within the hospital's therapy and activity building, the Hub.

The Hub facilities included the Social Hub with a café and shop which were both run by a selection of patients. There was a games room with a pool table, table tennis table and darts board. There was also a gym to undertake physical exercise. Both staff and patients told us that activities were re-starting after the covid restrictions and from interviews with staff they indicated that the priority for them was to get a full activities programme back up and running for the patients.

The hospital provided patients with learning opportunities with their Recovery College. This provides opportunity for patients to develop skills which can include nationally recognised qualifications. These skills and qualifications can help patients in gaining employment.

Patients with authorised leave from the hospital were also able to use local community services as part of their rehabilitative programme of care. In some cases, this included community-based organisations which would enable patients to continue to engage with the organisations following discharge from hospital.

Each ward had a patient lounge with a television and patients had access to a range of DVDs. Patients were also able to have TVs, music players and games consoles within their bedrooms.

Each patient admitted to the hospital was assessed by an occupational therapist. Following the assessment, patients were provided with an individual timetable that included various therapeutic activities at the hospital. The individual patient activity timetables linked with the hospital facilities timetables.

Dignity and respect
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 passionate about their roles and enthusiastic about how they supported and cared for the patients. We saw staff taking time to speak with patients and address any needs or concerns the

patients raised. We saw positive interactions between a patient who had become agitated and identified good de-escalation skills used by the nurse; this showed that staff had responsive and caring attitudes towards the patients.

The hospital has four gender specific units with each patient having their own bedroom that they could access throughout the day. The bedrooms provided patients with a good standard of privacy and dignity.

We saw several patient bedrooms, and it was clear that patients were able to personalise their rooms and had sufficient storage for their possessions. Bedrooms were not en-suite however there were sufficient toilets and showers available on each unit. Most areas of the hospital appeared clean and tidy and appropriate for the patient group. However, on the first night of the inspection we noted a soiled cloth on the toilet floor of Cardigan Ward. The seat was also stained and marked. The sanitary and rubbish bins had also been removed from two of the toilets on Caerphilly Ward. This had resulted in a large amount of paper towels being left on the floor in both toilets. We were told that replacements had been ordered and were arriving the following day.

We also noted that the lounge carpet in Chepstow Ward was visibly stained. In addition, the dining area of this ward only had nine chairs for patients to eat their meals, meaning that not all patients could eat together. We spoke to the hospital director about the environmental issues found on this inspection and were reassured that there were plans for redecoration of the wards. We were satisfied that proper environmental audits were being undertaken and one had already been planned after the inspection.

Heatherwood had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There were arrangements for telephone access so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their own mobile phones.

There was also a visiting room available for patients to meet with visitors, including younger family members. On the first night of the inspection, we noted the visitors room was very cluttered, untidy and it appeared that it was being used as a storage room. This room was not a welcoming environment. The registered provider must ensure that the visitors room is organised, free from clutter and is suitable for visitors to use.

Patient information and consent

A patient information guide is available to patients and their relatives/carers, along with the hospital's written statement of purpose. We saw advocacy posters that provided contact details about how to access the service. Registration certificates from Healthcare Inspectorate Wales and information on how to raise a complaint were on display.

There was a range of up-to-date information available within the hospital. Notice boards on the wards provided detailed and relevant information for patients.

Representatives from the advocacy service were visiting patients, and patients were able to contact a representative of the statutory advocacy service either by telephone or making an appointment to speak to a representative.

Patient status at a glance boards were in the nursing offices on each unit. The boards were out of sight of patients which helped protect patient confidentiality.

Communicating effectively

Staff communicated appropriately and effectively with patients, and patients were confident in approaching staff to engage in discussions. The patients we talked to during the inspection spoke positively about their interactions with staff during their time at the hospital. Suitable rooms were available for patients to meet staff and other healthcare professionals in private.

Each ward had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities, and meetings, such as care planning meetings, tribunals, and medical appointments.

The hospital also held patient meetings where patient representatives meet with senior managers of the hospital to discuss the operation of the hospital and raise any areas of concern. We spoke with the patient representative, and they confirmed that they felt valued and listened to. The patient representative sat in on governance meetings and we were told that the hospital was planning on inviting advocacy representatives to governance meetings.

Care planning and provision

During the inspection we reviewed the care and treatment plans of five patients. Our findings on the care and treatment plans are detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

A handover meeting was being held every weekday morning for nursing staff to update the multi-disciplinary team (MDT) on any concerns, issues or incidents that had taken place the day before. We attended a handover meeting during the inspection and saw that staff showed a good level of understanding of the patients they were caring for and that discussions focused on what was best for the individual patient.

Equality, diversity and human right

Established hospital policies and systems ensured that patients' equality, diversity, and rights are supported.

We were told that all patients have access to a mental health advocate who can provide information and support to patients with any issues they may have about their care.

Citizen engagement and feedback
There were regular patient meetings and surveys to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback. We saw evidence of recent patient surveys and action plans showing how the hospital was implementing improvements and changes based on the outcome of the patient survey.

Delivery of Safe and Effective Care

Safe Care

Managing risk and health and safety

Access to the hospital site was secured by the main hospital gate, with entry gained either via an intercom to reception or with electronic key fobs for employees. Entry on and off each ward was secured by electronic locks that needed a key fob.

On entry into the hospital building all staff were provided with a set of keys that were issued via reception and a log of who has which set of keys was kept. All staff had to secure their keys to their belt to ensure that they were not lost or taken off their person whilst at the hospital. All staff had to return their set of keys to enable them to leave the hospital building. This process helped ensure that keys were kept safe and not lost at the hospital or taken out of the hospital building.

There was a system for alarms to be given to staff and visitors when they entered the hospital. Staff wore personal alarms and there were also nurse call points around the hospital and within patient bedrooms next to their beds so that patients could summon aid if needed.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These showed potential ligature points and what action had been taken to remove or manage these. There were weekly audits of resuscitation equipment; staff had documented when these had occurred to ensure that the equipment was present and in date.

Infection prevention and control (IPC) and decontamination

There were proper arrangements in place to safely manage infection prevention and control at the hospital.

We saw evidence to confirm that the hospital conducted necessary risk assessments and updated relevant policies and procedures to meet the added demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. The registered provider had COVID-19 documentation to support staff and ensure that staff remained compliant with policies and procedures.

On arrival at the hospital visitors and staff had to show proof of recent negative Lateral Flow Test (LFT) or complete one on arrival. The arrangements for completing a LFT on arrival were reviewed and we were assured that these

arrangements minimised the risk of cross contamination if a person arrives who is Covid positive.

There was a regular audit of the infection control arrangements in place. This was completed with the aim of identifying areas for improvement, so that appropriate action could be taken where necessary. Some staff we spoke with appeared to be unfamiliar with hand hygiene and cleaning audits, which are predominantly undertaken by senior management. It is important that all staff are aware of the importance and relevance of these audits and take part in them to gain a better understanding and to reflect on their own practices to improve audit outcomes.

We saw staff encouraging patients to practice good hand hygiene such as washing hands before mealtimes and hand gel dispensers were available for both staff and patients to use.

The registered provider employed dedicated housekeeping staff for the hospital. Throughout the inspection we saw that overall, the hospital was visibly clean and free from clutter.

During our discussions, no issues were highlighted in relation to access to Personal Protective Equipment (PPE). PPE, including masks and gloves were available at the ward entrance and bins were supplied for the disposal of equipment. Staff were wearing masks in communal areas and on the ward.

Nutrition

We saw that the dietary needs of patients had been assessed on admission and that patients received ongoing weight management checks during their stay. Measurements were recorded on National Early Warning Score charts and within physical health and wellbeing care plans.

Patients are provided with a variety of meals throughout the day by the hospital. We saw the menu choices for each week displayed on each ward. Fresh fruit along with hot and cold drinks were available on each of the wards and patients were able to buy snacks when on leave from the hospital.

As well as the meals provided, patients were able to use the occupational therapy kitchen to prepare their own meals.

During our tour of Caernarfon Ward, we found an opened package of bacon in the kitchen fridge that did not have the name of the patient on it and no other information saying when the package had been opened.

Medicines management

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

There was good evidence of staff ensuring that patients had individualised medication management plans. We found clinical staff, the physical health nurse and the local GP had worked together to ensure decisions about medication were person centred and regularly reviewed to check they continued to be right.
It was clear that patients had been involved in these discussions which we noted as good practice. A range of easy read medication information leaflets were available for patients to access.

We found the clinic rooms to be clean and tidy with individual patient medications and stock medications stored appropriately. Medication fridges were locked when not in use. There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature.

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

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

Safeguarding children and safeguarding vulnerable adults
We found processes in place to help ensure that staff at the hospital safeguarded patients appropriately. We saw that incidents had been subject to internal investigations and had also been referred to external safeguarding agencies.

We saw evidence that safeguarding is included at monthly clinical governance meetings as a standing agenda item to help identify any themes and lessons learned. Safeguarding is also part of the daily morning meeting agenda.

During discussions with staff, they were able to explain the process of making a safeguarding referral.

All staff had access to a patient safeguarding checklist which reminded them of the actions needed to be taken when a safeguarding issue is found.

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 clear that staff were aware of the locations of ligature cutters in case of an emergency. There were up-to-date safety audits in place, including ligature point risk assessments.

Safe and clinically effective care

We found governance arrangements in place that 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. Incidents were entered on to the system 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, including who was involved and the body positions of each staff member involved in the restraint.

When restraint or verbal de-escalation are used there is an incident form completed; the incident is then discussed at governance meetings and any lessons learned are shared with staff. Debriefs take place following incidents and this process is used as a learning and reflective practice technique supported by psychology.

The clinical director robustly checked incidents and undertook work to find any patterns or trends linked to incidents or restraints. Statistical analysis is produced and then discussed and reviewed in governance meetings.

During the inspection we saw some blanket restrictions, around patient access to bedroom areas and access to hot and cold drinks. During discussions with the MDT, we were reassured that plans were in place to have a more flexible approach to reduce restrictive practice and promote independence and individualised risk assessments for patients.

In addition, we asked that the hospital director and MDT to evaluate and review the therapeutic benefits and usage of anti-ligature clothing. It is important that the patients take part and engage in this process. The registered provider must review current policy and a clear rationale and justification for its use needs to be undertaken.

Records management

Patient records were a combination of paper files that were stored and kept within the locked nursing office and electronic information, which was password protected. We saw staff storing the records appropriately during our inspection.

It was clear that staff from across the multi-disciplinary teams were writing detailed and regular entries that provided a live document on the patient and their care.

We saw that staff were completing care documentation and risk assessments in full. A quick reference individualised summary document was available on each patient. This document helped to support unfamiliar staff to care for patients.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision
We reviewed the care plans of five patients. We reviewed a sample of care files and found that they were kept to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

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

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

It was positive to see that care files clearly showed patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included the views of the patients and quotes from the patients were used to reflect their views. Overall, the nursing documentation viewed was very good and physical assessments were comprehensive. Physical health files were kept separately from care plan files. We would recommend that physical health files are kept with patient care plans to prevent any confusion around physical health files not being available.

Quality of Management and Leadership

Governance and accountability framework

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

There was dedicated and passionate leadership displayed by the hospital director who was supported by committed multi-disciplinary teams. The team was a cohesive group of leaders and interviews with them showed that they valued and cared for the staff and patients.

Through our discussions it was clear that the staffing changes at the hospital had caused some uncertainty amongst the staff and patient group. However, staff spoke positively about the change of management and indicated that improvements had been made to the operational management of the hospital. Staff told us that since the changes in management, staff morale had improved.

During discussions with senior staff, including the interim hospital director, all highlighted that they were aware of service issues which needed improvement and had a clear commitment to addressing those. This was to raise the standard of the environment, treatment and support to patients.

Interviews with the hospital director, staff and meetings we attended highlighted that the hospital had encountered some difficulties around discharging patients who had been identified as being no longer suitable for the hospital or patient group. We were told that notice is served, but significant delays were experienced in commissioners responding and promptly finding alternative placements. The registered provider must ensure that a more collaborative approach with commissioners is taken to ensure that discharge is prompt, appropriate and in the patient's best interest. Effective communication and partnership work must take place to ensure that there are no long term delays which could negatively impact on patients at the hospital.

It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings, and recommendations.

Dealing with concerns and managing incidents

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital.

A sample of informal and formal complaints we reviewed showed that an independent person was assigned to investigate the complaint and actions were taken in line with the organisation's complaints policy to ensure that complaints were dealt with appropriately at the hospital.

Complaints were also recorded in individual patient records along with the outcome of the complaint. The hospital director oversaw the complaints process and associated actions. Patients we spoke with also had knowledge and understanding of the complaints process.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the system that included the name of patient(s) and staff involved, a description, location, time, and length of the incident. Any use of physical intervention was clearly documented.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed on time. Regular incident reports were produced and reviewed at hospital and organisation level 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.

Workforce planning, training and organisational development

At the time of our inspection there appeared to be enough appropriately trained staff to meet the assessed needs of the patients at the hospital. However, from discussions with staff it was clear that the service has experienced difficulties in relation to staff retention and a high number of vacancies, both in terms of nursing staff and in the MDT.

Staff were compliant with all mandatory training requirements. We would recommend that staff would benefit from attending training on trauma informed care due to the complexity of the patient group that staff are working with.

The hospital director told us about initiatives taking place to recruit permanent members of staff. A high proportion of agency staff have been used at the hospital to cover any staffing shortfalls. The high usage of unfamiliar agency staff has impacted negatively on the some patients' feelings of security, safety and their dignity.

The registered provider must also ensure that staffing requirements provide sufficient numbers of female staff to maintain the privacy and dignity of female patients, specifically when enhanced observations in patients bedrooms are undertaken.

We were told that wherever possible the same agency staff members are used who are familiar with the hospital to provide consistency for patients. The hospital director must continue to recruit staff into vacancies to reduce the reliance on unfamiliar agency staff working at the hospital.

Workforce recruitment and employment practices

It was clear that there were systems in place to ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken, and professional qualifications checked.

Therefore, we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the heads of care.

The hospital had a clear policy in place for staff to raise any concerns. Occupational health support was also available, and staff spoke highly of the welfare support provided by the management team. There were good systems in place.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Heatherwood Court Hospital

Date of inspection: 21 - 23 June 2022

The table below includes any immediate non-compliance 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.

No immediate assurances issues				

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: Heatherwood Court

Date of inspection: 21 -23 June 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Toilet areas must be cleaned after use and any discarded cloths and towels removed	3.Health promotion, protection, and improvement	Patients are supported and encouraged to clear the toilet & bathroom areas after use and staff check toilet & bathroom areas on an hourly basis and record on General Obs forms.	General Manager	01/08/2022
Sanitary bins on Caerphilly Ward must be replaced a	3.Health promotion, protection, and improvement	Bins are changed on a regular basis due to wear and tear, however, due to risk, these are the only bins we can purchase which provide least risk to the patients. Regular audit will be undertaken by Head Housekeeper	General Manager	01/08/2022

		to ensure they remain fit for purpose.		
Bins in the toilets on Caerphilly Ward must be available to dispose of paper towels	3.Health promotion, protection, and improvement	Due to the risk on Caerphilly unit bins are not allowed in the toilet areas. Staff are to support patients to dispose of items in alternative bin following completion of personal care.	General Manager	01/08/2022
The carpet in Chepstow Ward lounge needs to be cleaned or replaced	13.Infection prevention and control (IPC) and decontamination	Head Housekeeper to deep clean the carpet and AK and LB to review following clean if the carpet needs to be replaced.	Hospital Director / General Manager	3/08/2022
Space must be made in the dining room on Chepstow Ward to enable patients to eat together.	3.Health promotion, protection, and improvement	This was discussed with the patients when the kitchen was refurbished end of 2021 and it was agreed there would be 2 sittings, as a number of patients preferred to eat alone. To be discussed with the patients again to ensure they are still happy with 2 sittings.	Hospital Director	01/08/2022
The visitors room needs to be organised, free from clutter and suitable for visitors to use.	3.Health promotion,	Room has been cleared and conversations to be had with	General Manager	01/08/2022

	protection, and improvement	future admissions re belongings prior to admission.		
All wards require re-painting	3.Health promotion, protection, and improvement	There is an on-site painter in HWC who completes painting needed on a rolling plan. Hospital Director to continue to monitor environment to ensure plan is fit for purpose.	Hospital Director	01/08/2022
It is important that all staff are aware of the importance and relevance of audits and take part in them to gain a better understanding and improve audit outcomes.	13.Infection prevention and control (IPC) and decontamination	IPC audits to be discussed in staff meetings to ensure they are aware of importance of completion and weekly audits by Unit Managers.	Clinical Lead	30/08/2022
Opened food packaging should be labelled correctly	13.Infection prevention and control (IPC) and decontamination	This has been rectified and discussed with Head Chef and regular audits to be undertaken.	Head Chef / General Manager	01/08/2022
Review of policy is undertaken regarding use of anti-ligature clothing	7.Safe and clinically effective care	Senior Manager Team to review anti-ligature clothing policy and local protocol.	Hospital Manager	30/08/2022
Improved communication and partnership work must take place to	1. Governance and	Discharge planning to be discussed in every MDT and any	Hospital Director	16/09/2022

ensure that there are no long term delays which could negatively impact on patients at the hospital	accountability framework	delays or issues to be escalated to commissioners & regulators.		
Sufficient number of female staff are available for enhanced observations in bedroom areas	24. Workforce recruitment and employment practices	Re-distribution of regular female staff and female agency staff to be requested (where possible).	Hospital Director	16/09/2022
Recruit into vacancies to reduce the reliance on unfamiliar agency staff working at the hospital	24. Workforce recruitment and employment practices	Recruitment has been very positive throughout May & June (20 starters). Ongoing recruitment discussed weekly in HR Meeting with Hospital Director,	Hospital Director	01/08/2022

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): **Abigail Katsande**

Job role: **Hospital Director**

Date: 22/07/2022