

Mental Health Follow Up Inspection (Unannounced)

Royal Glamorgan:

● Seren Ward and Enhanced
Care Unit: Cwm Taf UHB

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In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

3. Context and description of service

At the time of our inspection the Older Person's Mental Health at Royal Glamorgan Hospital, consisted of:

- Seren ward – 12 bed organic mental health assessment.
- Enhanced Care Unit – 7 bed unit for enhanced care.
- St David's Ward – 10 bed functional mental health assessment.

The focus of the inspection was on Seren Ward and the Enhanced Care Unit.

4. Summary

Our follow up inspection at the Royal Glamorgan mental health unit took place across two of the Older People's Mental Health wards, Seren and the Enhanced Care Unit.

We found significant scope for improvement in the environment that required immediate assurance from the health board to undertake improvements for the safety of patients, visitors and members of staff.

We were also pleased to reflect some positive findings and improvements since our previous inspection in July 2016.

Improvements since our previous inspection included:

- An increase in the staffing levels on Seren and ECU.
- An improvement in the provision of food on Seren.
- An improvement in the patient and visitor information on display on the ward.
- An improvement in the facilities for the safe storage of medication.

This is what we recommend the service could improve:

- The upkeep and maintenance of the environment.
- Signage and information for patients and visitors.
- The management of medicines.
- The privacy for patients in dormitories.
- The provision of choice for meals.

5. Findings

Core Standards

The multi-disciplinary team

Since our previous inspection in July 2016 a new Senior Nurse for the Older People's Mental Health had been appointed since the previous person's departure. A new ward manager for Seren and ECU had also been appointed and recruitment was ongoing for the appointment of a ward manager for St David's Ward, the other older people's mental health ward at Royal Glamorgan Hospital.

Both new appointments spoke with passion of the requirement to address the issues identified in our previous inspection, with an immediate focus on a number of areas.

The main development since our last inspection was work on establishing a pilot for the service. All Older People's Mental Health admissions would be via the ECU. Patients would remain on the ECU for at least 72 hours to enable staff to undergo assessments and develop care plan documentation. After the 72 hours patients would either move to Seren or remain on the ECU depending on their care requirements.

The ward staff we spoke to commented positively on the proposed pilot, however anxious regarding yet more changes.

At the time of our inspection the service had a vision for the proposed pilot. However, they were unable to provide strategic documentation around the pilot and how its success and difficulties will be measured nor how the pilot would fit within the overall strategic operation of the health board's Older People's Mental Health provision.

Recommendation

The health board should develop a strategic document of the proposed pilot and evaluation.

In addition, there had been changes to the provision on Seren and Enhanced Care Unit (ECU). Two bedrooms from Seren which were located through the adjoining doors on the ECU side were now regarded as ECU beds. Therefore, Seren Ward had 12 beds and provided care for patients with organic mental health needs. St David's Ward had 10 beds and provided care for patients with functional mental health needs. The ECU had seven beds and provided care for patient who required additional support from either Seren Ward or St David's Ward.

Ward environment

The mental health unit at Royal Glamorgan Hospital is a self contained unit adjoining the main building. The unit has its own entrance and reception, with a number of offices and meeting rooms on the ground floor.

On entering the large foyer, doors lead to a number of areas and wards, the older person wards: Seren Ward, Enhanced Care Area and St David's Ward are located on the ground floor.

On the wards there was lack of maintenance of fixtures and fittings and general upkeep across Seren and Enhanced Care Unit (ECU); these posed a risk to patient or staff injury.

It was extremely disappointing that despite our invite to the health board's estates department to attend our inspection feedback, which would have enabled us to raise these issues immediately with them, we were informed that nobody was available to attend.

A significant number of corridor handrails across both wards were damaged, missing the end pieces or the tops. As a result sharp edges were exposed that could easily cause harm to a patient, visitor or member of staff.

The exposed areas would also be difficult to clean adequately which is a potential infection control issue.

The health board should also give consideration to the design of the handrails; the ones in place were not anti-ligature. Whilst the handrails were in communal areas that were observed regularly by staff which could limit the use of the handrails as a ligature point, the health board should install anti-ligature handrails.

Following our inspection we wrote to the health board to requested immediate assurance that corridor handrails would be repaired and eliminate the potential use as a ligature point. The health board confirmed that immediate repairs had been completed and that anti-ligature handrails will be installed by 31 March 2017.

Numerous door handles across both wards were damaged, including loose or missing parts. Loose handles could result in a patient becoming unsteady on their feet and resulting in a fall and injury. Loose handles were also a potential implement for harm if a patient was able to remove them from the door.

Where handles were missing there was an exposure of sharp metal, which could result in injury to a patient, visitor or member of staff.

Again we requested immediate assurance from the health board that all broken door handles were fixed or replaced. The health board confirmed that repairs to door handles had commenced and as part of the improvement identified regarding anti-ligature fittings, all door handles will be replaced with new anti-ligature fittings by 31 March 2017.

The ECU had single en-suite bedrooms whilst Seren had a mixture of bedrooms single en-suite bedrooms and dormitory style rooms. The single bedrooms all had en-suite facilities which included a shower, toilet and sink. Bedrooms and dormitories had storage for clothes and personal belongings. However, throughout both wards there were cupboard doors or drawer fronts missing from the furniture; this impacts upon patient dignity.

The health board have confirmed that as part of the improvement identified regarding anti-ligature fittings, all cupboards and wardrobes will be replaced with new anti-ligature fittings by 31 March 2017.

It was also noted that signage on bedroom and dormitory doors was unclear. There were a number of different identifiers on each door, relating to bedroom number, estate department reference and patient name. Patient names were not always very clear, some being hand written on small pieces of sticky labels and attached to the door. There was no attempt to provide patients with a more recognisable indication of which bedroom or dormitory was theirs.

Improvement Needed

The Health Board must ensure bedroom door signage is clear and appropriate to the patient group to assist with way-finding.

The male dormitory on Seren ward was designated for up to four patients, at the time of our inspection two of the beds were allocated to patients; the other two beds were empty. However, the empty bed areas were cluttered and untidy; the dormitory appeared more like a storage area as opposed to a sleeping area. Staff stated that there was limited storage space on the ward and that items were in the empty bed areas as there was no other place to keep them at that time.

Improvement Needed

The Health Board must ensure that bedroom and dormitory areas are arranged appropriately and not used as additional storage spaces.

Whilst there were curtains on the dormitory windows there were no blinds. As a result when the curtains were closed there was still a significant amount of light entering the dormitory.

Improvement Needed

The Health Board must install appropriate blinds to the bedroom windows.

It was noted that the male dormitory was cold throughout the inspection, it was evident this was due to windows being open. Whilst this may have been the preference for the patients whilst they were present in the dormitory during the morning, the dormitory was empty during the afternoon as the patients were in the communal areas. During this time the temperature of the room fell even further. It would be advisable that staff ensured that dormitories and bedrooms did not get too cold whilst patients were out of their sleeping areas.

Improvement Needed

The Health Board must ensure that staff monitor patient dormitories and bedrooms to ensure that they are maintained at an appropriate temperature.

There were no gender specific toilets and showering/bathing facilities on either ward. It was also of concern that not all communal facilities had working locks to maintain patient privacy; this was the situation in July 2016 which the health board subsequently stated it addressed. There were also damaged locks on a number of bedroom doors on each of the wards.

It is unacceptable that there remain issues with locks on the wards, despite confirmation from the health board following our previous inspection that these would be repaired. It was also noted that the wards had reported to the health board's the estates department that these issues were not resolved.

We requested immediate assurance from the health board that all broken locks are fixed or replaced as a priority. The health board confirmed that replacement locks had been ordered and will be fitted by 10 February 2017.

There were ongoing problems with the baths on each of the wards, despite efforts to repair the faults, the baths continued to leak on regular occasions. It is evident that the repairs being undertaken are not sufficient.

Improvement Needed

The health board must find a long term solution to the inadequate bathing facilities.

There were no appropriate facilities for storing bath hoist slings within the bathroom areas. We observed that slings on Seren Ward were disorderly located in a large container next to the hoist.

Improvement Needed

The health board must provide suitable storage for bath hoist slings.

Throughout both wards there was damage to the interior walls, with areas of plasterwork missing. This included areas that we identified during our previous inspection, such as Seren dining room. The exposed areas would also be difficult to clean appropriately which is a potential infection control issue.

Some of the exposed areas were also rough which could result in injury to a patient, visitor or members of staff. There was also a potential for a patient, due to their mental state, to ingest any loose material as an accident or as a deliberate attempt of self harm.

We requested immediate assurance from the health board that all damaged areas of interior wall and plasterwork are repaired. The health board has confirmed that they have initiated repair works to walls and decoration. Some exposed areas have been repaired and/or protected by corner guards however additional guards are required to complete the work. These have been ordered and will be fitted by 10 February 2017.

There were communal areas for patients to use during the day and evenings including lounges, television rooms and dining rooms. The Older People's Mental Health wards had a smoking room located on St David's Ward that patients could use if they wished.

There were clocks displaying the time in communal areas of the wards; however we were informed that the wards had received dementia friendly clocks that were waiting to be mounted upon the walls. We noted that the current positioning of the clocks in the communal areas was not always best placed for ease of viewing, the re-positioning of the clocks should be considered when mounting the new clocks.

Improvement Needed

The health board must mount the dementia friendly clocks in appropriate positions in the communal areas.

We noted an improvement in the patient and visitor information on display on the wards. However, the wards were awaiting the estates department to mount new information boards. The information that was displayed on the Seren visitors' entrance information board was untidy and unkempt; it did not provide a positive image of the ward on arrival and needs to be improved.

Improvement Needed

The health board must ensure that new patient/visitor information boards are mounted.

The health board must ensure that information is displayed neatly on the information boards.

As per our previous inspection domestic staff work on the wards from 7am until 1pm, and there was no provision after this time. Nursing staff would be required to undertake additional domestic tasks as required outside 7am to 1pm, therefore reducing their time available to patients.

Improvement Needed

The health board must ensure that there is sufficient domestic staff input to Seren Ward to not impact on the provision of nursing care.

Whilst the wards had access to outside space and staff said that the space is occasionally used. It was difficult to facilitate access to outside areas due to the mobility needs of the patient group, access and maintenance of the outside areas and staffing levels. Staff expressed their desire to develop links with local organisations in developing the area further, it is strongly recommended that the health board support ward staff in pursuing these developments.

Safety

It was positive to note that there had been an increase in staffing numbers since our inspection in July with an additional member of staff on Seren Ward and ECU. As part of the pilot all patient admissions will be to the ECU for at least 72 hours prior to moving to another ward. We were informed that the health board will be monitoring the staffing requirements for the Older People's Mental Health wards at Royal Glamorgan Hospital. It is essential that the health board ensures that safe staffing levels are maintained across the wards.

Despite the increase in staff it was evident through our observations that staff across the older people's wards were very busy. However, the wards felt calmer and the care appeared to be delivered in a more structured and organised manner than our previous inspection.

The patients we spoke to told us they felt safe at the hospital and staff had alarms should they need to raise an alert. However, there was no nurse call alarm system in patient bedrooms or patient areas.

Recommendation

The health board should provide nurse call system for patients.

Seren ward had a soft room which was used to provide care for patients who were at risk of harming themselves on hard surfaces. However, the health board were unable to provide a policy for the use of this room to guide staff.

Improvement Needed

The health board must provide a policy to guide staff on the purpose and use of the soft room.

We were also concerned about the location in a busy area of the ward in between communal patient rooms, which could impact on the privacy and dignity of a patient being cared for in this room as noises could be heard from outside the room in the communal areas. It would be beneficial if the soft room could be located in a more discrete area of Seren or on ECU.

Recommendation

The health board should consider relocating the soft room.

The ligature point risk assessment for Seren ward that was provided to us was passed the date of review by eight months. It is essential that ligature point risk assessments are completed by the review dates for the safety of patients.

Improvement Needed

The health board must ensure that ligature point risk assessments are in date.

Privacy and dignity

Patients on Seren either had an individual bedroom or four-bedded dormitory, patients on ECU had individual bedrooms. However, as noted above there were areas of maintenance that impacted on the dignity of patient.

Patient beds in dormitories were separated by curtains; these provide only the most basic for of privacy.

Recommendation

The health board should change dormitory accommodation to single bedrooms.

Although family and friends could visit their relatives, there was no dedicated visitor room on either Seren or ECU. We were informed by staff and patient relatives that visits could only take place on Seren Ward at bedsides; we were informed that this was to maintain the privacy and dignity of patients being

cared for on the ward. Whilst this can be appropriate for patients who have an individual bedroom, this is not the case for patients residing in dormitory bedrooms.

Improvement Needed

The health board must ensure there are appropriate private facilities for patients to receive visitors.

Each ward office had a *patient status at a glance board* displaying confidential information regarding each patient being cared for on the ward. Both wards had the facility to hide the confidential information when the boards were not in use. However, we did observe that on a number of occasions some staff members did not cover the boards after use on Seren. Therefore the confidential information could be viewed on the ward when the office door was open.

Improvement Needed

The health board must remind staff of the need to ensure that *patient status at a glance board* in the ward offices are covered when not in use.

There were no on ward laundry facilities available on the Older People's Mental Health wards. Patients either relied on family and friends or had to pay for an external service.

Recommendation

The health board should provide in ward laundry provision for the Older People's Mental Health service at Royal Glamorgan Hospital.

Patient therapies and activities

During our time on the Older People's Mental Health wards we observed staff interacting with patients with dignity to support patients with their daily activities, such as getting dressed, personal hygiene, eating, etc. It was positive to note that we saw some structured activities being undertaken with patients, this was lacking during our previous inspection. We also observed an increase in occupational therapy input on Seren.

Clinical Rooms and Medicine Management

Staff on all wards had access to the health board's Medicine Management Policy via the health board's intranet.

Our inspection identified poor medicine management practice on both Seren and ECU. There were medication fridges in each of the clinic rooms, Seren had one medication fridge and ECU had two medication fridges. We noted omissions in the daily fridge temperature checks on each ward, which included a gap of a week on one of the fridges on ECU.

Improvement Needed

The health board must ensure that staff monitor and record the temperature of medication fridges.

One fridge on ECU had the key in the lock; the other fridge on ECU and the fridge on Seren were unlocked. This meant that the medication fridges and their contents were not securely locked; this could result in medicines being removed and not accounted for.

Improvement Needed

The health board must ensure that all medicines are appropriately secured.

Medication trolleys had the facility to be secured to the wall in each of the clinic rooms; however neither of the trolleys were secured during our inspection.

Improvement Needed

The health board must ensure that medication trolleys are secured within the clinic rooms.

All medicine cupboards were locked appropriately for the safe storing of medicines including Controlled Drug cupboards.

Food and nutrition

During our previous inspection we raised a number of concerns regarding the provision of food on Seren. It was positive to note that a number of our concerns had been addressed and had resulted in an improved provision for patients.

The revised catering system meant that patients were able to still have breakfast if they woke after the breakfast trolley had been to the ward, during our last inspection this was not the case and resulted in patients being awoken early.

There was also an improvement in the supply of snacks available for patients and it was evident that fruit was now routinely provided to the wards.

Patients were provided with regular drinks and there were sufficient cups and glasses available on the wards.

As noted in the previous inspection menu boards on the wards were blank. However, it was positive to note that since our last inspection the occupational therapy team had developed pictorial menus for patients and these were used to assist patient in choosing their meals.

On the day of the inspection the occupational therapy team were actively involved in ensuring patient choose their meals and supplied with them at meal times. However, the occupational therapy team were only on the ward four days a week. It was not evident how on the other three days the nursing team alone could provide the intensive support the occupational therapy team provide.

Improvement Needed

The health board must ensure there are sufficient resources available to support ward staff in offering patients choice of meals and provision in absence of the occupational therapy team.

Due to some patients still being asleep by the time menu choices were required to be submitted to the catering department, 9:15 am, we observed staff members ordering patient food without consulting with patients. It was noted that the staff members were considerate of each patient's preferences and dietary requirements when choosing on their behalf. However, it would be beneficial if patients were able to choose their own food.

Improvement Needed

The health board must consider how to ensure that patients are able to make their own choice of meals.

We observed staff members assisting patients with their meals when required. However, speciality adaptive cutlery and crockery was still not readily available on the wards which some patients may benefit from using.

Improvement Needed

The health board must ensure a provision of speciality adaptive cutlery and crockery is available.

Training

We reviewed the staff training statistics and it was evident that these continued to improve since our previous inspection. Training statistics were

now up to date on the centralised training records system so that the ward manager was able to monitor completion rates of their staff.

It was positive to note that registered nurses had completed Care and Treatment Planning training which had been identified as lacking by the health board.

There were still areas of mandatory training that needed to be undertaken by the majority of staff. Senior managers we spoke to were keen to improve the compliance rate of mandatory training.

Improvement Needed

The health board must ensure that staff are supported and have sufficient time to complete their mandatory training.

6. Next Steps

The health board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The health board's Improvement Plan should clearly state when and how the findings identified during the inspection will be addressed, including timescales.

The health board's Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability inspection process.

Appendix A

Mental Health:

Improvement Plan

Health Board:

Cwm Taf University Health Board

Hospital:

Royal Glamorgan Hospital – Seren and Enhanced Care Unit.

Date of Inspection:

9 January 2017

Immediate Assurance Required	Health Board Action	Responsible Officer	Timescale
The health board must ensure that corridor handrails are complete and safe for patient use and minimise the potential use as a ligature point.	Existing handrails have been fully repaired The UHB has developed a scheme to replace all the handrails within the ECU and Seren to anti-ligature compliant fixtures.	Estates Department Estates Department / Directorate Management Team	Completed 31 March 2017

<p>The health board must ensure that all broken door handles are fixed or replaced.</p>	<p>Repair has been made to the majority of door handles. As part of the improvement identified regarding anti ligature fittings, all door handles will be replaced with new anti ligature fittings</p>	<p>Estates Department / Directorate Management Team</p>	<p>31 March 2017</p>
<p>The health board must ensure that all broken door handles are fixed or replaced.</p>	<p>Replacement locks will be ordered and fitted once received.</p>	<p>Estates</p>	<p>Completed 1 Feb 2017</p>
<p>The health board must ensure that all damaged areas of interior wall and plasterwork are repaired.</p>	<p>The Health Board has initiated repair works to walls and decoration. Exposed areas will be repaired/ protected by corner guards. A number of guards have been fitted but additional guards are required. These have been ordered and will be fitted once received.</p>	<p>Estates</p>	<p>31 March 2017 Completed</p>
<p>The health board must ensure that all missing draw fronts and doors are replaced.</p>	<p>As part of the improvement identified regarding anti-ligature fittings, all cupboards and wardrobes will be replaced with new anti ligature fittings.</p>	<p>Estates</p>	<p>31 March 2017</p>

Improvement Needed	Health Board Action	Responsible Officer	Timescale
The health board should develop a strategic document of the proposed pilot and evaluation.	Proposal written and shared with team	Senior Nurse	Completed
The Health Board must ensure that bedroom and dormitory areas are arranged appropriately and not used as additional storage spaces.	Plan are currently being developed to change the indoor smoking area into a storage room, for all manual handling equipment and hoists, and replaced with a smoking shelter. A capitol bid has been submitted.	Estates	31 March 2017
The Health Board must ensure bedroom door signage is clear and appropriate to the patient group to assist with way-finding.	All patient bedrooms to have dementia friendly signage on bedroom doors.	Ward manager / Senior nurse	Completed
The Health Board must install appropriate blinds to the bedroom windows.	This will be completed after anti ligature, wardrobes fitted and area decorated.	Ward Manager / Estates Department	Completed
The Health Board must ensure that staff monitor patient dormitories and bedrooms to ensure that they are maintained at an appropriate temperature.	Thermometers have now been ordered from central stores which will be placed in each bedroom to allow staff to record room temperature daily. This information will be recorded via the	Ward Manager	31 March 2017

	audit calendar.		
The health board must find a long term solution to the inadequate bathing facilities.	A capitol bid has been submitted to review two of the baths on Seren and ECU.	Senior Business Manager / Ward Manager	31 March 2017
The health board must provide suitable storage for bath hoist slings.	Bath hoist must be located in the bathroom over the baths. Staff must be reminded of this and informed that hoists cannot be left in centre of bathroom. Sling will be store in the new storage room in an appropriate manner.	Estates/Senior Business Manager	Completed
The health board must mount the dementia friendly clocks in appropriate positions in the communal areas.	Ward manager has booked job with Estates.	Estates Department / Ward Manager	28 February 2017
The health board must ensure that new patient/visitor information boards are mounted. The health board must ensure that information is displayed neatly on the information boards.	This has been booked with Estates and they have arranged to complete this week. Ward manager to ensure information boards are updated regularly	Estates Ward Manager Ward manager	Completed

The health board must ensure that there is sufficient domestic staff input to Seren Ward to not impact on the provision of nursing care.	Senior Nurse to discuss with domestic supervisor.	Senior Nurse	Completed
The health board must provide a policy to guide staff on the purpose and use of the soft room.	Draft guidelines completed. To go to Clinical Governance for ratification in February 2017	Ward Manager / Senior Nurse	28 February 2017
The health board must ensure that ligature point risk assessments are in date.	Anti Ligature audit completed for Seren and ECU.	Staff Nurse / Ward Manager	Completed 2/02/2017
The health board must ensure there are appropriate private facilities for patients to receive visitors.	Due to the environment there is limited spare space available on the ward. As a result of this it is preferred that families visit patient in their bedrooms to maintain the dignity of other patients on the ward. If appropriate families may make use of wider hospital facilities such as the canteen and coffee shop.	Ward Manager	Completed
The health board must remind staff of the need to ensure that <i>patient status at a glance board</i> in the ward offices are covered when not in use.	Ward manager to reinforce that white boards containing patient information must be covered when not in use. This will also be discussed at team meeting.	Ward Manager	Completed

<p>The health board should provide in ward laundry provision for the Older People's Mental Health service at Royal Glamorgan Hospital.</p>	<p>Capitol bid has been submitted to convert one of the toilets into a laundry room to enable washing machine and tumble dryer facilities to be available on the ward are currently underway.</p>	<p>Senior Nurse / Senior Manager</p>	<p>31 March 2017</p>
<p>The health board must ensure that staff monitor and record the temperature of medication fridges.</p>	<p>All fridge temperatures are now checked daily and temperatures recorded in a book provided.</p>	<p>Ward Manager / Deputy ward managers</p>	<p>Completed</p>
<p>The health board must ensure that all medicines are appropriately secured.</p>	<p>All staff have been allocated a copy of the health board's medication policy, and this is to be discussed in team training day to ensure all staff are following procedure.</p>	<p>Ward Manager / Deputy ward manager</p>	<p>Completed</p>
<p>The health board must ensure that medication trolleys are secured within the clinic rooms.</p>	<p>All medication trolleys are now stored inside a locked clinic and are fitted securely to the wall</p>	<p>Senior Nurse</p>	<p>Completed.</p>
<p>The health board must ensure there are sufficient resources available to support ward staff in offering patients choice of meals and provision in absence of the occupational therapy team.</p>	<p>New process has now been devised with occupational therapy and ward manager to ensure this issue is resolved when no occupational therapy available.</p>	<p>Occupational Therapy / Ward Manager</p>	<p>Completed</p>

The health board must consider how to ensure that patients are able to make their own choice of meals.	This has been resolved by utilising the above process.	Occupational Therapy / Ward Manager	Completed
The health board must ensure a provision of speciality adaptive cutlery and crockery is available.	This equipment has now been ordered.	Ward Manager / Occupational Therapy	Completed.
The health board must ensure that staff are supported and have sufficient time to complete their mandatory training.	Senior nurse and ward manager have now arranged a training day once a month to allow staff to have sufficient time to complete mandatory training by utilising their payback shift.	Senior nurse / Ward Manager	Completed.
Improvement Suggested	Health Board Action	Responsible Officer	Timescale
The health board should provide nurse call system for patients	Due to the patients on the ward having impaired cognitive functioning, nurse call would have limited benefits as most patients would be unable to understand the system, it may also pose a ligature risk to patients.	Senior Nurse / Head of Nursing	Completed
The health board should consider relocating the soft room.	Due to the environment and the high level of observation required for patients utilising the soft room the soft room is required to be located in a	Senior Nurse / Ward Manager	Completed

	central area to allow staff quick access and good observation.		
The health board should change dormitory accommodation to single bedrooms	Due to the high level of observations required by this patient group and limited space available this would not be suitable for all patients. Ward manager and Senior nurse will discuss the use of room dividers.	Senior Nurse and Ward Manager	31 March 2017

Health board representative:

Name (print):

Title:

Date: