

Mental Health Follow-up Inspection (Unannounced)

Royal Glamorgan Hospital: Seren
& St David's wards/Cwm Taf UHB

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 follow-up inspection of Seren and St David's wards at the Royal Glamorgan mental health unit within Cwm Taf University Health Board on the 11-13 June 2018.

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay reviewer(s). The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found that the responses provided by the health board in their 2017 action plan had been inaccurately described as completed. Specifically, we found sufficient evidence that the majority of identified improvements had not been fully addressed and where necessary, we have asked for further information regarding the action taken.

We found significant concerns regarding medicines management that resulted in the issue of a HIW immediate assurance letter to the health board. Whilst we are satisfied with the subsequent response that the issues we identified have been addressed, we found additional areas of concern during our inspection that needed to be reviewed. This was in order to improve processes and ensure the safety of staff and patients.

The patient and visitor information boards had improved but we recommended further improvements be made. This was to ensure they provided information specific for the patient group and in a suitable format.

The staff and patient interactions we observed were friendly, respectful and dignified. Patients told us they felt safe and were complimentary of the care, treatment and support provided at the hospital.

We found evidence that good compliance rates had been achieved by staff regarding their mandatory training.

This is what we found the service did well:

- Staff giving their time and dignified responses to some patients with very complex needs
- Feedback regarding food was positive from patients and staff

- All patient's we spoke to on St David's ward said they felt safe
- There was good compliance rates across both wards in relation to mandatory training and annual appraisals
- All handrails had been repaired and were safe for patient use.

This is what we recommend the service could improve:

- Updates and further improvements are required in relation to the HIW findings and recommendations associated with its 2017 inspection because we found that most had not been completed
- Medicines management needs to be improved
- Improvements across the environment are still needed
- Medication records need to document reasons why medication had not been administered
- Staff need access to working, personal alarms
- For a full list of improvements, see appendix C of this report

3. What we found

Background of the service

HIW previously inspected the Royal Glamorgan Hospital mental health unit on 9 January 2017.

The key areas for improvement we identified in 2017 included the following:

- The upkeep and maintenance of the environment, areas of which resulted in the issue of an immediate assurance letter to the health board
- Signage and information for patients and visitors
- The management of medicines
- The privacy for patients who were provided with accommodation in dormitories
- The provision of increased choice of meals.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection. The older person's mental health wards at the Royal Glamorgan Hospital, consisted of:

Seren ward – 19 bed organic¹ mental health assessment unit

St David's ward – 10 bed functional² mental health assessment.

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.

² Functional mental illness applies to mental disorders other than dementia, and includes severe mental illness such as schizophrenia and bipolar mood disorder.

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.

The service improvements identified by HIW in 2017 had not all been fully met.

Dormitory style accommodation was still the same as in 2017, with no evidence or rationale for it being so. There were no specific visitor facilities on the wards. Whilst limited space on the wards was cited as the main reason for this, we were told that the activity room would be used if required. If appropriate, visitors could use the coffee shop facilities within the Royal Glamorgan.

We have asked the health board to remind staff again of the importance to cover patient information boards when they are not in use, due to the personal and sensitive nature of the information they contain.

The patient and visitor information boards had improved but we recommended further improvements, to ensure they provide information specific for the patient group and in a suitable format.

The ward laundry provision had not progressed since 2017. Whilst we noted that the preferred option was for family and friends to provide this service, there were some patients for whom this was not possible and the provision was different from what other patients within the hospital received, or had access to.

The staff and patient interactions we observed were friendly, respectful and dignified. Patients told us they felt safe and were complimentary of the care, treatment and support provided at the hospital.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Dignified Care

- The health board should change dormitory accommodation to single bedrooms.
- The health board must ensure there are appropriate private facilities for patients to receive visitors.
- 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.
- The health board should provide in ward laundry provision for the Older People's Mental Health service at Royal Glamorgan Hospital.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated February 2017:

Dignified Care

- Due to the high level observations required by this patient group and limited space available, single bedrooms would not be suitable for all patients. Ward manager and senior nurse were therefore to discuss the use of room dividers.
- Due to the environment there is limited spare space available on the ward. As a result of this, it is preferred that families visit patients 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 to reinforce that white boards containing patient information must be covered when not in use. This will also be discussed at team meeting.
- 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.

What we found on follow-up

Dignified Care

Patients on Seren and St David's wards either had an individual bedroom or occupied a bed within a dormitory style room. Patient's beds in the dormitories were separated by curtains which only provided the most basic form of privacy and we asked the health board to consider changing the dormitory style accommodation into single bedrooms. No changes had been implemented. The environment within the dormitories was still the same as in 2017. There was no evidence that this issue had been discussed, nor a rationale provided for not altering the dormitory style rooms. The room dividers that were cited as a possible solution were not in place; therefore an update from the health board regarding this issue is required.

There had been no development regarding the provision of a dedicated visitor room. This was discussed at the HIW feedback meeting and it was recognised that the wards offered limited space to provide an additional room for visitors. The preferred method was for patients to receive visitors in their bedrooms. Whilst we recognise that this can be appropriate for patients with their own individual room, this was not the case for patients residing in dormitory rooms, where patient beds were separated only by a curtain. We were told that the activity room could be used if children were visiting the wards and if appropriate, visitors were encouraged to use the hospital's canteen and coffee facilities.

We saw that all information boards had been wall mounted. There had been some improvements on Seren ward since our last visit regarding visitor information; however there was further improvement required. On St David's ward it was hard to distinguish between patient and visitor information. There was no information displayed in relation to Putting Things Right³ arrangements. The information displayed in general, was not in a format suitable for the patient group, with little information displayed in a visual and easy read format. HIW information was not displayed on Seren ward and the information on St David's contained the wrong address.

³ This is the process for managing concerns in NHS Wales.

We recommended that another reminder be communicated to all staff, to ensure that patient status at a glance boards remain covered when not in use. On Seren ward, the board was uncovered when we arrived during the first night of our inspection and the door was wedged open. Where sensitive information is recorded (including do not attempt resuscitation), it is essential that the information remains covered when not being used and/or updated. One office on Seren did not have a cover for the patient status board and therefore needs to have one fitted to protect patient information.

The provision of laundry facilities for patients on Seren and St David's wards had not progressed. Despite a capital bid being submitted for funding, there were no laundry facilities for patients residing on the older person's mental health wards. Patient options regarding laundry remained the same as in 2017. Patients either relied on family and friends, or they had to pay for an external service. There were occasions when staff were able to use the laundry facilities situated upstairs on the acute ward. However, due to the three wards located upstairs, this option was not satisfactory. There were no designated laundry timeslots for Seren and St David's wards, so staff were only able to take patient laundry upstairs usually at night. This meant that (for St David's), only one member of staff would remain on the ward, as the other was back and forth, ensuring that patient's laundry was collected before someone else removed the clothing to use the machines.

It was evident from discussions with staff that a dedicated laundry facility would be beneficial for the patients in receipt of care on Seren and St David's wards. The current situation was acknowledged as being different from how patients across all wards within the Royal Glamorgan hospital are treated.

The provision of laundry facilities therefore needs to be formally reviewed, the outcome of which should reflect health board policies on how all patients within Cwm Taf Health Board are to be supported, particularly if there are no family or friends to help them with washing their clothes.

Improvement needed

The health board needs to provide an update regarding changing dormitory accommodation into single bedrooms and the outcome of the discussions regarding room dividers.

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

The health board must ensure that the patient status at a glance board on Seren ward has a cover so the information can be protected when the board is not being used.

The health board must review all patient and visitor information boards to ensure information is up to date, relevant and in a format specific for the patient groups. Information on Putting Things Right and HIW contact details should be available.

The health board must review the laundry provision for Seren and St David's wards to ensure the patients are being treated the same as all other patients, especially when they have no relatives to rely on to do their laundry.

Additional findings

We observed staff interact and engage with patients appropriately, treating them with both dignity and respect. We found that staff responded promptly and appropriately to patients; some with very complex needs. The staff we spoke to were committed to providing dignified care for the patients.

The patients, who spoke with us, said that they were treated with respect and kindness and were complimentary of the care, treatment and support provided at the hospital. All patients on St David's ward told us they felt safe and we observed patients to be well presented.

During our environment tour, we identified a privacy and dignity issue that must be resolved by the health board. Specifically, from the garden areas and from different wards, we were able to see into patient bedrooms. To protect patient privacy and dignity, we ask the health board to consider a solution that will allow patients to view outside their bedroom windows, without anyone seeing inside their bedrooms.

Improvement needed

The health board must protect patient's privacy and dignity by preventing any persons from being able to view into patient bedrooms from the garden areas and/or from opposite windows.

Delivery of safe and effective care

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

We identified that the majority of improvements identified in 2017 had not been fully completed. Therefore we have asked the health board to review the improvements again and provide an updated action plan.

Significant issues were identified regarding medicines management during this inspection. The room was disorganised and cluttered and we observed the room left open during our night visit. We have recommended that the controlled drugs key is separated from the other keys inline with NMC guidelines. Fridge temperatures were not being monitored daily. Some staff were unaware of how to access/obtain the medication policy.

Environmentally, there were still issues outstanding from our 2017 inspection. Not all the door handles on Seren ward had been changed to anti ligature types. Some redecoration and plasterwork was required where new furniture and fixtures had been updated. No blinds had been fitted to the bedroom windows on Seren ward. Improved bedroom signage is required to assist patients with way finding. There were missing/broken thermometers in patient's bedrooms that had not been replaced and the recording of temperatures was not being completed daily.

All corridor handrails had been repaired and were anti ligature compliant, therefore suitable for the patient group. Bathing facilities were in working order and there was suitable storage arrangements in place for bath hoist slings.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Safe & Effective Care/immediate assurance

- The health board were required to ensure that corridor handrails were complete and safe for patient use and minimise their potential use as a ligature point.
- The health board was required to ensure that all broken door handles were fixed or replaced.
- The health board was informed that it must ensure that all damaged areas of interior wall and plasterwork were repaired.
- The health board was required to ensure that all missing cabinet draw fronts and doors were replaced.

Safe and Effective care

- The health board should develop a strategic document of the proposed pilot and evaluation.
- The Health Board was required to ensure that bedroom and dormitory areas were arranged appropriately and not used as additional storage spaces.
- The Health Board was informed of the need to ensure bedroom door signage was clear and appropriate to the patient group to assist with way-finding.
- The Health Board must install appropriate blinds to the bedroom windows.
- The Health Board was required to ensure that staff monitored patient dormitories and bedrooms to ensure that they were maintained at an appropriate temperature.
- The health board must find a long term solution to the inadequate bathing facilities.
- The health board was to provide suitable storage for bath hoist slings.
- The health board must mount the dementia friendly clocks in appropriate positions in the communal areas.

- 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.
- The health board must ensure that there is sufficient domestic staff input to Seren Ward to not impact on the provision of nursing care.
- The health board must provide a policy to guide staff on the purpose and use of the soft room.
- The health board must ensure that ligature point risk assessments are in date.
- The health board must ensure that staff monitor and record the temperature of medication fridges.
- The health board must ensure that all medicines are appropriately secured.
- The health board must ensure that medication trolleys are secured within the clinic rooms.
- 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.
- The health board must consider how to ensure that patients are able to make their own choice of meals.
- The health board must ensure a provision of speciality adaptive cutlery and crockery is available.
- The health board should provide nurse call system for patients
- The health board should consider relocating the soft room.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Safe & Effective Care/immediate assurance

- Existing handrails have been fully repaired. The UHB has developed a scheme to replace all the handrails within the enhance care unit (ECU) and Seren to anti-ligature compliant fixtures.

- 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.
- Replacement locks will be ordered and fitted once received.
- 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.
- As part of the improvement identified regarding anti-ligature fittings, all cupboards and wardrobes will be replaced with new anti ligature fittings.

Safe & Effective Care

- Proposal written and shared with team
- Plans 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.
- All patient bedrooms to have dementia friendly signage on bedroom doors.
- This will be completed after anti ligature, wardrobes fitted and area decorated.
- Room 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 audit calendar.
- A capitol bid has been submitted to review two of the baths on Seren and ECU.
- 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.
- Ward manager has booked job with Estates.

- This has been booked with Estates and they have arranged to complete this week. Ward manager to ensure information boards are updated regularly
- Senior Nurse to discuss with domestic supervisor.
- Draft guidelines completed. To go to Clinical Governance for ratification in February 2017
- Anti Ligature audit completed for Seren and ECU.
- All fridge temperatures are now checked daily and temperatures recorded in a book provided.
- 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.
- All medication trolleys are now stored inside a locked clinic and are fitted securely to the wall
- New process has now been devised with occupational therapy and ward manager to ensure this issue is resolved when no occupational therapy available.
- This has been resolved by utilising the above process.
- This equipment has now been ordered.
- 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.
- 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 central area to allow staff quick access and good observation.

What we found on follow-up

Managing risk and promoting health and safety

Our inspection in 2017 highlighted significant issues with the environment which resulted in the health board being issued with an immediate assurance letter. The health board told us via their action plan that the areas identified had been completed. We saw that the corridor handrails had been repaired. The

handrails were anti ligature compliant, therefore making them appropriate for the patient groups.

Whilst the majority of door handles and locks had been fixed and/or replaced with anti ligature fittings, there were still some door handles on Seren ward to be replaced. The health board were aware of these and we recommended that they be replaced as soon as possible.

There had been improvements to the environment since our last inspection in 2017 with corner guards fitted to protect walls and redecoration across both wards. However, there were areas that still required attention. For example, some bedrooms had been fitted with new furniture and as a result there were holes in the wall that need to be filled and a wooden baton still attached from the previous fixtures and fittings. Repainting was required to cover up where the old furniture had been removed. On Seren ward there was visible damage to the plasterwork in the lounge, with exposed metalwork seen. These damaged areas need to be repaired and where necessary areas repainted.

We saw that new anti ligature wardrobes and cupboards had been fitted in patients' bedrooms and whilst we did not see any missing draw fronts/doors to these fixtures, we did identify potential ligature points. The exact nature of those were highlighted to staff at the time of our visit and therefore need to be reviewed and potential ligature risks mitigated as far as possible.

We found that none of the bedrooms or dormitory areas were being used inappropriately as additional storage areas. Since the previous visit in 2017, the health board had converted the smoking room into a storage room. This ensured that all manual handling equipment and hoists were stored appropriately.

There had been some improvement in the signage on both wards to assist the patient group with way-finding. All toilets had signage that was dementia friendly and were clearly signposted with male and female signs. All the bedrooms/dormitories had white boards located outside the room which had patient's names written on them. On Seren ward, these were located above the door, making them difficult to locate and read. In addition, the bedroom signs had not been completed to fully ensure that bedroom door signage was clear and appropriate to the patient group. We therefore recommended that the identified issues from 2017 remained in place.

All patients' bedrooms on St David's ward had blinds and curtains fitted. This ensured that patients' privacy and dignity was maintained. In addition, the blinds and curtains enabled light to be blocked out so patients could maintain a sufficient sleep routine. This was not the case on Seren ward. As identified in

2017, all bedrooms had curtains, but none of the rooms had blinds fitted. During our visit, we were able to see into patient bedrooms from St David's ward and with only curtains on the windows, significant amounts of light entered the room. This meant that without blinds, patients would need to have their curtains closed to maintain their privacy and dignity whilst in their bedroom. Sleep patterns would also be disturbed due to the light entering the room. This improvement had not been completed since 2017 and we recommended that the health board revisit this point.

To monitor the temperature in patient bedrooms and dormitories, to ensure an appropriate temperature is maintained, the health board told us that room thermometers had been placed in each bedroom and that daily room temperatures would be recorded. However, we found that not all rooms had thermometers. Staff told us that some had been broken and not replaced. In addition, the recording of temperatures was not taking place daily. The information provided and reviewed found that temperatures had been recorded once in April, May and June 2018. Over these three months, the same thermometers were noted to be missing and/or broken. In addition, the temperatures recorded ranged from 22 to 26 degrees. There was no guidance in place to assist staff in what was an appropriate temperature and what process/es to follow should temperatures be recorded above and/or below the desired temperature. Whilst effort had been made to monitor bedroom temperatures, they were not being completed in accordance with the health board's action plan response. All the missing and/or broken thermometers therefore need to be replaced and appropriate guidance implemented. Improved recording and monitoring is also required. This is in keeping with health and safety requirements.

The bathing facilities on Seren ward had been repaired and were in working order. We saw bath hoist slings were being stored appropriately in both wards.

Since our last visit in 2017, both wards had dementia friendly clocks mounted in the communal areas of the wards. In general, these were positioned for ease of viewing; however there were some that were poorly positioned and therefore not easy for patients to see. We observed one clock on St David's ward that indicated it was night time when it wasn't and the other clock displayed the wrong day and date. We noted that not all clocks were working and staff felt the night and day indicator on the clocks was not prominent enough for patients. This may prevent patients from being oriented to time and create anxiety.

There had been no change regarding the availability of sufficient domestic staff on both wards. Domestic staff worked on the wards until 1.30pm, with no

provision after this time. Ward staff were therefore required to undertake all domestic tasks reducing the time available to the, to care and support patients. This issue had been highlighted to the health board in 2016 and 2017 but no changes were evident. Night staff had a cleaning rota to complete, but there was no evidence that their allocated tasks had been completed. The above may impact on the dignity, health and wellbeing of patients and staff.

The soft room⁴ on Seren ward had been decommissioned since our last visit. The room had been changed and was used as a patient lounge. Therefore all improvements relating to the soft room were not reviewed due to these changes. However, we did ask staff what procedure was used if a patient experiences distress. Some staff said a room would be made up with crash mats⁵ but this was in contradiction to what other staff told us. The inconsistent message told to us by staff needs to be reviewed and the actual procedure communicated and followed. Such conversations highlighted inconsistency in care practice, which needs to be addressed.

The last ligature point risk assessment had been completed in April 2018 with a review date clearly visible. A review of the document highlighted that no outside spaces were included in the audit and that no actions and/or risks were clearly documented. Our observations on both wards confirmed that there were potential ligature points not documented within the audit.

We saw on St David's ward that nurse call bells were in bedroom areas. Some patients were also provided (depending on need) with a wearable alarm that could alert staff in an emergency. However, on Seren ward this was not the case, despite this being recommended in 2017. Whilst we appreciate the health board's view that patients on Seren Ward have impaired cognitive function, we do not believe that all patients would not be able to understand a nurse call system. This general approach needs to be reconsidered and decisions should

⁴ The soft room had cushions lining the floors which was used as an attempt to prevent a patient from hurting themselves by hitting their head (or other bodily parts) on the hard surfaces.

⁵ a thick padded mat used to cushion a landing or fall.

be made and evidenced on a case by case basis, using mental capacity assessments to evidence individual need, risk and understanding.

There was no rationale available to evidence the health board's response regarding the potential ligature risk as a reason why a nurse call system had not been implemented. With alternative options seen on St David's and potential ligature risks observed in patient bedrooms on Seren ward, the decision was not well founded. We recommended that this issue be reviewed again and the outcome documented, providing clear reasoning on how each patient will be able to call for assistance if no nurse call system is available.

Improvement needed

The health board need to ensure all door handles on Seren ward are anti ligature compliant and provide a timeframe for the completion of this work.

The health board must review the environment to ensure that damaged areas of interior walls and plasterwork are repaired and repainting is completed to cover up where previous furniture and fixtures had been.

The health board must ensure that the new furniture and fittings are safe for patient use and minimise their potential use as a ligature point.

The health board must ensure bedroom door signage is clear, appropriate to the patient group and located properly to assist the patient group with way-finding.

The health board must install appropriate blinds to the bedroom windows on Seren ward.

The health board must ensure all broken/missing room thermometers are replaced. Daily recording is needed and guidance is to be developed to ensure patient bedrooms and dormitories are maintained at an appropriate temperature.

The health board must ensure that all patient clocks are working and positioned appropriately for the patient group. The clocks also need to display the correct time, day, date and time of day.

The health board must ensure that there is sufficient domestic staff input to Seren and St David's wards to not impact on the provision of nursing care.

The health board must ensure that the cleaning rota assigned to night staff is completed to evidence the tasks that have ben completed.

The health board must review the clinical procedure/approach used by staff when a patient experiences distress because the messages were inconsistent. The actual procedure needs to be communicated to all staff.

The health board must ensure that the ligature point risk assessment includes all patient areas including outside spaces. The assessment should clearly document the risks and any actions identified.

The health board needs to provide an update regarding the lack of a nurse call system on Seren ward. Specifically, how each patient will be able to call for assistance if no nurse call system is available.

Effective care

Quality improvement, research and innovation

In 2017, the health board were piloting an enhanced care unit (ECU), whereby all older people's mental health admissions would take place via the ECU. Our current visit however, confirmed that this proposed plan had stopped and the area that was the ECU had now been amalgamated into Seren ward.

We found that some confusion was still evident regarding the ECU facility. This was obtained from discussions with staff, ECU signage still visible and the configuration of the environment and staffing. Firstly, signage was still visible citing the ECU facility. This needs to be removed to avoid any misunderstanding that this facility is still in operation. Discussions with staff highlighted that some still saw the ECU area as being in use. Reference to ECU was being used and we told that staffing was arranged/budgeted with the ECU facility in mind. The doors that separated the ECU and Seren wards were open. This provided some assurance that Seren ward was the admissions ward. These environmental anomalies need to be reviewed and signage removed regarding ECU to ensure staff, patients and visitors are cited to the correct ward.

Improvement needed

The health board must dispel confusion relating to the piloted ECU ward by removing any signage for ECU and update all staff accordingly.

Medicines management

We noted that medication trolleys were appropriately secured to walls during our visit. The medication trolley on St David's was secured to the wall in the nursing office. We noted that when administering 'when required' medication staff could be opening the trolley in a busy office, which could be distracting for staff. In addition, doors should be closed when preparing medication, which couldn't be fully achieved when administering medication from an office.

Our review of medication fridge temperatures for both wards confirmed inconsistency in the recording with large gaps of missing data. The omissions in the daily fridge temperature checks confirmed that no improvement had been made since 2017. If medicines are not stored properly they may not work in the way they are supposed to, and with inconsistent recording of fridge temperatures there was no reassurance that medication was administered inline with the desired temperature.

Whilst we saw that medicines were generally stored appropriately, we were not reassured that all staff had been allocated a copy of the health board's medication policy, as stated by the health board following our 2017 visit. Some staff we spoke to told us that no policy was provided. However, it could be obtained via the intranet page. As per the health board's response following the 2017 improvement, no staff confirmed they attended or were aware of the training day to ensure everyone was aware of the procedures to follow regarding the safe administration of medication.

Improvement needed

The health board should review how medications are administered on St David's ward to determine whether the current arrangements for administering medication from the nurse's office is safe and secure.

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

The health board must provide assurance that staff have been allocated a copy of the health board's medication policy and also provide evidence that staff are aware of the procedures to follow regarding the safe administration of medicines

Nutrition and hydration

During our visit we received positive feedback from patients and staff regarding the food served on both wards visited. Patients were provided with three meals each day, including breakfast, lunch and tea. Supper was also provided for

those who wanted it. We also saw that drinks and snacks were available to patients at regular times throughout the day.

Menus were displayed in the dining room on St David's ward and on a notice board outside the dining room on Seren ward. Twice a day, the catering team visited each ward to ask patients what they wanted for lunch and tea. We saw that ward staff would assist in this process, where necessary, to ensure that specific dietary requirements were met. For example, ensuring that food choices were soft foods or requesting puree dishes.

During our last inspection, the occupational therapy team were actively involved in helping patients make their food choices and had developed pictorial menus to help assist patients in choosing their own food. This procedure was no longer in place and there were no pictorial menus available for patients. As a result, we found that staff made food choices on behalf of patients because there was no alternative way to enable patient choice. Whilst menus were displayed, it was recommended to consider the benefits of having pictorial menus to enable as many patients as possible to choose their own meals.

We observed nursing and nurse assistant staff supporting patients at mealtimes, discussing with them what food was available and what they had chosen. The catering staff were able to provide alternatives if any patient had changed their mind regarding their choice.

Following our 2017 visit, the health board ordered specific adaptive cutlery and crockery to boost the independence of patients at mealtimes. None of this equipment was seen to be used during our visit. Staff told us though, if any patient required adaptive cutlery it would be provided. The coloured plates that had been ordered to make them easily distinguishable from the meals and tables were not being used. Staff confirmed these had gone missing and would need to be replaced. To ensure the patient groups on Seren and St David's eat well, such items need to be readily available to patients and used as required.

Improvement needed

The health board should consider reinstating pictorial menus to ensure patients are able to make their own food choices.

The health board must ensure that the provision of crockery specific to the patients group on Seren and St David's is available and used as required.

Additional findings

Safe care

Our concerns regarding medicines management were dealt with via our immediate assurance process. This meant that we wrote to the health board immediately following the 2018 inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in appendix B.

Managing risk and promoting health and safety

We noted during our visit that not all staff across both wards were wearing personal alarms. Discussions with staff confirmed that a substantial number of alarms had been sent away for repair, leaving the wards with an insufficient number of alarms for all staff.

We were told that alarms were not routinely checked to ensure they worked. During our visit we observed staff testing their alarms, only to find some were not working and not all staff were familiar with how they worked. In addition, there was no system in place to identify who should have an alarm. To ensure staff and patients are safe and to avoid this situation again, we recommended that systems are improved and alarms are checked regularly to ensure they work and that there is a sufficient number available for all staff.

On both wards, a member of staff was identified at each shift to be a responder. Therefore, if an alarm was raised on any mental health ward (for example, with regard to escalation in patients' needs), that individual would attend to provide assistance. It was evident from our night visit that posting a member of staff from St David's as a responder would leave the night shift short staffed and compromised, because only one member of staff would be left on duty if the responder was to attend an incident.

Concerns were raised by staff regarding occasions whereby male staff had to attend to the toilet needs of female patients. Despite both wards having male and female patients, the health board needs to ensure that there is good gender mix of staff to support patients of the same gender.

Discussions with staff regarding nursing observation levels highlighted that if a patient required level 3 observation⁶, the wards were not provided with additional staff. Also, patients and lots of the staff we spoke to including other healthcare professionals not based on the wards told us they felt staff numbers weren't sufficient. We recommended that this issue be reviewed to ensure staffing levels are appropriate specifically when patients' needs become more complex or change.

Improvement needed

The health board must ensure there are enough personal alarms available for all staff and systems must be improved to check and monitor that the alarms are in working order. Staff need to be provided with training in terms of their use.

The health board needs to review the allocation of responder duties on St David's ward at night times and provide assurance that the ward is not compromised if and when a member of staff attends to their responders duties

The health board must ensure a sufficient gender mix of staff is available on all shifts to guarantee that patient dignity choices/preferences are not compromised.

The health board needs to review staffing levels and provide assurance that sufficient numbers of staff are available on both wards at all times, especially when patient observation levels increase and/or acuity levels change.

Medicines management

In addition to following up on the recommendations made in 2017, we identified further issues relating to the safe administration of medicines that resulted in an immediate assurance letter to the health board. See appendix B of this report for further details.

⁶ Level 3 - one to one observations - within eyesight

Seren and St David's wards share one medication room which is located on Seren ward. We observed the medication room was unlocked during our night visit. To protect patients and staff, the medication room must always be locked to prevent unauthorised access. The room was cluttered and disorganised. From discussions with staff, we learned that pharmacy staff did not have the capacity to monitor stock and staff nurses were not checking either.

We observed that each ward had a set of medication keys which included the controlled drugs cabinet key. In accordance with NMC guidelines on medication management the controlled drugs key should be kept separately.

A review of the drugs charts showed that they were being consistently signed and dated when medication was prescribed and administered. There were no patients wearing identity bands or photographs of the patient on file, therefore the process for checking patient ID was not clear. Despite staff telling us they knew the patients, this may not be the case for all bank staff and/or agency staff.

We identified some gaps in the medication charts we reviewed. There were no reasons/codes why prescribed medication had not been administered. We also identified some patients that did not have their mental health status recorded on medication charts. Complete information needs to be documented on medication charts to ensure records are consistent and contemporaneous and also to ensure that patients received their prescribed medication safely.

A medication policy was available for staff via the intranet system. Not all staff we spoke to were able to tell us how they could find the policy and there were no copies seen on the wards. In addition, we found that the covert medication policy was not being adhered to. We observed covert administration taking place for one patient. However, the relevant decision-making documentation and health board covert medication care plan was not found in either paper or electronic records for the patient. Documentation was produced at a later point however this related to the previous care setting prior to the patients admission. This issue needs urgent attention and relevant paperwork completed to evidence compliance with the health boards policy.

Improvement needed

The health board must ensure that the medication room remains locked to prevent any unauthorised access.

The health board must ensure medication keys are stored and kept in accordance with NMC guidelines, with the controlled drugs key kept separately.

The health board must provide reassurance that processes for checking patient ID before administering medication are in place and that all staff are following them, including bank and agency staff. Specifically, the absence of patients' wristbands must be addressed; risk assessments being in place in instances where they may not be tolerated by individuals.

The health board must review and ensure all medication charts are complete and contemporaneous. Reasons why medication has not been administered need to be coded and mental health status clearly documented.

The health board need to provide assurance that all staff have/or know where to access the medication policy and that it is being followed accordingly, including the covert medication policy.

The health board need to ensure any patient subject to covert medication has appropriate documentation available and procedures are followed in line with the health board's policy.

Effective care

Record keeping

We reviewed two sets of patients' notes. Generally the paper files we reviewed were in good order and easy to navigate. We did however; identify some gaps that need to be addressed. Neither of the two records provided up to date evidence that patients' mouth care assessments were in place. One record did not have weekly weight recorded; the last entry was dated May 2018. This meant that elements of the patients' needs may not have been met.

Within one set of records, we were unable to locate the patient's mental capacity assessment. We were therefore unable to evidence whether the patient had agreed to their treatment plan. In particular, there was no evidence that the medication regime had been discussed with the patient, with no covert medication care plan on file.

There were no completed sections in both sets of notes to confirm whether the patients were involved in their care and treatment plan.

Risk assessments were seen in both files we reviewed, which clearly set out risks identified and a plan to mitigate and manage the identified risks.

Improvement needed

The health board needs to review patient records (paper and electronic) to ensure they are fully completed and contemporaneous.

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 services review and monitor their own performance against the Health and Care Standards.

We found evidence that good compliance rates had been achieved by staff regarding their mandatory training.

Whilst every effort was being made to ensure sufficient time was available to staff to complete training, we found that extra computers that had been installed on Seren ward were being utilised by staff from other wards during the day time. This therefore reduced the opportunities staff had to complete their online training during the day time.

There was no evidence that dedicated training days took place once a month for staff as highlighted in the 2017 action plan. As a result, we have asked the health board to provide an update on how staff are being supported and given sufficient time to complete training.

In addition to the above, we found staff were receiving annual appraisals. We have asked the health board to review communication methods with staff due to the comments regarding poor communication.

We found that the responses by the health board in their 2017 action plan have been inaccurately described as completed. We have found sufficient evidence that the majority of identified improvements had not been fully completed and where necessary have asked for further information regarding the improvements and action taken.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Training

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

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- 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.

What we found on follow-up

Our review of mandatory training statistics showed a high level of compliance across both wards. Training was a mix of class room style and online training. Ward managers were responsible for ensuring staff completed their training to ensure they had up to date skills and knowledge. Discussions with staff confirmed it was difficult to complete online training during the day. This was due to visiting staff utilising the spare computers on the wards and due to the requirements of their roles. Most staff would therefore try and complete training during a night shift.

It was confirmed from discussions with staff that since the previous HIW visit, no monthly training day had been scheduled to allow staff to complete training.

Improvement needed

The health board needs to provide an updated response on how staff are being supported and given sufficient time to complete their mandatory training, when during the day, computers can be occupied by visiting staff and monthly training sessions are not delivered.

Additional findings

Governance, leadership and accountability

Staff we spoke to during our visit told us they felt communication within the hospital was poor. Specific concerns raised by staff were regarding potential unit closures and staff being asked for their opinions, only to learn that the final outcome was the total opposite of what the majority of staff suggested. There was no rationale provided to them regarding the reasons for the final outcome. These reasons, staff told us, contributed to low morale.

During our feedback meeting we raised this issue and recommended the health board review how staff are communicated with, so that messages are made clearer and promote better two way discussions.

Our follow up inspection highlighted that improvements identified in 2017 had been met in some cases. However, having reviewed all the actions and progress to date, we were disappointed with the number of improvements and actions that had not been met, but documented as completed on the action plan, making the plan inaccurate. Our findings throughout this report provided evidence of where improvements have not been fully met and we recommend that the health board review their responses to ensure an accurate response is given as to the actions taken to date.

Improvement needed

The health board should review how staff are communicated with so that messages are made clearer and promote better two way discussions.

The health board needs to be accountable for ensuring that any improvements identified by HIW are properly reviewed and outcomes evidenced to ensure the service provides high quality, safe and reliable care.

Staff and resources

Workforce

Despite good compliance rates with mandatory training and staff receiving an annual appraisal, there were no regular supervisions taking place. We recommended the health board consider implementing supervision for all staff considering the issues they had raised with us and the opportunities supervision can have for individuals to engage in critical reflection in order to raise issues, explore problems and discover new ways of handling situations.

Improvement needed

The health board should consider implementing a formal programme of staff supervision to ensure everyone working in the service is supported to deliver high quality safe care.

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, measureable, 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 conduct follow-up inspections

Follow-up inspections can be announced or 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. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

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. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects 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
No immediate concerns were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Royal Glamorgan hospital - Seren & St David's wards

Date of inspection: 11 - 13 June 2018

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>During our audit in relation to the safe administration of medicines, we identified a number of issues that had, and could further compromise the delivery of safe and effective care to patients in receipt of care on Seren and St David's wards respectively.</p> <p>Specifically, the suction unit was not ready for use in the event of an emergency as suction attachments were not in place. There was no tubing connected. Neither was such tubing located in the same room as the suction unit for easy access by staff. There were no records to evidence that the suction unit was regularly checked and staff were unsure if the unit was</p>	<p>Health and Care Standard 2.6 Medicines Management</p>	<p>Suction unit – the tubing is now in place and spare tubing has also been acquired. The cupboard is now labelled.</p>	Ward Manager	Completed
		<p>A reorganisation of the Treatment Room will be undertaken by the Ward Managers. Following this, a senior member of the nursing team will be given responsibility for the Treatment Room and its upkeep – this member of staff will report to Ward Manager on a fortnightly basis.</p>	Ward Manager	25 June 2018
		<p>Checking of the suction unit will be added to the clinic checklist – to be</p>	Ward Manager	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>working. There was an additional suction unit available, but this had not been checked by medical electrical staff.</p> <p>Manual suction was available, but staff confirmed that the healthcare nursing assistants would not know where this was located if they were asked to obtain this equipment in an emergency.</p> <p>Improvement needed:</p> <p>The Health Board is required to provide HIW with a full description of the action taken/to be taken with regard to the above findings.</p>		<p>checked weekly on a Sunday.</p> <p>The two suction units for the ground floor wards and the one for the first floor wards will be checked by EBME as soon as possible.</p> <p>Manual Suction will be added to the CPR training. The location has been emailed to all relevant staff.</p> <p>Suction Units are also available in Grab Bags kept on the Wards, and the location of the suction units will be added to the existing notices regarding the location of the defibrillators on the Ward.</p>	<p>Ward Manager</p> <p>Ward Manager</p>	<p>20 June 2018</p> <p>Completed</p>
<p>We identified that out of date medication was being stored within the clinic room on Seren ward. (Temazepam 10mg, which had an expiry date of May 2018). This had been checked on three occasions in June 2018 by pharmacy and ward staff, but was still present in the drug cupboard. This meant that staff could have, inadvertently used the drugs. In addition, the</p>	<p>Health and Care Standard 2.6 Medicines Management</p>	<p>The out of date Temazepam was replaced immediately in the CD cupboard in Treatment Room.</p> <p>With immediate effect stock cupboards will be routinely checked routinely checked for expired stock.</p> <p>Given there were processes in place</p>	<p>Pharmacy</p> <p>Pharmacy</p> <p>Chief</p>	<p>Completed</p> <p>Completed</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>There was limited knowledge of where the ligature point cutters were kept. Staff told us that they were kept in the medication trolley. This storage location limits staff accessibility because the medication trolley can only be opened with those who have a key. Ligature point cutters need to be stored securely but in a location that would enable all staff to access them quickly.</p> <p>Improvement needed:</p> <p>The Health Board is required to provide HIW with a full description of the action taken/to be taken regard to the above finding. This should include how all staff (including bank and agency staff) will be trained.</p>	<p>Health and Care Standard 2.6 Medicines Management</p>	<p>There are now four ligature cutters on Seren and two on St David's – they are held in the offices and then there is one at each end of the ward, one on the emergency trolley and the other on the grab bag.</p> <p>There is an additional cutter on St David's in the Nurses Station next to the alarm box.</p>	<p>Ward Managers</p>	<p>Completed</p>
<p>A review of some patients' medication administration records (MARs) highlighted significant concerns. For example, two MARs showed medication had been prescribed and administered above the BNF dose for elderly patients. One patient was prescribed Citalopram 40mg. The BNF dose states elderly</p>	<p>Health and Care Standard 2.6 Medicines Management</p>	<p>When doses exceed those outlined in the BNF the Consultant must complete a form explaining this, which then is stored with the patient's medication chart. The Clinical Director will highlight this at the Clinical Governance Meeting on</p>	<p>Clinical Director</p>	<p>Completed</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>10-20mg. Another patient was prescribed Lorazepam 5mg, again above the BNF does for elderly persons.</p> <p>In another case, a patient had been without an antihypertensive drug for seven days as the medication was not in stock. The medication policy had not been adhered to and the NEWS chart showed variation in the patient's blood pressure. The notes showed the patient had been reviewed by doctors on two separate occasions, but it wasn't until the seventh day that the drug was prescribed.</p> <p>Improvement needed:</p> <p>The Health Board is required to provide HIW with a full description of the action taken/to be taken with regard to the above findings.</p>	t	<p>20 June 2018.</p> <p>Staff will be reminded that if they have concerns around the speed of action on the part of junior or senior medical staff, then they have every right – and must – report this to the Consultant or the Clinical Director. This will also be raised at the Clinical Governance Meeting.</p>	Clinical Director	Completed

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: Royal Glamorgan hospital - Seren & St David's wards

Date of inspection: 11 - 13 June 2018

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 needs to provide an update regarding changing dormitory accommodation into single patient bedrooms and the outcome of the discussions regarding room dividers.	2.1 Managing Risk & Promoting Health & Safety	<p>The Directorate Team is aware that the design of the Unit is not up to date, and has included a refurbishment need as part of its IMTP. This financial year's priority is scoping what is needed, and consideration of the provision of single bedrooms will be included in this work.</p> <p>The room divider option has been considered and is not a feasible interim solution as it will restrict the space excessively and other care needs will be affected.</p>	Directorate Manager	<p>End of March 2019</p> <p>17 August 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		There are curtains in situ around all beds and patients are grouped in gender specific rooms.		
The health board must remind staff of the need to ensure that patient status at a glance boards in the ward office are covered when not in use.	2.1 Managing risk and promoting health and safety	<p>The means of covering the boards are in place. All staff have been reminded to cover glance boards when not in use.</p> <p>In addition, as the boards are used during handover meetings, covering them has become an integral part of the end of those meetings.</p> <p>Senior nurses and other managers will monitor compliance with same on the walk rounds.</p>	Ward Manager	Complete
The health board must ensure that the patient status at a glance board on Seren ward has a cover, so the information can be protected when the board is not being used.	2.1 Managing risk and promoting health and safety	The means of covering the boards are in place.	Ward Manager	Complete
The health board must review all patient and visitor information boards to ensure information is up to date, relevant and in a format specific	3.2 Communicatin g effectively	All patient notice boards have been reviewed, old information has been removed and information on Putting	Ward Manager	Monthly

Improvement needed	Standard	Service action	Responsible officer	Timescale
for the patient groups. Information on Putting Things Right and HIW contact details should be available.	4.2 Patient Information	<p>Things Right and HIW contact details are now included.</p> <p>Updating this will be allocated to a member of staff and monitored by the Ward Manager.</p>		
The health board must review the laundry provision for Seren and St David's wards to ensure the patients are being treated the same as all other patients, especially when individuals have no relatives to rely on to do their laundry.	6.1 Planning Care to promote independence	<p>A capital bid has been prepared and will be submitted.</p> <p>In the meantime, in line with practice across the UHB, there is a clear discussion with each person and their family to put in individual arrangements for laundry which includes the option of a Wash Shop, where patients and relatives can pay for a service where personalised boxes are used to store dirty linen until it is returned.</p>	Directorate Manager	<p>Completed (see letter dated 31.08.18)</p> <p>Completed</p>
The health board must protect patient's privacy	2.1 Managing	Blinds are in place on St David's Ward	Directorate	End of

Improvement needed	Standard	Service action	Responsible officer	Timescale
and dignity by preventing any persons from being able to view into patient bedrooms from the garden areas and/or from opposite windows.	risk and promoting health and safety	and curtains on Seren ward. After evening visiting, all blinds and curtains will be closed. As well as providing privacy, this also identifies the night and evening time to patients. Further solutions about reducing visibility from the garden such as mirrored covers will be explored.	Manager / Head of Nursing	September 2018 Completed (see letter dated 31.08.18)
Delivery of safe and effective care				
The health board need to ensure all door handles on Seren ward are anti ligature compliant and provide a timeframe for the completion of this work.	2.1 Managing risk and promoting health and safety	In line with clinical advice and opinion, all door handles in areas where patients are unsupervised (bedrooms, bathrooms) have been changed to be anti-ligature compliant.	Directorate Manager	Complete
The health board must review the environment to ensure that damaged areas of interior walls and plasterwork are repaired and repainting is completed to cover up where previous furniture	2.1 Managing Risk & Promoting Health &	The painting of the corridors has now been completed and painting will start the week commencing 13 August 2018 to improve interior walls.	Ward Manager	Corridors completed, Completed (see letter

Improvement needed	Standard	Service action	Responsible officer	Timescale
and fixtures had been.	Safety	The ward manager has put in place a weekly process of reviewing the environment for repairs needed so they are reported and addressed quickly.		dated 31.08.18)
The health board must ensure that the new furniture and fittings are safe for patient use and minimise the potential use as a ligature point.	2.1 Managing Risk & Promoting Health & Safety	All wardrobes have been changed so that they are anti ligature.	Directorate Manager / Head of Nursing	Complete
The health board must ensure bedroom door signage is clear, appropriate to the patient group and located properly to assist the patient group with way-finding.	2.1 Managing Risk & Promoting Health & Safety 4.1 Dignified Care 6.1 Planning Care to Promote Independence	Individual bedroom signs have been put on each room. Signage for the lavatories is also in place.	Ward Manager	Complete
The health board must install appropriate blinds	4.1 Dignified	Curtains are in place on Seren ward.	Directorate Manager / Head	End of September

Improvement needed	Standard	Service action	Responsible officer	Timescale
to the bedroom windows on Seren ward.	Care	<p>After evening visiting, all curtains will be closed. As well as providing privacy, this also identifies the night and evening time to patients.</p> <p>Further solutions about reducing visibility from the garden such as mirrored covers will be explored.</p>	of Nursing	<p>2018</p> <p>Completed (see letter dated 31.08.18)</p>
The health board must ensure all broken/missing room thermometers are replaced. Daily recording is documented and guidance is developed to ensure patient bedrooms and dormitories are maintained at an appropriate temperature.	2.1 Managing Risk & Promoting Health & Safety	Thermometers are in place on the wards. Staff carry out temperature checks as part of the twice daily environmental checks and appropriate action will be taken. This is included in the environmental check and audit log.	Ward Manager Senior Nurse	Complete
<p>The health board must ensure that all patient clocks are working and positioned appropriately for the patient group.</p> <p>The clocks need to display the correct time, day, date and time of day to facilitate patient orientation.</p>	<p>4.1 Dignified Care</p> <p>6.1 Planning Care to Promote Independence</p>	<p>All clocks have been checked and batteries replaced where needed.</p> <p>Clocks are checked as part of the daily environmental checks.</p>	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there is sufficient domestic staff input to Seren and St David's wards to not impact on the provision of nursing care.	2.4 Infection Prevention and Control and Decontamination	<p>The domestic staff input has been reviewed by Ward Managers and deemed appropriate for client needs at present.</p> <p>Ward Manager and Senior Nurse will meet with Housekeeping on a monthly basis to review provision as needs change.</p>	Senior Nurse	Complete, with review in December 2018
The health board must ensure that the cleaning rota assigned to night staff is completed to evidence the tasks that have been completed.	2.4 Infection Prevention and Control and Decontamination	<p>The night schedule for both wards has a tick box format that requires signatures for sign off as evidence of completion.</p> <p>This will be audited by the Ward Managers monthly.</p>	Ward Manager	Complete
The health board must review the clinical procedure/approach used by staff when a patient experiences distress because the messages about the approach taken by staff, were inconsistent. The actual agreed procedure then needs to be communicated to all staff.	2.1 Managing Risk & Promoting Health & Safety 3.1 Safe and Clinically Effective care	<p>Staff are required to ensure that they are fully aware of the up to date Care and Treatment Plan for each patient that outlines individual patient centred care.</p> <p>Staff also need to be aware of the information held within the formulations and these are now held in a central location (locked) more easily accessible.</p>	Ward Manager Senior Nurse	Complete End of

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Both of the above form the basis for handovers between staff and shifts. The Senior Nurse will attend some handovers to monitor practice.		August 2018 Completed (see letter dated 31.08.18)
The health board must ensure that the ligature point risk assessment includes all patient areas including outside spaces. The assessment should clearly document the risks and any actions identified.	2.1 Managing Risk & Promoting Health & Safety 3.1 Safe and Clinically Effective care	There is a Ligature Action Plan in place and individual patient risk assessments as well as generic environmental risk assessments are in place. A full review of the ligature assessments in place is scheduled for September 2018 to ensure all changing risks and needs are considered.	Directorate Manager	Complete
The health board needs to provide an update regarding the lack of a nurse call system on Seren ward. Specifically, how each patient will be able to call for assistance if no nurse call system is available?	2.1 Managing Risk & Promoting Health & Safety 3.1 Safe and Clinically	A Nurse call system is available throughout the ward and was at the time of the visit and there appeared to be no issues identified with its operation. It is normally used by staff as this patient group is likely to mis-identify the system and cause themselves further agitation with sudden loud noise.	Directorate Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Effective care	If there is a specific patient safety concern, increasing observation levels are used building on individual assessments.		
The health board must dispel confusion relating to the piloted ECU ward by removing any signage for ECU and update all staff accordingly.	Governance, Leadership & Accountability	All signage has been changed to reflect the current ward configuration and function. Staff have been made aware of the rationale and the plans.	Ward Manager	Complete
The health board should review how medication is administered on St David's ward to determine whether the current arrangements on administering medications from the nurse's office are safe and secure	2.6 Medicines Management 3.1 Safe & Clinically Effective Care	Though the Medication Trolley is fixed to the wall in the Nurses' Office, this is for safety and security reasons only. All medication is delivered at the patient's bedside or wherever they are in the Ward via the trolley being taken to them.	Ward Manager Senior Nurse	Complete
The health board must ensure that staff monitor and record the temperature of medication fridges on a daily basis.	2.6 Medicines Management 3.1 Safe & Clinically Effective Care	A monitoring chart is in the clinical area and is audited weekly by the Ward Manager.	Ward Manager Senior Nurse	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide reassurance that staff have been allocated a copy of the health board's medication policy and also provide evidence that staff are aware of the procedures to follow regarding the safe administration of medicines	2.6 Medicines Management 7.1 Workforce	A copy has been emailed to all staff individually. In addition, it has been discussed at the Staff Meeting and a copy is also kept with the medication charts on the medication trolley at all times. A signing sheet is in place and is checked by the Ward Manager.	Ward Manager Senior Nurse	Complete
The health board should consider reinstating pictorial menus to ensure patients are able to make their own food choices.	3.2 Communicating Effectively 4.2 Patient Information	This practice has now been reinstated.	Ward Manager	Complete
The health board must ensure that the provision of crockery specific to the patients groups on Seren and St David's is readily available and used.	2.5 Nutrition & Hydration	A choice of crockery is available, including specialist equipment.	Ward Manager	Complete
The health board must ensure there are enough personal alarms available for all staff and systems must be improved to check and monitor	2.1 Managing Risk & Promoting	All non-functioning alarms have been repaired and function properly, and are signed in and out at the start and end of	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
that the alarms are in working order. Staff need to be provided with training in terms of their use.	Health & Safety	each shift. If any are lost, they are replaced as soon as possible and spares kept.		
The health board needs to review the allocation of responder duties on St David's ward at night times and provide reassurances that the ward is not compromised if and when a member of staff attends their responder's duties.	2.1 Managing Risk & Promoting Health & Safety	A clear plan will be put in place and communicated to all to ensure all areas releasing staff remain safe for the duration of the response.	Head of Nursing	Completed (see letter dated 31.08.18)
The health board must ensure a sufficient gender mix of staff is available on all shifts to guarantee that patient dignity choices/preferences are not compromised.	2.1 Managing Risk & Promoting Health & Safety 4.1 Dignified Care	Ensuing a good gender mix is a priority however given that the workforce is predominantly female this is not always possible but individual needs will be managed by drawing on support from other wards as necessary.	Ward Manager Senior Nurse	Complete
The health board needs to review staffing levels and provide reassurance that sufficient numbers of staff are available on both wards on all shifts, especially when observation levels increase and/or acuity levels change.	2.1 Managing Risk & Promoting Health & Safety 3.1 Safe &	A review of the establishment at the Royal Glamorgan has been undertaken and budgets aligned accordingly, this will be completed in September so any additional vacancies can be recruited to. In addition, the level of staff is reviewed	Head of Nursing	End of September

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Clinically Effective Care	for every shift and any issues are discussed with the Senior Nurse to ensure the supply of additional resources when needed.		
The health board must ensure that the medication room remains locked to prevent access by unauthorised persons.	2.1 Managing Risk & Promoting Health & Safety 2.6 Medicines Management	Staff are aware of this and the room is checked every day by the Ward Manager or Nurse in Charge as part of daily environmental checks.	Ward Manager	Complete
The health board must ensure medication keys are stored and kept in accordance with NMC guidelines, with the controlled drugs key kept separately.	2.1 Managing Risk & Promoting Health & Safety 2.6 Medicines Management	The Controlled Drug key is now kept separately as appropriate.	Ward Manager	Complete
The health board must provide reassurance that processes for checking patient ID before administering medication are in place and that all staff are following them, including bank and	2.1 Managing Risk & Promoting Health &	All patients should have had wristbands in place at the time of the visit. The Ward Manager has discussed this practice with staff and the rationale	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
agency staff. Specifically, the absence of patients' wristbands must be addressed; risk assessments being in place in instances where they may not be tolerated by individuals.	Safety	<p>behind it to ensure better compliance since.</p> <p>At each medication round they are checked to ensure they remain in situ where patients do not tolerate wrist bands a clear description of the patient is kept with the medication chart to reduce misidentification risk.</p> <p>This is included in the Five Steps of Safe Administration and will be monitored by the Senior Nurse and other managers during ward walk arounds.</p>		
The health board must review and ensure all medication charts are complete and contemporaneous. Reasons why medication has not been administered needs to be coded and mental health status clearly documented.	2.6 Medicines Management 3.5 Record Keeping	<p>Pharmacy staff undertake audits of the charts for accuracy, in addition to the medical and nursing staff.</p> <p>Further, a staff nurse has been allocated to audit medication charts in addition to section 58s and these are audited weekly by colleagues from Pharmacy.</p>	Ward Manager	Complete
The health board need to provide reassurance that all staff have/or know where to access the	2.6 Medicines Management	A copy of the Medication Policy has been emailed to all staff individually.	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
medication policy and that it is being followed accordingly, including the covert medication policy.		In addition, it has been discussed at the Staff Meeting, a copy is also kept with the medication charts.		
The health board need to ensure any patient subject to covert medication has appropriate documentation available and procedures are followed in line with the health board's policy.	2.6 Medicines Management	A Covert Medication Policy is available for all patients receiving treatment in this manner. The decision must be documented clearly in the notes with the covert medication policy. This will be included in the weekly medication audit.	Senior Nurse	Complete
The health board needs to review patient records (paper and electronic) to ensure they are fully completed and contemporaneous. This is, in accordance with professional guidelines.	3.5 Record Keeping	Audits are being undertaken when staff nurses have their individual supervision with Ward Managers. Training and compliance issues will be picked up through this process.	Ward Manager	Complete
Quality of management and leadership				
The health board needs to provide an updated response on how staff are being supported and given sufficient time to complete their mandatory	7.1 Workforce	All staff work on a shift rotation and so are encouraged to carry out e learning by night when the workload is less	Ward Manager	Completed (see letter

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>training, when during the day, computers can be occupied by visiting staff and monthly training sessions are not delivered.</p>		<p>onerous.</p> <p>In addition, staff are offered protected time where they can carry out the training.</p> <p>There are eleven core training domains – St Davids have achieved compliance in ten of them, which means that 85% or more of the staff have completed each area of training.</p> <p>This is matched on Seren Ward who are also compliant in ten of the eleven areas. The two areas both wards are not quite compliant on is Fire Safety Training.</p> <p>78.2% of the staff on St Davids are trained and 84.3% on Seren. A further training session is planned to ensure compliance is achieved in August on this remaining domain.</p>		<p>dated (31.08.18)</p>
<p>The health board should review how staff are communicated with so that messages are made clearer and promote better two way discussions.</p>	<p>7.1 Workforce</p>	<p>A Staff Meeting is held monthly to allow the dissemination of information.</p> <p>Suggestion boxes have also been left in</p>	<p>Ward Manager</p>	<p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>the wards for staff and relatives.</p> <p>All Healthcare Support Workers now have a staff nurse assigned to them for monthly supervision and support including the sharing of information.</p>		
<p>The health board needs to be accountable for ensuring that any improvements identified by HIW are properly reviewed and outcomes evidenced to ensure the service provides high quality, safe and reliable care to patients.</p>	<p>Governance, Leadership & Accountability</p>	<p>HIW Reports are discussed at the Directorate Clinical Governance meetings and a process is in place to ensure compliance plus follow up. This has been reviewed and strengthened to ensure full learning across all inpatient areas.</p>	<p>Head of Nursing</p>	<p>Complete</p>
<p>The health board should consider implementing a formal programme of staff supervision to ensure everyone working in the service is supported to deliver high quality safe care.</p>	<p>7.1 Workforce</p>	<p>The Ward Manager has revisited the system to ensure all staff registered and support worker have access to and engage in this a minimum of six times a year.</p>	<p>Ward Manager</p>	

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: