

Mental Health Service Inspection (Unannounced)

Hafan y Coed

Alder Ward & Cedar Ward

Cardiff & Vale University
Health Board

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of Hafan y Coed mental health service within Cardiff & Vale University Health Board on the 27 February to 2 March 2017. The following hospital sites and wards were visited during this inspection:

- Hafan y Coed, Alder Ward, Psychiatric Intensive Care Unit
- Hafan y Coed, Cedar Ward, Psychiatric Crisis Admission Ward

Our inspection team was made up of one HIW inspection managers (who led the inspection), one clinical peer reviewers, (who also undertook the Mental Health Act review) and two HIW staff acting as lay reviewers.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with the Act.

Further details about our approach to inspection of NHS services can be found in Section 6.

2. Context

Hafan y Coed currently provides mental health services in the Llandough area of the Vale of Glamorgan Council.

Hafan y Coed is located on Llandough University Hospital and falls under the Adult Mental Health Directorate within Cardiff & Vale University Health Board.

Hafan y Coed opened in April 2017 and provides the following services:

- Cedar Ward Crisis Assessment
- Beech Ward Locality Treatment Ward
- Oak Ward Locality Treatment Ward
- Willow Ward Locality Treatment Ward
- Hazel Ward Rehabilitation and Recover
- Alder Ward PICU (Psychiatric Intensive Care Unit)
- Ash Ward Neuropsychiatry
- Ash Day Unit Neuropsychiatry
- Elm Ward Low Secure Services
- Maple Ward Low Secure Services
- Pine Ward Addictions Services
- Pine Day Services Addictions Services
- Crisis and Home Treatment Teams (North and South)
- Physiotherapy Department
- Occupational Therapy Department
- Speech & Language Therapies
- ECT Suite
- Dietician
- Pharmacy Department
- Psychology Department

3. Summary

Overall, we found evidence that Alder Ward and Cedar Ward at Hafan y Coed provide effective care for the patients, however we have concerns relating to the management of medication and environmental design that could impact on patient safety.

This is what we found the service did well:

- Staff provided care to patients on both wards in a respectful manner.
- On the whole the wards provided patients with a safe environment to receive care.
- Patients were provided with up-to-date information in writing or by speaking to staff.

This is what we recommend the practice could improve:

- The health board must ensure that patients have an up-to-date Care and Treatment Plan.
- The health board must ensure that staff follow procedures for the storage and administration of medication.
- The privacy measures to maintain personal information private within nursing offices.

4. Findings

Quality of patient experience

Throughout our inspection we observed staff treating patients with respect and kindness. Staff made every effort to maintain patient dignity and the en-suite bedrooms provided additional privacy for patients.

However, we are concerned about the lack of measures to maintain the privacy and confidentiality of personal information, which may be viewed through the nursing office windows.

There was adequate up-to-date information available to patients on both the wards. Staff ensured that they communicated with patients effectively using words and language suitable to the individual patient.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

We found that patients on Alder Ward and Cedar Ward were treated with dignity and respect by the staff working there and this was also reflected in patients' care documentation.

Patients had their own bedrooms with en-suite facilities as well as access to communal and visitor areas at times of their own choosing. Both wards provided care, treatment and support to male and female patients, and we observed staff throughout the inspection maintaining patients' dignity and privacy.

However, one patient's bedroom on Cedar Ward had a fault with the en-suite shower where waste water was occasionally rising up through the drain. We brought this to the attention of the nurse in charge of the shift who then completed a maintenance requisition to the health board's estates department.

We heard staff speaking with patients in calm tones throughout our inspection. This was also the case when staff members were talking to patients' relatives or visitors, whether in person or over the telephone. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

Patients' consent was gained prior to viewing their bedrooms. We saw that patients were able to keep personal items in their rooms and had sufficient storage for their possessions. Patients had wristband keys for their bedrooms so that they could access them freely; staff were able to over-ride the locks if required.

Staff undertook bedroom observations using the electronic observation screen and speaker (activated by a button, defaulted to mute) situated outside each of the bedrooms. Observation screens were locked closed when not in use and only staff could access them using their key-fob.

Each ward office had a patient status at a glance information board¹ displaying confidential information regarding each patient being cared for on the ward. However, there were no facilities to hide the confidential information when the boards were not in use; the information boards could be viewed through the office windows or when an office door was opened. This impacted on the confidentiality of patient information and their privacy. We also saw that computer screens within the nursing offices faced the office windows, where again there was a potential for confidential information to be viewed. This could impact upon the confidentiality of patient information.

Improvement needed

The health board must ensure that the fault with the patient's en-suite shower is rectified.

The health board must ensure that patient status at a glance information boards on all wards can only be viewed by staff within the nurse office and hidden from view when not in use.

The health board must ensure that information on computer screens on all wards is not viewable from outside the nursing office.

¹ A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Throughout both wards there were areas where up-to-date patient information was clearly displayed. This included statutory information, such as the advocacy service, along with patient activities being undertaken and information on community services available for patients, such as support groups and advocacy.

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

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

Each of the wards had a designated private area for patients to make phone calls, however the payphone on Alder Ward was out-of-order. Ward staff had made temporary arrangements for patients to access the ward phone.

Improvement needed

The health board must ensure that the payphone on Alder Ward is repaired.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Cedar Ward, the crisis admission ward was part of the health board's Crisis team. There was evidence of seamless working between the in-patient service and community teams. The ward provided in-patient care for all patients admitted in to Hafan y Coed, unless admitted directly to Alder Ward (Psychiatric Intensive Care Unit) due to high level of risky behaviours. Patients would remain on Cedar Ward until they were able to return to community or if they required a longer admission, after 10-14 days transferred to one of the health board's treatment wards.

Alder Ward, the Psychiatric Intensive Care Unit (PICU) provided intense support to patients whose behaviours were deemed to be too challenging to be nursed on other wards at Hafan y Coed. Since taking on the role in January 2017 the ward manager on Alder Ward had developed processes with other wards to undertake the assessment of patients for PICU provision. It was reported that the changes had provided a smoother transfer for patients when required or, if appropriate, better support to the other wards to manage the behaviours on the other wards.

Delivery of safe and effective care

The health board was not compliant with Part 2 of the Mental Health (Wales) Measure 2010 and the completion or revision of Care and Treatment Plan documentation for patients receiving secondary mental health services. The health board needs to revise practice to ensure that patients within their adult mental health services have an up-to-date Care and Treatment Plan.

The hospital environment had been constructed with a view to provide safe care to patients, however there were a number of areas that need addressing to reduce the risk to patient safety.

Medication was securely stored on both wards; however the health board need to ensure that staff are evidencing that medication is stored and used within the manufacturers directions.

Application of the Mental Health Act

We reviewed the statutory detention documents of four patients, two on each ward. The documentation evidenced that detentions under the Act were compliant. We also noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms.

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

We reviewed four sets of electronic patient records to monitor the health board's compliance with Care and Treatment Plan documentations under the Mental Health (Wales) Measure 2010.

We reviewed the intervention plans developed on admission. These were found to be generic and not individual patient focussed.. It was evident that from the documentation and speaking to ward staff and senior management, Care and Treatment Plan documentation is not completed or amended when a patient is admitted to Hafan y Coed.

The health board must review this practice to ensure that they comply with Part 2 of the Measure so that all people who receive secondary mental health services within the health board (and associated local authorities) have:

- the right to have a Care Coordinator appointed to work with them to coordinate their care and treatment, and

- the right to an individual and comprehensive Care and Treatment Plan to assist their recovery.

The Measure's Code of Practice sets out what these rights should mean in practice:

- holistic assessment to establish information from which care and treatment planning, and future work, can take place
- allocation of a Care Coordinator who will be a mental health professional with appropriate skills and qualifications (such as a social worker, mental health nurse, occupational therapist, psychologist or doctor) and who will be responsible for working with a person to agree a written Care and Treatment Plan
- a Care and Treatment Plan which will consider at least eight areas of a person's life:
 - finance and money
 - accommodation
 - personal care and physical well-being
 - education and training
 - work and occupation
 - parenting or caring relationships
 - social, cultural or spiritual
 - medical and other forms of treatment including psychological interventions

Improvement needed

The health board must fulfil the requirements of the Mental Health (Wales) Measure 2010 to ensure that patients have an up-to-date Care and Treatment Plan.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

Hafan y Coed is a purpose built mental health hospital which opened in April 2017. It was evident that, on the whole, significant effort has been made in its construction to provide a safe modern environment for the provision of mental health in-patient services.

Throughout the hospital the environment has been constructed to minimise the risk of harm either through accident or self harm. However, during an incident on Alder Ward a patient was able to access a ceiling light socket and remove the glass light bulb, which provided the patient with an object to cause harm to themselves or others. The health board have ensured that this incident can not be repeated on Alder Ward. The health board must ensure that this incident can not be replicated on other wards.

Both wards had secure gardens enclosed by anti-climb fencing, however we had been informed that restricted items had been passed on to Alder Ward through the anti-climb fencing. The health board must review the security of the garden areas to minimise the risk of restricted items being transferred on to the wards.

All staff carried personal alarms and it was evident throughout the inspection that these were suitable for notifying other staff that they required assistance. Communal areas and communal rooms had suitable wall mounted alarms in case someone required assistance.

Cedar Ward and Alder Ward had a low stimulus room and an enhanced care area where staff could manage escalating patient behaviours. The low stimulus room was furnished with soft chairs and bean bags. The enhanced care areas were equipped with a settee that was suitable for undertaking seated restraint and softened flooring for any floor restraint (face-up).

Emergency equipment trolleys were securely stored on each of the wards. However, staff on both wards did not always record that the equipment check had been undertaken. The emergency equipment checklists on both wards had omissions; therefore we could not be assured that staff regularly checked that the emergency equipment was present and safe to use.

Improvement needed

The health board must ensure patients can not access light fittings.

The health board must minimise the risk of restricted items being transferred on to the wards via the garden areas.

The health board must ensure that staff carry out and document emergency equipment checks as required.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

The health board employs dedicated housekeeping staff for Hafan y Coed. All areas of the hospital appeared visibly clean and hygienic throughout the inspection. The communal bathroom, showers and toilets were clean, tidy and clutter free and there was access to hand washing and drying facilities in all ward/kitchen and bathing areas.

The wards had disposable privacy curtains within clinic rooms; however staff had not recorded the date that the curtain was last changed. Therefore we can not be assured that the wards were operating within the health board's infection control policy with regards to disposable curtains.

Neither of the wards had hand sanitizer gel dispensers on entry to (or exit from) the wards. We were informed that this was to prevent acts of deliberate self-harm by swallowing the liquid. However, we feel that hand sanitizer gel dispensers could be safely managed if mounted within the airlocks between the hospital corridors and the ward area. This would enable patients, staff and visitors use the hand sanitizer gel before entering and leaving the wards.

Improvement Needed

The health board must ensure that staff follow the health board's infection control policy in respect of disposable curtains.

The health board must ensure there is appropriate hand sanitizing facilities on entry and exit of the wards at Hafan y Coed.

Standard 2.5 Nutrition and hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

Patients at Hafan y Coed were provided with meals from the main hospital kitchen for breakfast, lunch, evening meal and supper. Patients choose their

meals from the hospital menu. Patients had access to refreshments throughout the day.

Patients and staff did not have any concerns about the quality of the food provision on either of the wards we inspected.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

On the whole we found that the medication was securely stored on both wards. The medication trolleys were appropriately secured within the clinic rooms. All medicine cupboards were locked appropriately for the safe storing of medicines. All Controlled Drug cupboards were secure and since the opening of Hafan y Coed all entries made in the Controlled Drug book were signed as required by two members of staff when controlled drugs were removed from Controlled Drug cupboard.

However, it was evident that staff were not monitoring the temperature of the clinic fridge as required, to ensure that medication was stored at the correct temperature as indicated by the manufacturer. The records reviewed on both wards had regular omissions.

Not all liquid medication had a record of when the bottle had been opened. Therefore staff could not be assured that the medication was still suitable for use.

We reviewed Medication Admission Records (MAR Charts) on both wards, prescribers' signatures were not always present in the required area of the MAR Chart. There were also blanks on the recording of administration on the MAR Charts, therefore it was not evident if medication had been administered or the reason why not.

Improvement needed

The health board must ensure that staff monitor and record the temperature of the clinic fridge to ensure that medicines are stored at the required temperature.

The health board must ensure that staff record the opened on date on all liquid medication.

The health board must ensure that Medication Admission Records include the prescriber's signature

The health board must ensure that staff record when medication is administered or the reason why medication was not administered.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

We found that staff had access to, and sufficient knowledge of, the current health board policy on the protection of vulnerable adults.

We were also able to confirm that there were suitable arrangements in place at such times when children visited patients at Hafan y Coed.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

The health board had established systems for revising policies, procedures and guidelines on a regular basis, or at the point when a change was required. This meant that staff had access to up-to-date guidance to help them care for their patients.

Incidents were recorded through the health board's computerised incident reporting system. This provided governance about the monitoring and review of incidents on both wards.

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in

accordance with legislation and clinical standards guidance.

On both wards records were stored securely to prevent unauthorised people from accessing and reading them. Daily entries in individual patients' records were regular throughout the day and detailed so that it was easily understandable of the patient's activity and presentation.

Quality of management and leadership

We saw good management and leadership on both wards with a committed staff team who appeared to have a good understanding of the needs of the patients.

There was strong multi-disciplinary team-working with staff commenting stating that they felt that their views were listened to and respected by other members of staff.

Ward managers were monitoring mandatory training compliance and staff told us they could talk to their managers about their work.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

It was positive that throughout the inspection ward staff and senior management were receptive to our views, findings and recommendations.

We saw good management and leadership from the ward managers and deputy ward managers. The staff we spoke to commented positively on multi-disciplinary team (MDT) working. Staff said the MDT work in a professional and collaborative way and individual views were sought and valued.

Speaking to senior management there was a vision for future service provision both with in-patient and community services. Quality and safety meetings take place every month to discuss adverse events and Serious Untoward Incidents (SUIs)

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge

and skills available at the right time to meet need.

At the time of the inspection staffing on both wards appeared appropriate for the needs of each wards. There was an appropriate mix of registered nurses and health care support workers on each of the wards throughout each shift. It was positive to note that student nurses undertook placements on both of the wards.

We were informed that there had been a high level of staff sickness and absence for other reasons on Alder ward during December 2016 to January 2017. This was a mixture of registered nurses and health care support workers. We were also told that on the whole, the adult mental health service sickness and absence had reduced by 40% in the past 2 years. Staff sickness and absence was being adequately covered through established health board bank staff arrangements, agency staff were rarely used.

In instances where a patient's needs/behaviours had escalated, the PICU was able to acquire additional staff from neighbouring wards. We observed an occasion when this was required during our inspection and it was evident that the support process was effective.

Staff training needs are identified through individual's performance appraisal and development review (PADR). There was an emphasis on mandatory training which ward managers monitor with most of the training completed via e-learning. Staff who undertake post graduate degrees can apply for up to 50% of the funding form the health board.

Next steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Hafan y Coed will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

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

5. Methodology

The Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Where appropriate, HIW inspections of mental health services consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Figure 1: Health and Care Standards 2015



Mental health service inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect

- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. These findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

Mental Health Service: Improvement Plan

Service: Hafod y Coed, Alder Ward and Cedar Ward

Date of Inspection: 27 February - 2 March 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The health board must ensure that the fault with the patient's en-suite shower is rectified.	4.1	A request was made to maintenance and the fault was repaired immediately.	Ward Sister in charge	Completed
6	The health board must ensure that patient status at a glance information boards on all wards can only be viewed by staff within the nurse office and hidden from view when not in use.	4.1	All staff will be reminded of their responsibilities with regards to patient confidentiality and the need to ensure that the "at a glance boards" are hidden from view when not in use. It is now expected that a series of abbreviation/symbols is put in place to ensure the risks are transmitted to the staff caring for the patient but	Lead Nurse Deputy Executive Director of Nursing /	End May 2017 End May 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			in such a way to protect dignity and confidentiality. All staff across the UHB will be reminded of this requirement.	Clinical Board Directors of Nursing	
6	The health board must ensure that information on computer screens on all wards is not viewable from outside the nursing office.	4.1	Nursing staff on all wards at Hafan Y Coed have been advised to angle venetian blinds so that the screens are no longer visible through windows. This will be included in the internal observations of care visits and audited internally as part of regular workplace inspections across the UHB.	Lead Nurse Senior Nurse professional Standards	Complete To commence from May 2017
7	The health board must ensure that the payphone on Alder Ward is repaired.	3.2	The payphone has been repaired and is now working	Ward Sister	Complete
Delivery of safe and effective care					
10	The health board must fulfil the requirements of the Mental Health (Wales) Measure 2010 to ensure that patients have an up-to-date Care and Treatment Plan.	Monitoring the Mental Health (Wales) Measure	Training is currently being cascaded by Practice Development Nurses & Ward Sisters.	Practice Development Nurse	In progress – review September 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
		2010	<p>A programme of regular audit of compliance with part 2 of the Measure will be introduced and reported to the Quality, Safety and Experience Group on a regular basis</p> <p>The Health Board will continue to monitor compliance with this requirement as part of regular performance reports to Board and the Mental Health and Capacity Legislation Committee</p>	<p>Director of Nursing – Mental Health Clinical Board</p> <p>Chief Operating officer</p>	<p>By end June 2017</p> <p>Review compliance with Part 2 of the measure - Sept 2017</p>
11	The health board must ensure patients cannot access light fittings.	2.1	<p>The Mental Health Clinical Board (MHCB) is currently exploring options to maintain adequate lighting, whilst restricting access to sharp objects.</p> <p>The MHCB will continue to risk assess patients and supervise accordingly.</p>	<p>Directorate Manager</p> <p>Director of Nursing MHCB</p>	<p>In progress – review end June 2017</p> <p>Completed and embedded in practice.</p>
11	The health board must minimise the risk of restricted items being transferred on to the wards via the	2.1	Signs are being placed outside the wards which will clearly detail restricted and prohibited items.	Lead Nurse	In progress – review end June

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
	garden areas.		<p>All staff have been asked to be vigilant whilst supervising patients in the garden areas.</p> <p>The MHCB will now consider whether to extend metal detector searches across all inpatient wards in line with current practice in the low secure ward areas.</p>	<p>Lead Nurse</p> <p>Director of Nursing</p>	<p>2017</p> <p>Complete</p> <p>September 2017</p>
11	The health board must ensure that staff carry out and document emergency equipment checks as required.	2.1	<p>There are systems in place to record regular checks of emergency equipment. Staff have been reminded of the need for daily checks.</p> <p>Audits of the equipment checking records will continue to be carried out and the results shared with Ward Sisters & cascaded to their teams.</p>	<p>Lead Nurse</p> <p>Advanced Nurse Practitioner</p>	<p>Complete</p> <p>Review end June 2017 to ensure 100% compliance is in place</p>
12	The health board must ensure that staff follow the health board's infection control policy in respect of disposable curtains.	2.4	The MHCB has ensured that the Infection control arrangements for curtains in an Adult Mental Health setting have been both clarified and shared with the Ward Sisters.	Lead Nurse	Completed

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
12	The health board must ensure there is appropriate hand sanitizing facilities on entry and exit of the wards at Hafan y Coed.	2.4	The MHCB has considered this recommendations and due to the risk of ingestion the service will be trialling hand held alcohol gel dispensers and evaluating their use in this particular setting.	Directorate Manager	In progress – review end September 2017
13	The health board must ensure that staff monitor and record the temperature of the clinic fridge to ensure that medicines are stored at the required temperature.	2.6	<p>All Clinical Boards across the UHB will be issued a reminder in relation to the safe storage of medicines in fridges and maintenance of the 'cold chain'.</p> <p>This issue will be included in a forthcoming Medication Executive Safety briefing.</p> <p>The Advanced Nurse Practitioner regularly auditing compliance.</p> <p>Audit results will be shared with Ward Sisters & cascaded to their teams.</p>	<p>Medical Director</p> <p>Director of Pharmacy and Medicines Management</p> <p>Lead Nurse</p>	<p>End June 2017</p> <p>Review end June 2017</p> <p>Complete and embedded as part of routine practice</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
13	The health board must ensure that staff record the opened on date on all liquid medication.	2.6	<p>All staff at Hafan Y Coed will be reminded of the need to record the opened on date on liquid medication</p> <p>A reminder will be included in a forthcoming Medication Executive Safety Briefing</p> <p>Audit results shared with Ward Sisters & cascaded to their teams. ANP regularly auditing compliance.</p> <p>The Dispensing Standard Operating Procedure for medications which require an 'opened on date' to be recorded, will be reviewed</p>	<p>Director of Nursing – Mental health Clinical Board</p> <p>Director of Pharmacy and Medicines Management</p> <p>Lead Nurse</p> <p>Director of Pharmacy and Medicines Management</p>	<p>June 2017</p> <p>Review June 2017</p> <p>Complete</p> <p>End June 2017</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
14	The health board must ensure that Medication Admission Records include the prescriber's signature	2.6	All prescribers will be reminded of the need to include their signature in the appropriate section of the Medication admissions Record The Practice Development Nurses have now commenced regular (fortnightly) audit of compliance with medication administration.	Clinical Director Clinical Director	June 2017 Complete and embedded as part of routine practice
14	The health board must ensure that staff record when medication is administered or the reason why medication was not administered.	2.6	All staff in Hafan Y Coed who administer medication will be reminded of the requirement to record when they administered medication or the reason why it was not administered A reminder will be included in the forthcoming Medication Safety Executive Briefing The Practice Development Nurses have commenced regular (fortnightly) audit of compliance with	Director of Nursing MHCB Medication Safety Executive Group Lead Nurse	End of June 2017 Review June 2017 Completed and embedded as part of

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			<p>medication administration.</p> <p>A Mental Health Clinical Board specific Medicines Management Day has been in place since January 2017. This is run by the Nurse Advisor for Medicines Management with a Mental Health Practice Development Nurse. Omitted medicines guidance is specifically dealt with during these sessions.</p> <p>Omitted doses is a key performance indicator which is included within the Quality Safety and Experience dashboard. This data is collected monthly in each Clinical Board and is reported to, and monitored, at monthly Executive Performance Reviews.</p> <p>Staff education with regards to the recording of drug administration in patients who do not return from leave (on rehabilitation areas) needs</p>	<p>Nurse Advisor for Medicines Management</p> <p>Executive Nurse Director</p> <p>Practice Nurse Educators/ Nurse</p>	<p>routine practice</p> <p>Completed and embedded as part of routine practice</p> <p>Embedded as part of routine practice</p> <p>End June 2017</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			to be undertaken	Advisor for Medicines Management	

Service representative:

Name (print):

Title:

Date: