

Hospital Follow-up Inspection (Unannounced)

Cardiff and Vale University
Health Board:

University Hospital

Llandough, Clinical Board -
Mental Health Services for
Older People,

Clinical Board - Medicine

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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 follow-up inspection of the University Hospital Llandough within Cardiff and Vale University Health Board on the 27 February to 2 March 2017. The following hospital sites and wards were visited during this inspection:

Clinical Board-Mental Health Services for Older People:

- East 10
- East 18

Clinical Board-Medicine:

- East 1
- East 4

Our team comprised of two HIW Inspection Managers, one HIW Clinical Special Advisor and two clinical peer reviewers. The inspection was led by one of the HIW Inspection Managers.

Further information about how HIW inspects NHS hospitals services can be found in Section 6.

2. Context

Cardiff and Vale University Health Board is one of the largest National Health Service (NHS) organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists, and optometrists are also the responsibility of the Board. Additionally, it serves the population across Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and Vale University Health Board includes eight hospitals and seventeen health centres.

HIW last inspected Llandough Hospital on 9 to 11 February 2016.

The key areas for improvement we identified included the following:

- Record keeping (within wards East 4 (Medicine) and Wards 10 and 18 Mental Health Services for Older People (MHSOP))
- Medicines management (within each of the five areas inspected)
- Protection of patients at risk of harm (ward East 4).
- Insufficient numbers of registered nursing staff working across each of the areas inspected

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

3. Summary

Overall, we found evidence that care was safe and effective across the four wards we undertook our follow-up inspection to.

This is what we found the health board did well:

- staff treated patients with respect and kindness
- Appropriate monitoring of Deprivation of Liberty Safeguards (DoLS) legislation
- Good physical health and pain assessment and monitoring
- Generally timely and adequately completed risk assessments and falls prevention documentation
- Appropriate action following our inspection in February 2016 to address the concerns we identified.

This is what we recommend the health board could improve:

- That the default position for bedroom door observation panels is closed
- The remedial works required to the designated female patient shower room on East 1, (which was identified for improvement in 2016) remained unresolved.
- Infection control process and monitoring on East 10
- Staff engagement on the future health board provision of Mental Health Services for Older People
- Unified care between mental health services and medical services.

4. Findings

Quality of the patient experience

Throughout our inspection we observed staff treating patients with respect and kindness. Staff made every effort to maintain patient dignity; however on East 10 and East 14 bedroom door observation panels were not always set to the closed position, when not in use.

We saw great improvements in the use of physical health and pain assessment and monitoring since our previous inspection in February 2016.

We noted improvements in the monitoring of Deprivation of Liberty Safeguards (DoLS) legislation on the Older People's Mental Health wards.

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.

In all clinical areas visited, we were able to confirm that staff treated patients with respect, courtesy and politeness; individuals being addressed by their preferred name. We also saw a number of instances whereby staff spent time with individual patients for the purpose of conversation, support and to provide assistance with drinking.

We saw that staff were protecting patients' rights to privacy and dignity. For example we saw that doors to rooms were closed and curtains were closed when staff were attending to patients' care needs. However, bedroom door observation panels were not always set to the closed position when not in use on East 10 and East 18.

Improvement Needed

The health board must ensure that the default position for bedroom door observation panels is closed, and returned to a closed position when not being used.

East 10 and East 18 - Mental Health Services for Older People

An improvement from the last inspection was that pain assessment tools were available for staff to use, and on review of the sample of patient records, these were used when required. There was also positive links with the palliative care team to support ward staff to ensure patients were receiving appropriate pain relief.

East 4 – Clinical Board - Medicine

During our previous inspection, we identified concerns with care practice that undermined the dignity of patients and impacted negatively on their physical needs. As a consequence of such findings, HIW issued the health board with an immediate assurance letter, to which we received a suitable response.

At this inspection, we found that staff explained what they were about to do at times when they approached each patient. We also heard staff speaking with patients and each other, in a professional and friendly manner. In addition, we spoke with seven patients and were able to confirm that staff always treated them with respect and kindness; more than one individual stating that staff made them feel that 'nothing was too much trouble'.

East 1 and East 4 – Clinical Board - Medicine

When we visited the ward during 2016, we found that there was no system in place within ward East 4 for staff to record their assessment/monitoring of patients mouth care. In addition, we spoke with one patient and found that they were in need of assistance with this aspect of their care.

We therefore considered the content of four patient records at this inspection and found that the ward team were still not using oral care records to assess, monitor or evaluate patients' mouth hygiene/care. We discussed this issue with the ward sister and were, however, provided with a detailed description of the different types of documentation that had been tried and tested during the past twelve months, none of which were considered suitable for ongoing use. We were also informed that this matter remained under discussion; a further meeting with relevant health board staff due to take place with a view to ensuring that staff were provided with an appropriate way of meeting and recording patient's oral health needs in the near future.

There were oral health assessment forms in use within East 1 at this inspection; however, they provided limited information to assist staff in terms of assessment and monitoring.

Examination of a sample of patient records in East 1 and East 4 during our February 2016 inspection, demonstrated that staff were not using any form of pain assessment tool to determine whether people were as comfortable and pain free as their health care condition and circumstances allowed. It was therefore not possible to confirm whether prescribed pain relief was effective, or whether it was still needed.

At this inspection, we found that improvements had been made in this regard. Specifically, ward staff were now using a pain assessment tool that had been developed in collaboration with the ward sister from East 4 and practice development colleagues.

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.

East 10 and East 18 - Mental Health Services for Older People

We noted improvements in the monitoring of Deprivation of Liberty Safeguards (DoLS) legislation on the Older People's Mental Health wards. There was DoLS expiry dates (where applicable) identified on the Patient Information at a Glance Boards within the nurses offices. There were suitable arrangements in place to review and request further DoLS authorisation as and when required.

The health board was still experiencing delays but the situation had improved since our previous inspection. We were told that this was largely due to the lack of best interest assessors (which is a challenge faced by health boards across Wales) to undertake the DoLS assessments. We were informed however that a number of Best Interest assessors had recently been recruited and improvements in delays were improving.

Delivery of safe and effective care

We saw an improvement in the completion of risk assessments for patients on the Mental Health Service for Older People wards. However, historical risks were not always included in patient care planning documentation to inform future care needs. There were also incomplete patient's food and fluid intake and output charts on the Mental Health Services for Older People wards .

We also saw an improvement in the falls prevention on all wards we inspected. This included improved environment on the Mental Health Service for Older People wards.

It was disappointing to note that the issues identified during our previous inspection with the designated female patient shower room on East 1 remained unresolved.

During our observations on East 10 we identified infection control issues with regards to ointments not identified for individual use and inappropriate storage of mops.

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

East 4 – Clinical Board - Medicine

During our previous inspection in February 2016, we found that there were limited arrangements for staff working within East 4 to store their personal belongings securely. There were also unsatisfactory toilet facilities available to the ward team ; staff having to use a designated patient toilet due to a water leak in the staff area which had not been resolved in a prompt manner.

At this visit, we found that storage had been revised in the ward, to accommodate staff belongings securely. In addition, the staff toilet facility had been repaired and was now in use.

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.

East 10 - Mental Health Services for Older People

During our previous inspection on East 10 we saw significant omissions in risk assessment completion, in particular patient falls, eating and drinking, risk of pressure damage to skin, moving and handling, and incomplete National Early Warning System (NEWS) chart. Our follow-up inspection identified significant improvements in these areas and appropriate measures taken to mitigate the risks on both East 10 and East 18.

However, our review of care plans identified that one patient's history of aggression had not been recorded in their care plan. On further investigation it was apparent that the risk of aggression was historical and not currently a risk whilst an in-patient. Nonetheless the historical risk should have been identified within the patient's care plan to inform future decision making.

Improvement needed

The health board must ensure that historical risks are included in patient care planning documentation to inform future care needs.

It was positive to note that there were significant improvements to clear signage appropriate to the needs of the patients within East 10.

Standard 2.2 Preventing pressure and tissue damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

East 18 - Mental Health Services for Older People

We looked at the records of patients who had existing pressure damage/wounds and found significant improvement in the evidence of assessment, monitoring and wound management at ward level.

Standard 2.3 Falls prevention

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

East 4 – Clinical Board - Medicine

When we inspected the ward previously we saw that bed rail assessment forms were in place. However, a number of those were incomplete. This meant that we were unable to determine the reasons for using/not using bed rails to promote patients' health, safety and welfare.

At this inspection, we found that all bed rail assessment forms were completed in full; a rationale being provided for use in each instance.

East 10 and East 18 - Mental Health Services for Older People

We saw that signage had improved on Wards East 10 and East 18 which would benefit the patient group on both the wards. As stated above we found improvement in the completion of falls risk assessment documentation during our follow-up inspection.

As identified during our previous inspection in February 2016 we saw that nurse call bells were not located near patients' beds in wards East 10 and East 18. This meant that some patients may not easily be able to call for help at times when they are in their room. We were made aware that alarm mats (otherwise known as pressure pads) were put in place at night if there was an identified risk of patients falling whilst getting out of bed unaided.

We noted that appropriate risk assessments were being undertaken to ensure that patients would be under appropriate observations throughout the night depending on risk to mitigate the risk of falls.

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.

East 1 – Clinical Board - Medicine

During our previous inspection the designated female patient shower room was found to be in need of some repair. Specifically, we saw that a number of tiles were not properly fixed to the wall which created difficulties in keeping the area clean. In addition, the seal around the cubicle of the shower was damaged which caused water to escape onto the floor. We were informed by staff that this estates issue had been reported ‘ages ago’.

The above matter remained unresolved at this inspection, staff indicating that they often had to mop the floor in the above area to prevent anyone slipping. This was because the shower cubicle does not fit properly allowing the escape of large quantities of water. Wall tiles also remained damaged.

Improvement needed

The health board is required to provide HIW with a description of the action taken/to be taken to ensure that staff adhere to All-Wales infection prevention and control guidelines and health and safety legislation.

East 4 – Clinical Board - Medicine

Previously, the ward environment was cluttered; with very little provision for storage of equipment. In addition, patient’s bedside tables were full of personal items and food. The above matters made it very difficult for housekeeping staff to fulfil their cleaning duties in an effective way.

There was a range of toiletries and toothpaste in bathrooms and current infection prevention and control guidelines clearly state the need for such items to be allocated to individual patients only-not for communal use.

We saw that staff did not wash their hands in-between assisting patients with aspects of their care. We also saw that staff were not wearing gloves or aprons at such times when they were handling soiled linen.

We found soiled gowns on a chair in a patient’s single room and we saw a used disposable continence item on top of the bin in a male designated toilet.

There was leaking discoloured water present within the staff toilet which we were told had been out of use for some time

The resuscitation trolley was found to be dusty which meant that some items may not be clean and ready for use in an emergency.

During this inspection, we found evidence of significant improvement in terms of all of the above.

East 10 - Mental Health Services for Older People

During our observations on East 10 we identified that there were tubs of ointment that had not been identified for an individual patient usage. Therefore we could not be assured that the items were being used for an individual patient. We were not assured that staff were adhering to the health board Infection Prevention and Control policy.

There was a mop in a bucket of dirty water stored in toilet 3 on ward East 10, we were informed that a nurse had mopped up and had not yet had time to put it away. However this still does not comply with Infection Prevention and Control policy.

Improvement needed

The health board must ensure that ointments are identified for individual patient use only.

The health board must ensure that mops are stored inline with the health board's Infection Prevention and Control policy.

Standard 2.5 Nutrition and hydration

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

East 4 – Clinical Board - Medicine

During our last inspection we saw that a number of records concerning patient's food and fluid intake and output were incomplete, and were not always signed by a registered nurse as required. This meant that it was difficult for staff to obtain a clear view about this aspect of patients' care and treatment. In addition, one patient's nutrition records indicated that the person was refusing to eat and drink, yet there were no clear records of the action taken to prevent that patient from becoming malnourished.

At this inspection we were able to confirm that patients' food and fluid intake was recorded and monitored in a clear and consistent way.

East 10 and East 18 - Mental Health Services for Older People

We saw an improvement in the patients' food and drink assessments/records within East 10 and East 18. However, some patient's food and fluid intake and

output were incomplete. Further information identified that some of the omissions were due to the patient being on leave from the ward during the period concerned, however this had not been identified on the charts.

Improvement needed

The health board must ensure staff complete patient's food and fluid intake and output or provide reasons why a record could not be made.

Standard 2.6 Medicines management

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

At this inspection, we found that all improvements identified during our previous inspection had been addressed across all wards we inspected.

We had previously found that the health board was not compliant with regard to aspects of regulatory and professional guidance associated with the management of medicines. This is because we identified the need for improvements to the following:

- Storage of medicines (all five clinical areas visited)
- Disposal of dispensed medication (East 4)
- Competition of Medication Administration Records (MAR Charts) (East 10, 14 and 18)
- Consistent approach to identifying patients prior to medication administration (East 10, 14 and 18)
- Necessary daily checks regarding fridge temperatures where drugs are being stored and action to be taken when fridge temperatures are recorded outside of the required range (East 4)
- Required checks regarding the stock of controlled drugs (East 4)

Application of the Mental Health Act

East 10 and East 14 - Mental Health Services for Older People

As part of the inspection, we reviewed the statutory Mental Health Act detention documents of five patients on each of the mental health wards, East 10 and

East 18. The documentation held by the health board assured us that detentions were compliant with the Act.

However, responsible clinicians were not completing the capacity assessment on the health board's electronic patient record system. The records we reviewed showed that capacity assessments were being undertaken but lack the detail required by the health board's electronic patient record system.

Improvement needed

The health board must ensure that responsible clinicians record capacity assessments within the designated area on the health board's electronic patient record system.

Quality of management and leadership

The health board, across Clinical Board – Medicine and the Mental Health Services for Older People, have acted appropriately in addressing the concerns we raised following our inspection in February 2016.

The health board were due to commence a pilot closure of East 14 (Mental Health Services for Older People) however there had been very limited consultation had taken place with the ward staff concerned. The health board must therefore ensure that it full engages with staff on East 14 regarding their current and future roles.

Despite the development of informal processes and relationships between mental health services and medical services at Llandough Hospital there continues to be difficulties in providing unified care between mental health services and medical services. The health board must address these difficulties as a matter of priority.

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.

East 14 - Mental Health Services for Older People

The closure (in the form of a six month pilot) of East 14 was imminent at the time of our inspection. The health board had consulted with the local Community Health Council (CHC) but there had been very limited consultation with the ward staff of East 14. This meant that ward Staff on East 14 were not clear about what the pilot closure would mean in respect of their short term and future employment and job roles. Senior management agreed that there should have been better engagement with ward staff regarding the decision around the pilot/ward closure.

Improvement Needed

The health board must ensure that it full engages with staff on East 14 (and other relevant areas) regarding the closure of the ward and future plans for the health board's Mental Health Service for Older People that will affect their roles.

The pilot was due to commence at the end of March 2017. We were informed by senior management that East 14 closure has come about following close monitoring of bed usage across Mental Health Services for Older People (MHSOP). We were told that pro-active discharge planning arrangements had resulted in improved bed capacity for the service. The situation had also been assisted as a result of the increased input from Mental Health liaison services, the co-location of the MHSOP community mental health teams at Llanfair unit and the effective working arrangements between the REACT team and MHSOP.

The health board had developed an Extended Engagement Document Proposed Changes to Mental Health Services for Older People and Rehabilitation Services to document the proposed options for changes to MHSOP.

We were also told that there would be no staff redundancies; instead, staff would be deployed across other services areas within MHSOP.

The health board were making further efforts to ensure that community based mental health teams worked more closely with secondary care colleagues in order to improve service provision to patients.

The board had strengthened the approach to service provision, particularly in relation to the work of the multi-disciplinary team (MDT). Specifically, MHSOP senior managers had written protocols to ensure that MDTs (these consist of a salaried GP, nurses, dieticians and physiotherapy staff) worked in a better and consistent way during daily 'board rounds'.

In addition, monthly meetings where staffing issues, the clinical environment and clinical pathways were discussed, had proved to be very successful.

Falls risks in ward areas had been explored; and improved measures put in place to minimise their occurrence. This had been achieved with the help of dedicated practice development staff and had resulted in a more sensible MDT approach to this issue. A senior manager also told us that the health board intended to share their Community of Practice¹ approach to patient falls, on an all-Wales basis-across MHSOP teams.

¹ Community of practice. Anthropologist Jean Lave and Etienne Wenger coined the term while studying apprenticeship as a learning model... The practice of a community is dynamic and involves learning on the part of everyone.

East 10 and East 18 - Mental Health Services for Older People

New ward managers had been appointed since our previous inspection in February 2016. In addition the health board had recruited a Band 7-clinical governance nurse, whose role, in part, was to take forward the actions identified during our previous inspection.

It was evident that the ward managers had been working with their teams and senior management to address the deficits identified during our previous inspection. It was positive to note that both wards had progressed with the health board's assurance plan but had also implemented some significant innovations; with further improvements to patient care underway. Some of these innovations included:

- A pub themed room on East 10 that replicated a traditional pub
- A 'Cwtch' room on East 18 replicated a traditional living room
- A hairdressing / beauty salon that was accessible from East 18
- The development of a ship themed room on East 10
- The development of a carers café on East 18 as an area for relatives to spend time with patients

East 4 – Clinical Board - Medicine

As at the last inspection, we found both ward teams to be well managed and led by ward sisters/deputy ward managers and senior nurses who demonstrated a commitment to provide safe and effective care.

MHSOP and Clinical Board - Medicine

We identified in February 2016 that there were significant difficulties in patients from MHSOP accessing general medical support from the medical directorate of Llandough Hospital.

Relationships between MHSOP and staff working in other clinical boards was reported as being better, however, we were told that there had been no substantial operational change. For example, there remained a problem in accessing X-rays for patients within MHSOP during out of hours. Specifically, a Mental Health SHO is required to request the X-ray and the SHOs were reportedly reluctant to visit the wards for that reason only.

Staff from the general medical wards also raised their concerns with receiving support from mental health services when care is being provided to a patient

with a mental health illness on a medical ward. This matter was identified at our previous inspection during February 2016.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to provide unified care between mental health services and medical services at Llandough Hospital.

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.

East 1 – Clinical Board - Medicine

At the time of our inspection, we found that there was a high level of unforeseen staff sickness in this clinical area. Conversations with staff present on East 1 (enhanced care unit) further revealed that there had been many occasions in recent months when there had been an insufficient number of registered nurses working in the area at night. This had impacted negatively on the ability of the team to provide safe and effective care to patients in their immediate care as well as those, who were in receipt of ‘telemetry monitoring’² in other areas of the hospital.

At this inspection, we discussed the above issues with ward staff and senior managers and were able to determine that staff had not been moved from the enhanced care unit at night since our last inspection. We were also informed that on occasions when staff were consulted about the possibility of moving staff at night, senior managers listened to what they had to say in terms of patients needs and dependency (acuity) to ensure that effective decisions were made.

² **Telemetry** is the remote measurement or the remote collection of data associated with patients connected up to electrocardiogram equipment. This is in order to monitor their heart rate and blood-oxygen levels.

East 4 – Clinical Board - Medicine

Discussions with senior staff during our February 2016 inspection revealed that there were 5.5 staff vacancies in the area which the health board were seeking to fill in the near future. In the interim, the ward team were supported by staff from the well established 'bank' and/or agency if needed, to ensure that there were enough staff available to care for patients.

At this inspection there were 6.6 Whole Time Equivalent (WTE) registered nurse vacancies associated with the ward; two nurses due to begin working there in the next couple of weeks. We were also informed that health care support worker vacancies had reduced to 0.57 WTE.

The ward sister was now generally supervisory, which enabled her to manage and lead the provision of care and support to patients. We were also informed that where registered nurse/health care support worker 'gaps' existed due to vacancies or unforeseen staff sickness, the nurse bank was used to support the ward team. The use of agency staff remained a rare occurrence.

During the previous HIW inspection, we found that a number of staff were not always able to access training opportunities. This meant that they may not have been aware of the most up to date practice to assist them in their work. We were, however, made aware of the recent re-introduction of practice development staff within the Clinical Board for medicine which had already had a positive impact on training provision.

More specifically, at this inspection, we were provided with details of how practice development staff had supported ward staff to complete 'in-house' training and to develop written tools for recording aspects of patient care. There were also plans in place for this support to continue.

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 health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measurable, 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 health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

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

5. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital 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.

Figure 1: Health and Care Standards 2015



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

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

- Information held by HIW
- Conversations with patients, relatives 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 policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

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.

Appendix A

Hospital Inspection: Improvement Plan

Hospital: University Hospital Llandough,

**Departments: Clinical Board - Mental Health Services for Older People
Clinical Board - Medicine**

Date of inspection: 27 February – 2 March 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
5	The health board must ensure that the default position for bedroom door observation panels is closed, and returned to a closed position when not being used	4.1	A memorandum has been issued to all clinical areas requesting that this happens, and this will be incorporated into the directorate ward checks.	Lead Nurse Mental Health Services for Older People (MHSOP)	Complete – review ward checks September 2017
9	The health board must ensure that historical risks are included in patient care planning documentation to inform future care needs	2.4	The MHSOP Directorate will incorporate this requirement into it's regular care plan audit tool.	Lead Nurse	31 May 17

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
12	The health board must ensure that ointments are identified for individual patient use only.	2.4	<p>All staff will be reminded of the need to ensure that ointments are for individual use only.</p> <p>A reminder will be included in a forthcoming Medication Executive Safety Briefing</p> <p>This issue will be incorporated in future Infection, Prevention and Control (IP&C) training</p> <p>Audit results shared with Ward Managers & cascaded to their teams.</p> <p>Advanced Nurse Practitioner regularly auditing compliance.</p>	<p>Director of Nursing – Mental health Clinical Board</p> <p>Director of Pharmacy and Medicines Management</p> <p>Lead nurse IP&C</p> <p>Lead Nurse MHSOP</p>	<p>June 2017</p> <p>Review June 2017</p> <p>With immediate effect</p> <p>Complete and embedded as part of routine practice</p>

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Delivery of safe and effective care					
12	The health board must ensure that mops are stored in line with the health board's Infection Prevention and Control Policy	2.4	The MHSOP Directorate has issued a memorandum reminding staff of the UHB policy for the storage of mops The UHB will issue a notice to all areas reminding them of the UHB policy on the correct storage of mops	Lead Nurse Head of Facilities	Complete 31 May 17
13	The health board must ensure staff complete patient's food and fluid intake and output or provide reasons why a record could not be made.	2.5	All staff will be reminded of the need to complete patients' food and fluid intake and output and to record the reasons why a record could not be made. The MHSOP Directorate will incorporate this into its regular documentation audit tool.	Lead nurse MHSOP Lead Nurse MHSOP	May 2017 31 May 17
14	The health board must ensure that responsible clinicians record capacity assessments within the designated area on the health board's patient record system.	Application of the Mental Health Act	The MHSOP Clinical Director will issue a memorandum to all responsible clinicians. This will be incorporated in to UHB Mental Capacity Act Training	Clinical Director Mental Capacity Act – UHB lead	28 April 17 May 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
15	The health board must ensure that it full engages with staff on East 14 (and other relevant areas) regarding the closure of the ward and future plans for the health board's Mental Health Service for Older People that will affect their roles.	Part 2- Governance, leadership and accountability	The MHSOP Directorate has now initiated a full consultation process involving union representation, a series of service remodelling meetings involving a wide range of key staff, and 1:1 discussions with all staff on E14.	Directorate Manager and Lead Nurse	15 May 17
18	The health board is required to provide HIW with details of the action taken / to be taken to provide unified care between mental health services and medical services at Llandough Hospital	Part 2- Governance, leadership and accountability	Regular meetings between the Clinical Boards have commenced. The Medicine Clinical Board now provides an emergency team response to all medical emergencies in mental health settings on the University Hospital Llandough site. The Clinical Board Directors for Mental Health and Medicine are progressing pathway discussions.	Clinical Board Directors for Mental Health and Medicine	Completed Completed and embedded in practice September 2017

Health Board Representative:

Name (print):

Title:

Date: