

## **NHS Mental Health Service Inspection (Unannounced)**

Clywedog Ward, Llandrindod  
Wells War Memorial Hospital,  
Powys Teaching Health Board

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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 mental health inspection of Llandrindod Wells War Memorial Hospital of Powys Teaching Health Board on the 21 August 2017. The following site ward was visited during this inspection:

- Clywedog Ward - Older Persons Mental Health

Our team, for the inspection comprised of one HIW inspector and two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). The inspection was led by a HIW inspection manager.

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

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found that the service provided safe and effective care. However, we found some evidence that Powys Teaching Health Board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients and relatives were very positive in relation to the care, support and treatment provided
- Provided individualised care which was holistic to the needs of patients
- Patients records and assessments were completed to a comprehensive standard
- Staff worked in a meaningful and collaborative manner
- Senior ward nurses provided leadership, guidance and support to all members of ward staff.

This is what we recommend the service could improve:

- Physical Health service provision
- Medication management
- Safe disposal of cigarette butts
- Welsh language resources

## 3. What we found

### **Background of the service**

Clywedog Ward provides NHS mental health services at Llandrindod Wells, War Memorial Hospital, within Powys Teaching Health Board.

The service can provide care and treatment for up to ten patients. Clywedog Ward provides assessment and treatment for older adults with a mental health condition.

The service is a mixed unit with ten beds. At the time of inspection, there were five in-patients and one patient was on leave.

The service employs a staff team which includes a range of qualified and non qualified staff. An occupational therapist is located on the ward. Physiotherapy and allied health services are located within the hospital.

## 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.*

We observed all patients being cared and treated by staff that were courteous and kind. Staff provided care and support for patients in a dignified and respectful manner. The staff team on Clywedog had been in position for some considerable time and were well established and experienced.

During 2014 / 2015, the ward environment had been refurbished to a very high standard and throughout our visit the ward was clean neat and tidy. All fixtures and fittings were maintained to a high standard.

Questionnaires were distributed to patients on Clywedog Ward and their families to obtain their views on the standard of care provided at the hospital. In total, we received six questionnaires, completed mainly by carers and relatives of patients that had been on the ward for at least one week. Very positive feedback was given in the questionnaires and the care and treatment provided on the ward to patients was seen as excellent. Some of the comments provided in the questionnaires by carers and relatives of patients included:

“Staff are always happy, polite and professional. Staff go above and beyond their role”

“My mother has received great care from all staff which has helped her to gain confidence and peace”

“Staff have been amazingly helpful and supportive”

### **Staying healthy**

There was a range of relevant information leaflets available for patients, families and other visitors in the entrance to the ward. Information pertaining to mental health issues, guidance around mental health legislation and physical wellbeing was also available on the ward. In addition there were details of allied organisations and independent advocacy services that are available to support patients and relatives. An occupational therapist was based on the ward who

provided additional support and guidance to both patients and staff. This was a relatively new position on the ward and we were informed by senior nurses that it had provided distinct improvement for patients living with a mental health illness / condition.

## **Dignified care**

Clywedog Ward is part of inpatient services provided at Llandrindod Wells War Memorial Hospital. During our entire visit we observed all staff communicating with patients in a dignified, meaningful and courteous manner. Discussions with staff identified that they were passionate about the help and support they could provide patients. Staff provided care and support with the fundamental aim of ensuring the patients received bespoke individualised care and support specific to their needs.

Staff were heard speaking with patients in calm tones. We were informed that staff addressed patients by their preferred name. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. Distraction techniques were observed and assisted potential situations to de-escalate.

The ward environment had been extensively refurbished at the end of 2014 and the beginning of 2015. Considerable effort had been made in providing a suitable environment for the patient group to receive dignified care.

We viewed a number of patient bedrooms and there was evidence of some individualisation, such as some photos, which was appropriate as the unit was fundamentally a short stay assessment unit.

During our visit, the ward environment was viewed as being very clean neat and tidy. We were informed that there was limited space for equipment on the ward, but during our visit we did not encounter any clutter which could potentially be of risk to patients.

The garden area provided a peaceful space for patients to go out doors. Plants, shrubs and differing types of herbs were growing. The garden was safe and secure and enabled patients to undertake tasks such as caring for plants and relax in a pleasant and stimulating environment. We were informed that patients enjoyed visiting the garden. It also provided a space for patients to smoke. We viewed a large tin being used for cigarette butts, which was had not been emptied for some time. We advised staff that this potentially posed a risk to patients as they could be consumed and this was remedied immediately.

### Improvement needed

The cigarette tin in the garden must be made secure and regularly emptied as not to pose a potential risk to patients.

### Patient information

Written information was available on the ward relating to the unit, containing information such as visiting times and contact numbers. In addition, the ward's ethos was located on the notice boards located near the main entrance. It noted:-

*Clywedog Ward aims to provide high quality, individualised holistic care for all in-patients, while offering advice and support to families and carers. We aim to provide this care and treatment within a clean, safe, friendly environment while upholding the highest professional standards. Clywedog Ward staff believe deeply in respecting the individual perspective of patients, relatives and carers. This is reflected in the ongoing care, implementation and review process, in which their views are acknowledged and respected.*

*Clywedog Ward staff believe that the patients' needs and experiences are the first and uppermost consideration and the best outcomes result when patients, their carers, relatives and staff are active parties in decision taking. Staff also believe in dealing with patients and their families with courtesy, professionalism, integrity, openness and respect. Clywedog Ward's philosophy is to treat people how we would want to be treated. Provide the highest standard of individual care in a clean, safe environment.*

Information was available on the ward in relation to how to raise a concern / complaint. Included were designated contact details of people and organisations to assist with any concerns.

### Improvement needed

PTHB must ensure that the ward leaflet is maintained and includes up to date relevant information.

### Communicating effectively

During the visit we observed effective staff / patient interactions taking place. As previously identified Clywedog Ward's written ethos was available on the ward,

but unfortunately it was only in English and not available through the Welsh language. Additionally, there was limited Welsh written material available on the ward for patients. PTHB are advised to ensure that the Welsh language received the same amount of attention as that of the English language.

It was noted that some staff were able to communicate in Welsh with patients, and this was highlighted as being vitally important in some instances for patients who, due to their illness, had reverted back to use their mother tongue.

The majority of carers and relatives confirmed in the questionnaires that their family member or person they looked after was offered the option to communicate with staff in the language of their choice.

#### Improvement needed

PTHB must ensure that written information is available bilingually and that Welsh language resources are promoted.

### **Timely care**

During the inspection, we evaluated the service provision of physical health care management for in-patients on Clywedog Ward. We identified that, in an emergency situation, the ward would either dial for the emergency services or request the emergency trolley from a neighbouring ward. Systems were in operation to summon this assistance. If patients became physically unwell and not requiring life saving care and treatment, no formal processes / protocols were in operation. We were advised that this was an ongoing issue. A medical doctor may provide physical health management from a neighbouring ward, but this was not a formal agreement. Discussions were held with the Consultant Psychiatrist, ward staff and a senior PTHB member of staff. All were aware of this distinct service provision weakness. This issue was also identified during a previous HIW inspection in 2014. PTHB must ensure that processes / protocols and formal service level agreements are implemented in order to ensure the wellbeing of patients' physical health during their stay on Clywedog Ward.

The ward had recently recruited a new occupational therapist and this new service provision was noted as providing significant benefits for patients and had also provided skills and knowledge for the staff team in caring, supporting and treating their patients.

We asked patients, and their carers or relatives, in the questionnaires for their views about the care patients have received during their stay in hospital. We

received positive feedback, with all completing a questionnaire agreeing that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed.

### Improvement needed

PTHB must develop and implement processes, protocols and formal service level agreements in order to provide the designated physical, medical health coverage required for patients on the ward.

## Individual care

### Planning care to promote independence

Patients' records viewed contained detailed information of their assessed needs and requirement. Assessments were in-depth and provided a clear picture of support, care and treatment required for patients.

Patient activities were undertaken twice a day. Lists of the forthcoming activities were highlighted on a board within the ward. We observed some patients listening to music and knitting. In addition, we were informed that the garden provided a range of activities for patients. There were seating and raised flower beds available and all were maintained to a good standard providing a pleasant environment for patients.

Carers and relatives provided positive feedback to us in the questionnaires about the hospital staff caring for their family member or person they looked after. We were told that staff were always polite, and that staff listened to the patient and to their friends and family. Those carers and relatives that completed a questionnaire also felt that staff had talked to their family member or person they looked after about their medical conditions and helped them to understand them and that staff called them by their preferred name.

Carers and relatives also said in the questionnaires that patients were given the choice by staff about the method they wanted to use when they needed to go to the toilet, and that staff helped patients with their toilet needs in a sensitive way so they didn't feel embarrassed or ashamed and their dignity was maintained.

The ward utilised pictorial images in order to provide patients with an additional source of information, such as location of toilets, bathrooms and their rooms.

### People's rights

Information pertaining to the Mental Health Act was freely available on the ward. Legal documentation to detain patients under the Mental Health Act was compliant with the legislation.

### **Listening and learning from feedback**

Information was available on the ward identifying how people could provide feedback about their care and treatment. We were informed that relatives were involved in discussing aspects of care provision in circumstances where patients were unable to understand the information. We observed the family of a patient discussing the patients care on the day of our visit.

Information was also available in relation to advocacy services available both locally and nationally. In addition contact information of pertaining to Healthcare Inspectorate Wales, Care and Social Services Inspectorate Wales and the Ombudsman for Wales were also available.

## 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 observed that there were established processes and audits in operation on Clywedog ward in order to manage risk and safety, infection control and medicine management. This enabled staff to continue to provide safe and clinically effective care. However, on further scrutiny of the medication management, some issues were identified requiring improvements.

### Safe care

#### Managing risk and promoting health and safety

Access on to Clywedog ward was restricted and key pads were in operation. The internal environment was free from clutter and, as such, we did not observe any trip hazards during our visit. Designated domestic staff were located on the ward everyday and during evening time. All pictures on walls were secured appropriately in order to safeguard patients' safety. It was noted that fire extinguishers were stored appropriately in locked cases.

We observed that equipment, furnishings and fixtures on the ward were of a good standard. Clywedog ward was maintained to a high standard and systems were in place to report environmental hazards that required attention and repair.

#### Infection prevention and control

The ward environment was maintained and cleaned to a very high standard. There were no concerns expressed in the questionnaires by carers and relatives of patients over the cleanliness of the ward; all agreed that the ward was both clean and tidy.

Sharps boxes were stored appropriately in a locked clinic room. The ward had their own washing machine facilities which was reported by staff as being a great benefit to patients as small items of clothing could be washed on the ward if families were unable to do so. All linen was stored off the ward. All patient

bed linen was changed daily and dirty linen was removed off the ward immediately.

Hand sanitizers were located on walls around the ward. Aprons and gloves were also freely available to staff. In addition, hand washing posters were also visible in order to remind staff of the correct hand washing techniques. Infection control policies were available on PTHB intranet site. Monitoring of infection control practices were also undertaken via regular audits which were performed by infection control specialist nurses.

### **Nutrition and hydration**

We observed the lunchtime meal being provided and it was noted that the meal appeared appetising and nutritious. We viewed menus which provided patients with a choice of meals. We were informed that an alternative meal was always provided should patients require. In addition, we were told that snacks, such as sandwiches, crisps and fruit were available throughout the day and night time. Additional food could be ordered from the kitchen.

Patients were provided with a choice as to where to take their meals, either in the dining room, lounge or in their own rooms. Patients were observed eating their meals together and staff supported patients as required in a calm and dignified manner.

Questionnaires completed confirmed that staff helped patients to eat if they needed assistance and that patients had time to eat their food at their own pace. It was also clear from the responses in the questionnaires that water was always accessible on the ward, and that staff helped patients to drink if they needed assistance.

### **Medicines management**

Medication management was reviewed as part of the inspection. Overall, medication management was satisfactory with good completion of medication administration records (MAR) and recording of fridge temperatures. Records viewed confirmed that Controlled drugs were checked twice daily during the shift handover period. We were informed that a pharmacist visits the ward weekly in order to stock check, review MAR charts and undertake audit activities. All medicines were stored safely and securely. Medicines in the drugs trolley were arranged alphabetically.

During our visit, we identified the following issues requiring improvement, a medicine in use had passed its use by date. This was brought to the attention of the ward manager and resolved immediately. We recommend that

comprehensive audit checks are implemented to review such aspects as expiry dates. We reminded the ward manager that, as nurses registered with the Nursing and Midwifery Council, they have to abide by the Standards for Medicines Management document. In particular, Standard 8 Administration (2.6), notes that the expiry date of the medicine must be checked prior to administration<sup>1</sup>.

During our visit, the fridge was not locked. We recommend, for security purposes, that the fridge be locked when not in use.

We were informed that patients' medication requirements are reviewed weekly at the multidisciplinary team (MDT) meeting and by an advanced nurse practitioner who had obtained the designated skills, knowledge and qualification in order to undertake these duties.

It was also identified that the temperature of the room used to store medicines was not monitored daily. During the visit, the temperature was recorded as being 24c. We notified the ward manager that certain medicines begin to perish if the temperature exceeds 25c. We were informed that the PTHB were aware of this issue.

All emergency medicines were stored with the emergency trolley on the neighbouring ward.

#### Improvement needed

PTHB must ensure that systems are in place to identify medication that is close to reaching its expiry date and that all registered nurses are fully compliant with the Nursing and Midwifery Councils Standards for Medicines Management document.

The fridge to be kept locked when not in use.

PTHB must monitor the room temperature of the room where medicines are stored and introduce systems which will be activated should the room temperature exceed 25c.

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<sup>1</sup> [Nursing and Midwifery Council - Standards for Medicines Management](#)

## **Safeguarding children and adults at risk**

PTHB had designated policies and procedures available in relation to the safeguarding vulnerable children and adults. Discussions with staff demonstrated that they had a good understanding of safeguarding principles and the appropriate action to undertake if any safeguarding concerns arose.

## **Effective care**

### **Safe and clinically effective care**

Overall, we found satisfactory governance arrangements in place that promoted staff to provide safe and clinically effective care in relation to mental health. As previously identified, physical health care service provisions must be evaluated and formal service level agreements implemented. Discussions with staff noted that they were happy in their roles and felt supported to provide the best possible care and support for patients.

During our visit to the ward, recruitment interviews were taking place all day. We were informed that staff recruitment was particularly difficult in the locality. We were informed by staff that they were managing to cover all necessary shifts but an increase in the workforce would assist in this matter considerably.

### **Information governance and communications technology**

There were a range of systems, policies and procedures in operation to ensure robust information governance. Computers were password protected with staffing being allocated individual login details.

### **Record keeping**

Information pertaining to patients were both electronic, which were password-protected, or paper based that were stored securely in a locked cupboard. Each patient had several different records of detailed care information. Evidence viewed confirmed that good levels of assessments and monitoring of patients' wellbeing were being undertaken and reviewed regularly. Overall, patients' records were maintained to a good standard providing a clear audit of the patients' stay on the ward.

### **Mental Health Act Monitoring**

We reviewed the statutory detention documents of a patient on the ward. The patient's records evaluated were comprehensive, well structured, organised into sections and easy to navigate.

All entries were legible, up to date, contemporaneous and signed by the staff member. The file demonstrated clear accountability and evidence of how decisions relating to the patient were reached. Relevant information was also provided to patients and their families in relation to how to make a complaint, access to advocacy service, access to legal advice and access to the code of practice.

Patients were provided with both verbal and written information in relation to the section of the Mental Health Act which they were detained under and evidence was viewed which identified that this information was re-presented on a regular basis.

### **Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision**

We reviewed the care plans of a patient on the ward. Overall, the quality of the care plans and clinical records were of a high standard. Of particular note was the 'This is me' document, which clearly identified personal preferences, abilities, likes/dislikes, hobbies and interests. It provided qualitative information about the person and brought the information to life.

Another area of good practice related to the daily inputs in patients records. All members of the multidisciplinary team wrote in the notes, thereby giving consistency in tracking the patient's journey and experience during their entire duration on the ward.

## 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 the service review and monitor their own performance against the Health and Care Standards.*

PTHB had recently taken back responsibility of all mental health services in Powys. Previously three neighbouring health boards jointly managed and provided the mental health services. Some issues were identified in relation to policies, procedures and paper work displaying details of the previous health board. Discussions with a senior nurse within the PTHB confirmed that work was ongoing and that efforts were being made to ensure consistency and accuracy of correct information across all of the health board's documentation.

The ward benefited from a stable group of staff who had worked on the ward for considerable time.

## Governance, leadership and accountability

Overall, we identified that the ward benefited from inclusive management and leadership. Discussions with staff reinforced this belief by commenting that they felt well supported in their roles. Staff felt comfortable raising issues with senior nurses on the ward and that their concerns / issues would be listened to and actively evaluated. Staff identified that they were treated with respect, dignity and fairly by their line managers. The ward manager was very visible on the ward and had cultivated an inclusive team approach; ensuring patients were at the centre of all their practice.

We were informed by staff and the ward manager that all staff had received an annual performance appraisal and that this was ongoing. Staff reported that they were able to identify their own personal development goals and management would be amenable to their requests.

We identified some documents in operation included the details of the previous health board. We were advised that PTHB were in the process of reviewing their documentation in order to display the correct details of PTHB.

## **Staff and resources**

### **Workforce**

We were informed that staffing levels / recruitment had been an area of concern for some time. On the day of our visit there were interviews taking place and initial feedback was that interviews had gone well with a good possibility of filling the vacant positions.

Discussions were held with several members of staff and the wider multidisciplinary team. It was identified that the ward benefits from excellent collaboration across health care professionals. In particular, the occupational therapist noted that nursing staff embrace activities both in planning and implementation. This collaborative working ethos benefited patients and promoted team work on the ward.

We attempted to review the training records of staff on the ward, but unfortunately, some records viewed were not complete. This was due to some staff training records not having been migrated from the previous health boards training software to that of PTHB. We were advised that PTHB were working to rectify this issue and ensure all records had been transferred accordingly.

We were informed of some concerns regarding PTHB's capability to provide all staff with designated training courses required, when taking into consideration the health board's relative inexperience in managing the provision of mental health services. We were advised that this was an area being carefully monitored and that PTHB were fully aware of the situation.

### **Improvement needed**

PTHB must provide HIW with assurances that all electronic training records are up to date and that all staff have received the necessary mandatory training and specialist training necessary for them to work in their designated roles.

PTHB must provide HIW with assurance that they have the capability to provide designated courses for staff employed within mental health services in Powys.

## 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 inspect NHS mental health services

Our inspections of NHS mental health services are usually 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.

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.

HIW inspections of NHS mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Meet the [Health and Care Standards 2015](#)

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects [mental health](#) and 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
A tin containing cigarette butts required emptying.	Potentially these cigarette butts could pose a potential risk to patients safety and wellbeing if consumed.	We raised this concern with the ward staff during the inspection and requested that the tin be emptied.	Staff emptied the tin and closer observation of its contents would be undertaken in the future.

## Appendix B – Immediate improvement plan

**Service:** Powys Teaching Health Board

**Ward/unit(s):** Clywedog Ward

**Date of inspection:** 21 August 2017

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
No immediate assurance issues were identified				

## Appendix C – Improvement plan

**Service:** Powys Teaching Health Board

**Ward/unit(s):** Clywedog Ward

**Date of inspection:** 21 August 2017

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
<b>Quality of the patient experience</b>				
The cigarette tin in the garden must be made secure and regularly emptied as not to pose a potential risk to patients.	4.1 Dignified Care	The cigarette waste bin is now regularly emptied and removed from the garden when not in use.	Ward Manager	Complete
PTHB must ensure that the ward leaflet is maintained and includes up to date relevant information.	4.2 Patient Information	The Ward Manager is updating the ward leaflet to ensure that it includes up to date information for Patients and their carers.	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>PTHB must ensure that written information is available bilingually and that Welsh language resources are promoted.</p>	<p>3.2 Communicating effectively</p>	<p>Work is underway with the Health Boards Welsh Language Officer to ensure that all written materials are available through the medium of Welsh.</p>	<p>Ward Manager</p>	<p>This will be complete by 1<sup>st</sup> December 2017.</p>
<p>PTHB must develop and implement processes, protocols and formal service level agreements in order to provide the designated physical, medical health coverage required for patients on the ward.</p>	<p>5.1 Timely access</p>	<p>Since June 2017, PTHB has invested in a full time Advanced Nurse Practitioner and a full time Middle Grade Psychiatrist (in addition to the existing full time Consultant Psychiatrist role). These roles are equitably shared between Clywedog Ward in Llandrindod and Crug Ward in Brecon.</p> <p>Out of Hours medical cover is provided through the Health Boards contract with Shropdoc.</p> <p>Work is underway with the South Locality to identify additional physical health care input (in addition to the two Psychiatrist and Advanced Nurse Practitioner) from the Care of the Elderly Doctor (based on the neighbouring</p>	<p>Head of Mental Health Operations</p>	<p>By February 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Claerwen Ward).		
<b>Delivery of safe and effective care</b>				
<p>PTHB must ensure that systems are in place to identify medication that is close to reaching its expiry date and that all registered nurses are fully compliant with the Nursing and Midwifery Councils Standards for Medicines Management document.</p> <p>The fridge to be kept locked when not in use.</p> <p>PTHB must monitor the room temperature of the room where medicines are stored and introduce</p>	2.6 Medicines Management	<p>It is the individual responsibility of the Nurse and Pharmacist to ensure that expiry dates on medication are checked prior to administration. A regular stock audit is undertaken by the Ward.</p> <p>Clinicians will be reminded of this responsibility by letter and through team meetings and the Ward Manager will monitor compliance.</p> <p>Clinicians have been reminded to ensure that the medication fridge is to be kept locked when not in use and the Ward Manager will monitor compliance.</p> <p>Thermometer and daily recording in</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>Complete</p> <p>By end of November 2017</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>systems which will be activated should the room temperature exceed 25c.</p>		<p>place. Discussion is underway with the Estates department to determine the actions required to mitigate this risk and maintain adequate temperature control for medication storage.</p>	<p>Head of Mental Health Operations &amp; Head of Estates</p>	<p>January 2018</p>
<p><b>Quality of management and leadership</b></p>				
<p>PTHB must provide HIW with assurances that all electronic training records are up to date and that all staff have received the necessary mandatory training and specialist training necessary for them to work in their designated roles.</p> <p>PTHB must provide HIW with assurance that they have the capability to provide designated courses for staff employed within mental health services in Powys.</p>	<p>7.1 Workforce</p>	<p>PTHB utilises the ESR staff records system to monitor staff training compliance.</p> <p>An action plan for Clywedog Ward is in development to ensure that staff complete their statutory and mandatory training.</p> <p>The current performance within the Mental Health Division (in relation to statutory and mandatory training) is currently 65% (October 2017) and we expect to ensure that all staff have completed this training by February 2018.</p> <p>A new Head of Clinical education has commenced work with the Health Board</p>	<p>Head of Mental Health Nursing</p>	<p>February 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		and is working with the Head of Nursing to ensure that the services' training needs are identified and delivery arrangements are put in place.		

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.

**Executive Representative:**

**Alan Lawrie – Director of Primary Care, Community & Mental Health**

**Operational Representative:**

**Joy Garfitt – Assistant Director, Mental Health**

**Date: 6<sup>th</sup> November 2017**