

Mental Health Act Monitoring Inspection: NHS Mental Health Service (Unannounced)

Hafan Y Coed/Beech

Ward/Cardiff & Vale University

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 NHS Mental Health Act monitoring inspection of Hafan Y Coed within Cardiff and Vale University Health Board on 16 January 2018. The following wards were visited during this inspection:

- Beech Ward.

Our team, for the inspection comprised of a HIW inspector and a Mental Health Act peer reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act. We look at how the service complies with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2005.

HIW also explored how the service met aspects of the Health and Care Standards (2015).

Further details about how we conduct NHS Mental Health Act monitoring inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found that the requirements of the Mental Health Act 1983 and Code of Practice for Wales were being met. We recommended that all staff whose duty it is to administer medication to detained patients, in accordance with legislation, check on each and every occasion that prescribed medication is certified.

The environment was clean and generally well maintained, but as a result of observations made on the day, we have recommended that the health board review the lack of nurse alarm calls in patient bedrooms and communal toilets. Also, some bedroom doors were being wedged open with towels and linen and we require reassurance that patient safety is not being compromised because of this practise.

Through discussions with staff and observations on the ward we concluded there was good team working taking place and staff were committed to providing patient care to high standards.

Patients had opportunities to provide feedback via monthly questionnaires and/or through community meetings held on the ward. There was a lack of patient and visitor information displayed on the ward which we have asked is improved.

This is what we found the service did well:

- We observed good team working taking place
- There were opportunities for patients to provide feedback regarding the service via monthly questionnaires and community meetings held on the ward, from which improvements could be made
- Overall the requirements of the Mental Health Act and Code of Practice were being met

- Staff were receiving annual appraisals and had a programme of mandatory training in place to ensure they had up to date skills and knowledge.

This is what we recommend the service could improve:

- Patient and visitor information needs to be improved and clearly displayed
- Some environmental improvements are required, specifically to the garden area to remove all cigarette ends and empty cups and bottles. The boarded up window needs to be replaced and a review of the lack of nurse alarm calls in patient bedrooms and communal toilets is required
- All staff whose duty it is to administer medication to detained patients in accordance with legislation need to check on each and every occasion that prescribed medication is certified
- Provide reassurance that the bedroom doors we observed being wedged open with towels and other linens is not compromising patient safety.

3. What we found

Background of the service

Hafan Y Coed provides NHS mental health services at Penlan Road, Llandough, Penarth CF64 2XX.

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

Beech is a 17 bedded treatment ward for male and female patients. All of the bedrooms on the ward have en-suite bathroom facilities and patients have access to a garden and other therapeutic areas.

The ward had a staff team which includes two deputy ward managers, registered nurses, health care support workers, two consultants, two junior doctors and hotel services. An activity team is based in Hafan Y Coed and patients from Beech ward can spend time at The Cwtch¹ to participate in activities. A physical health nurse visits Beech ward weekly and services from psychology, physiotherapy, occupational therapy and art therapy are made on a referral basis.

¹ The Cwtch is the name for the activity centre at Hafan Y Coed

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 staff treating patients respectfully throughout our inspection. Staff made every effort to maintain patient dignity and the en-suite bedrooms provided additional privacy for patients.

The ward offered sufficient space and rooms for patients to utilise and the downstairs garden provided access to fresh air. However, we recommended that the area is improved due to the cigarette ends and empty bottles and cups which spoiled the area at the time of our visit.

Patients had opportunities to provide feedback regarding the service via monthly questionnaires and community meetings.

We have recommended that information for patients and visitors is improved and clearly displayed.

During our inspection, we offered patients, staff and visitors the opportunity to speak with us. Those that did told us that, overall, they were happy with the care and treatment being received and that staff were helpful and supportive.

Staying healthy

Staff told us that there was an emphasis on patients maintaining a healthy lifestyle. A weekly menu was in place from which patients could make their own food choices. The menu also provided alternative and lighter food options for the patients. We were told that specific dietary needs are catered for and where applicable input from a dietician would be provided to address a specific medical/health need or condition.

Patients had their own kitchen area that enabled them to make hot and cold drinks. Snacks were available outside the set meal times.

Patients were able to move freely on the ward and had access to their bedrooms, lounges and garden area. The ward was suitable for anyone requiring a mobility aid and there was an en-suite bedroom suitable for wheelchair users. A lift enabled easy access to the garden situated downstairs.

The ward was secured from unauthorised access by an intercom system and the holding area provided a small area that enabled patient privacy and dignity on the ward.

The ward office had a patient status board² displaying information regarding each patient being cared for on the ward. At the time of our visit, there were no facilities to hide the information on the board when it was not in use. We recommended that the patient information board is covered when not in use to protect patient confidentiality.

Improvement needed

Patient information must be protected and information boards covered when not in use to protect patient confidentiality

Dignified care

We observed staff on Beech ward interacting and engaging with patients appropriately and treating patients with kindness and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. There was evidence that staff addressed patients by their preferred name.

All patients had their own en-suite bedroom and we observed staff knocking on doors before entering. Each bedroom had an electronic observation panel which could only be opened and operated by a key that staff were allocated.

² A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

Patients were able to personalise their bedrooms and had access to their personal belongings. Every patient had a wrist band that allowed them to open their bedrooms.

The ward did not have designated single sex living areas for patients, but there were enough rooms available for individuals to have their own space if desired.

Patients had access to a garden that was situated downstairs. A lift was available for anyone who could not use the stairs. At the time of our visit, we recommended the garden area was improved due to the space being littered with empty bottles, cups and cigarette ends, which made the garden look dirty and unattractive.

Discussions with staff also raised concerns about the gap under the garden gate and the possibility of items being passed underneath. At the feedback meeting this issue was discussed and it was reassuring that the concerns outlined would be taken forward and reviewed to ensure any patient safety concerns are addressed.

Improvement needed

The garden area requires a thorough cleaning to remove all cigarette ends, empty bottles and cups

Patient information

We observed that information displayed on the ward for patients and visitors was very limited. Staff recognised this and told us of their plans to improve this. We recommended that information regarding advocacy, specific Mental Health Act information and feedback/complaint information is clearly displayed.

The patient information we saw displayed included information regarding activities, physical health and wellbeing clinics, occupational therapy creative group and Beech ward community meetings.

Improvement needed

Information for patients and visitors needs to be improved and clearly displayed. Information should include advocacy services, specific Mental Health Act information; how to submit feedback and/or complaints information including 'Putting Things Right' process

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated with patients effectively. We heard staff undertake discussions using words and language suitable to the individual patient.

Staff told us that any patient requiring support or services for difficulties with hearing and sight would be accommodated and their needs met.

Timely care

The ward held ward rounds three times a week and a multi-disciplinary team was in place to support patient needs. Regular multi-disciplinary meetings embedded a collaborative approach to patient centred care.

Depending on patient needs, referrals would be made for services which included occupational therapy and physiotherapy to support patient care and treatment.

Individual care

People's rights

Mental Health Act documentation examined was compliant with legislation.

Patients could utilise the Independent Mental Health Advocacy (IMHA) service and also access the Independent Mental Capacity Advocacy (IMCA) service when required.

There were suitable places for patients to meet with visitors in private on the ward along with arrangements in place to make private telephone calls.

Listening and learning from feedback

Beech ward had a system in place to obtain patient feedback. Questionnaires were distributed to patients on a monthly basis and an internal team would analyse the results and provide feedback to staff on areas that need improving and areas that are doing well.

Staff and patients told us about the community meetings which were held monthly. Staff said that discussions were documented and where applicable actions dealt with accordingly. Despite the community meetings and monthly patient questionnaires in place there was nothing displayed which highlighted

any outcomes. The ward may wish to consider displaying some information which highlights any improvements made as a result of these initiatives.

We were told that advocacy services visited the ward regularly to provide independent advice for any patient who wished to raise any concerns and/or receive support to understand their rights specific to their particular legal status. However, there was no information displayed regarding this service and we have made recommendations for this to be improved.

Delivery of safe and effective care

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

On the whole the hospital environment appeared well maintained and was equipped with suitable furniture, fixtures and fittings for the patient group. As a result of observations made on the day, we have recommended that the health board reviews the lack of nurse alarm calls in patient bedrooms and communal toilets as well as some bedroom doors being wedged open with towels and linen to ensure patient safety is not being compromised.

We found that legal documentation to detain patients under the Mental Health Act were compliant with the requirements of the legislation. We recommended that all staff whose duty it is to administer medication to detained patients, in accordance with legislation, check on each and every occasion that prescribed medication is certified.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure³ and were regularly reviewed.

Safe care

Managing risk and promoting health and safety

³ Mental Health (Wales) Measure 2010 sets out provision for primary mental health support services; the coordination of and planning for secondary mental health services; assessments of the needs of former users of secondary mental health services; independent advocacy for persons detained under the Mental Health Act 1983 and other persons who are receiving in-patient hospital treatment for mental health; and for connected purposes.

There were processes in place to manage and review risks and maintain health and safety on the ward.

Beech ward (apart from the garden) was located on one floor and an intercom system ensured the safety of patients and visitors onto the ward. A signing in and out book for patients was used to capture information including where they were going and what they were wearing.

During the visit we observed some patient bedroom doors being wedged open with towels and linen. We discussed this with staff at the time and it was made clear to us that because the doors were heavy fire doors, some patients get agitated if they cannot leave their room, so towels and linen were being used to allow for easier access. We recommended that because the bedroom doors are fire doors, the health board should review this in-line with advice from their health and safety team and/or fire officer to ensure patient safety is not being compromised and what alternative mechanism could be used instead of towels and linen.

We observed that no patient bedrooms or some communal toilet facilities had nurse call alarms that could be used if a patient required assistance. This was discussed at the feedback meeting and despite some reassurance that regular observations were conducted, there may be occasions whereby a patient may need assistance urgently and there would be no way of raising an alarm. Therefore we recommended that this issue is reviewed to ensure that patients can request assistance if they were unable to call for help and/or were physically unable to.

Staff had access to personal alarms which they could use for assistance if required. Some communal rooms had wall alarms that could be pressed if support was needed.

The ward appeared well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental/maintenance issues to the hospital estate team when required. At the time of our visit, there was a boarded up window which had been reported to maintenance. However, we recommended that this issue is fixed as soon as possible to allow the room to be used appropriately and enable staff to undertake clear visual checks when the room is being used.

The furniture, fixtures and fittings on the ward were appropriate for the patient group and generally in a good state of repair. We did observe some chairs that had been punctured with what appeared to be a fork and one bedroom had flooring that had bubbled. We suggested this is reviewed to ensure the bubbling does not cause any unnecessary falls. The cutlery tray had been

broken in one corner which resulted in sharp shards of exposed plastic which could cause harm. This was brought to the attention of staff and we were told that a new tray would be ordered.

Improvement needed

The health board should review fire doors being wedged open in-line with advice from their health and safety team and/or fire officer to ensure patient safety is not being compromised and what alternative mechanism could be used instead of towels and linen.

A review of the lack of nurse call alarms in bedrooms and communal toilets is required to ensure that patients can raise an alarm in an emergency should they be unable to call for help or be physically unable to do so

Safeguarding children and adults at risk

There were established processes in place to ensure that the hospital focused on safeguarding vulnerable adults and children, with referrals being made to external agencies as and when required.

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff on Beech ward provided safe and clinically effective care for patients.

The staff we spoke to were able to describe to us the process used to record incidents and how learning is shared among the team from incidents.

Record keeping

The patient records we reviewed were a mix of electronic and paper based files. There were secure storage arrangements in place to prevent unauthorised

access and breaches in confidentiality. Only relevant staff had access to clinical records using the PARIS⁴ system.

Of the records we reviewed, we found they were mainly in good order.

We found that original Mental Health Act and associated documentation was essentially paper based but supported by the PARIS system. Staff told us that the Mental Health Act module on the PARIS system can prove difficult to navigate. To overcome this issue, the Mental Health Act team has appointed a Mental Health Act Administrator who is an experienced user of the system.

We found there had been a significant impact on the department due to periods of long term sickness which placed patients' legal rights and the Health Board at significant risk if the requirements of the legislation are unable to be met due to shortage of staff.

Mental Health Act Monitoring

We reviewed the statutory and associated documents of two detained patients during our visit. The records examined were compliant with the requirements of the Act and of a good standard in accordance with the regulations and the Code of Practice for Wales.

On the ward, we saw that current copies of CO2⁵ and CO3⁶ (Consent to Treatment) forms were appropriately retained with corresponding medication

⁴ The Paris system, which has been operational at the health board since 2005, is currently accessed by 2,800 UHB staff and assists clinicians by enabling shared patient notes, cutting down on duplicate tasks, providing better risk assessments and giving staff access to patient records regardless of their location or time.

⁵ CO2 form is used if the patient has consented to that treatment and their Approved Clinician has certified that the patient has the capacity to make this decision because they have been assessed as understanding the nature, purpose and likely effects of the treatment being proposed. Resource: Mental Health Law in Nursing, Richard Murphy, Philip Wales

⁶ CO3 form is used if a patient cannot or chooses not to consent and the Approved Clinician considers the medication necessary for the patient. In this circumstance a Second Opinion Appointed Doctor (SOAD) is requested, who completes the CO3 form which provides the lawful authorisation for the treatment to be given. Resource: Mental Health Law in Nursing, Richard Murphy, Philip Wales

charts in the treatment/clinic room. We also saw that records of conversations between statutory consultees and Second Opinion Appointed Doctors were also retained on Mental Health Act files. However, it was apparent from discussions with nursing staff that they did not always check that medication prescribed had been certified. The Health Board must ensure that these checks are undertaken on each and every occasion; that medication for mental disorder is administered to patients for whom a CO2 or CO3 certificate has been issued.

We noted that all leave had been authorised by the responsible clinician on section 17 Leave authorisation forms and the conditions for leave were clearly stated on the forms. However, there was no clear evidence that the Section 17 leave had been risk assessed from the forms we reviewed.

Of the records we reviewed, the detained patients on Section 17 leave did not have photographs for identification on their file. It is good practice to have a photograph of the patient on file, as this can help with any 'absent without leave' situations.

The health board's Mental Health Act administration team ensured that patients were provided with their statutory rights under the Act, including appealing against their detention. There was evidence that patients were supported by the advocacy service.

Improvement needed

All staff whose duty it is to administer medication to detained patients in accordance with legislation need to check on each and every occasion that prescribed medication is certified

Clear evidence needs to be documented and available to demonstrate that Section 17 leave has been risk assessed

Monitoring the Mental Health (Wales) Measure 2010

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed two care and treatment plans (CTP) and found that there was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements.

There was clear evidence in the CTPs we reviewed, that advocacy services were available to all patients and information relating to these services was easily accessible.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

We found that Care and Treatment Plans reflected the domains of the Welsh Measure.

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.

Through discussions with staff and observations on the ward, we concluded there was good team working taking place and staff were committed to providing patient care to high standards. There was good multi disciplinary team input for the ward which supported patient outcomes.

There were processes in place for staff to receive an annual appraisal and complete mandatory training.

Throughout the inspection, staff were receptive to our views, findings and recommendations.

Governance, leadership and accountability

Due to an incident on Beech ward at the time of our visit, we were unable to fully inspect the areas within this section. All staff members who attended our feedback meeting at the end of the visit were aware of the situation and our limited findings as a result.

However, despite the situation, we found there was dedicated and passionate leadership from the deputy ward manager who was supported by committed ward teams, strong multi-disciplinary teams and senior managers who regularly attended the ward. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the deputy ward managers on Beech ward. Staff also commented that team-working on the ward was very good.

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

Staff and resources

Workforce

We observed, and staff told us, that the ward had formed a good team. We saw good team working and motivated individuals providing dedicated care for patients.

A mandatory training programme was in place for staff which included on-line and classroom style training. Staff said they could access additional and relevant external training with line manager approval. We were unable to review the system to determine compliance rates, however the staff we spoke to said they were up to date with their training and had not experienced difficulties accessing courses.

Staff were receiving annual, documented appraisals and a member of staff said they were waiting for their supervision schedule.

Incidents were recorded on the Datix⁷ system and lessons learnt staff told us would be discussed with the ward team as and when required.

⁷ Datix is an incident reporting and risk management system to report and track clinical incidents.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we conduct NHS Mental Health Act monitoring inspections

Our NHS Mental Health Act monitoring inspections 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.

During our NHS Mental Health Act monitoring inspections will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Health \(Wales\) Measure 2010](#) and [Mental Capacity Act 2005](#)
- Meet aspects of 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Hafan Y Coed

Ward(s): Beech

Date of inspection: 16 January 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues identified at this inspection				

Appendix C – Improvement plan

Service: Hafan Y Coed

Ward(s): Beech

Date of inspection: 16 January 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Patient information must be protected and information boards covered when not in use to protect patient confidentiality	3.5 Record Keeping 4.2 Patient Information	A blind has been ordered to cover the information board when not in use	Ward Manager	March 2018
The garden area requires a thorough cleaning to remove all cigarette ends, empty bottles and cups	2.1 Managing Risk and Promoting Health and Safety	This worked has been logged with the estates department to clear the existing debris.	Estates	March 2018
		Ward staff will monitor the garden and	Ward Manager	March 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		ensure that it is kept free of rubbish on completion of the estates work.		
Information for patients and visitors needs to be improved and clearly displayed. Information should include advocacy services, specific Mental Health Act information; how to submit feedback and/or complaints information including 'Putting Things Right' process	1.1 Health promotion, protection and improvement 4.2 Patient Information	The relevant information has been ordered and will be displayed in the visitor's room and on the ward notice boards. This will be checked monthly	Ward Manager	March 2018
Delivery of safe and effective care				
The health board should review fire doors being wedged open in-line with advice from their health and safety team and/or fire officer to ensure patient safety is not being compromised and what alternative mechanism could be used	2.1 Managing risk and promoting health and safety	Advice received from the fire officer is that there are appropriate fire doors throughout Hafan y Coed hospital and that the bedroom doors are not required to be fire resistant due to the sprinkler		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
instead of towels and linen.		system in the building. The fire officer will look at the expense of a plunger that could be fitted to the bedroom doors.	Fire Officer	April 2018
A review of the lack of nurse call alarms in bedrooms and communal toilets is required to ensure that patients can raise an alarm in an emergency should they be unable to call for help or be physically unable to do so	2.1 Managing risk and promoting health and safety 4.1 Dignified Care	All patients will be risk assessed on admission to establish if they require additional assistance to summon help from staff. All vulnerable patients will be given personal alarms to allow them to call for assistance.	Ward Manager	Complete
All staff whose duty it is to administer medication to detained patients in accordance with legislation need to check on each and every occasion that prescribed medication is certified	Mental Health Act 1983 Code of Practice for Wales 2016 - chapter 25	All staff will be reminded of their requirement to check that prescribed medication is certified. The certification of medications will be audited in 6 months	Ward Manager Pharmacy	Complete September 2018
Clear evidence needs to be documented and	Mental Health	UHB response: While there is no formal	Director	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
available to demonstrate that Section 17 leave has been risk assessed	Act 1983 Code of Practice for Wales 2016 - chapter 27	<p>risk assessment document a proportionate and timely risk assessment is undertaken by the responsible clinician before agreeing each episode of leave. This is documented in the patient's electronic case notes.</p> <p>All staff will be reminded of this requirement</p>	of Nursing	<p>and embedded as part of routine practice.</p> <p>End March 2018</p>
Quality of management and leadership				
No recommendations identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Janyne Tottle

Job role: Director of Nursing

Date: 27 February 2018