

**Focussed Review:
Management of Risk,
Violence and
Aggression
(Unannounced) Llanarth
Court Hospital**

Priory Healthcare

Inspection date:

22 - 24 October 2018

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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 independent mental health inspection of Llanarth Court Hospital on the evening of 22 October 2018 and following days of 23 and 24 October.

This was a focused inspection, which included specific scope to review the management of risk, violence and aggression. This need for this inspection was identified following a number of incidents and concerns reported to HIW by patients, staff, safeguarding agencies and the registered service themselves.

The following sites and wards were visited during this inspection:

- Awen - Female Medium Secure Mental Health Ward
- Osbern - Male Low Secure Mental Health Ward
- Teilo - Male Low Secure Mental Health Ward
- Treowen - Male Low Secure Mental Health Ward
- Howell - Male Medium Secure Mental Health Ward
- Iddon - Male Medium Secure Mental Health Ward
- Woodlands Bungalow - Male Open Rehabilitation Mental Health Ward

Our team, for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay 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 complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. 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 independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we were not assured that changes to the physical intervention techniques used at the hospital were appropriate to manage all types of challenging behaviour that could be exhibited by patients staying at the hospital. Nor were we assured that the implementation of the changes was done so effectively.

We also identified that poor environmental conditions were impacting negatively on patients' privacy and dignity.

Both of these matters have been raised as non-compliance issues with the provider.

This is what we found the service did well:

- Reconfiguration of the male medium secure wards
- Refurbishment of Deri
- Improvements in the application of the Mental Health Act
- Good management and leadership at hospital and ward levels.

We identified the service was not compliant with:

- Regulation 26 (2) (a), (b) & (c) and 18 (1) (a) of the Independent Health Care (Wales) Regulations 2011 regarding the fitness of premises impacting upon the dignity of patients
- Regulation 47 (1) (d), 15 (1) (a), (b) & (c) and 16 (2) (a) regarding the restraint techniques available to staff to safely manage unpredictable challenging patient behaviours.

These are serious matters and resulted in the issue of a non compliance notice to the service.

At the time of publication of this report, HIW have not received sufficient assurance of the actions taken to address the improvements needed with regards to Regulation 47 (1) (d), 15 (1) (a), (b) & (c) and 16 (2) (a) regarding the restraint techniques available to staff to safely manage unpredictable challenging patient behaviours.

HIW have received sufficient assurance of the actions taken to address the improvements needed with regards to Regulation 26 (2) (a), (b) & (c) and 18 (1) (a) of the Independent Health Care (Wales) Regulations 2011 regarding the fitness of premises impacting upon the dignity of patients.

3. What we found

Background of the service

Llanarth Court Hospital is registered to provide an independent mental health service at Llanarth, Raglan, Abergavenny, Monmouthshire NP15 2YD.

The hospital comprises of seven wards and an open rehabilitation bungalow:

- Awen - A medium secure service for a maximum 16 (sixteen) female adults aged between 18 (eighteen) and 65 (sixty-five) years who are diagnosed with a mental illness or have a treatable personality disorder or a combination of the both
- Deri - A low secure service to provide assessment for a maximum of 11 (eleven) male adults over the age of 18 (eighteen) years
- Osbern - A low secure service to provide assessment, treatment and rehabilitation for a maximum 11 (eleven) male adults over the age of 18 (eighteen) years suffering from a mental disorder
- Teilo - A low secure service to provide rehabilitation for a maximum 20 (twenty) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder
- Treowen - A low secure service to provide rehabilitation for a maximum 19 (nineteen) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder
- Howell - A medium secure service to provide assessment, treatment and short-term rehabilitation for a maximum 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer from a mental disorder
- Iddon - A medium secure service to provide assessment and short-term rehabilitation for a maximum of 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer with a mental disorder
- Woodlands Bungalow - An open service to provide rehabilitation for a maximum of 4 (four) male adults over the age of 18 (eighteen) years who suffer with a mental disorder

The hospital was first registered in December 1992. At the time of the inspection Deri Ward was closed.

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 that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

However, the environment of care on Howell, Iddon and Osbern impacted upon patient dignity. There is also no long term service development for Llanarth Court to assure us that the registered provider will develop the service and maintain standards reflective of a modern inpatient mental health service. .

Dignity and respect

As observed during previous inspections as well as this one, all staff interacted and engaged with patients appropriately and treated patients with dignity and respect. Staff spoke with patients respectfully and calmly including when taking prompt and appropriate action in an attempt to prevent patient behaviours escalating. When patients approached staff members they were met with polite and responsive caring attitudes.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. Patients on Awen, Tielo and Treowen had bedrooms with en-suite facilities consisting of a toilet, sink and a shower. Patients on Iddon, Howell and Osbern, along with Deri when open, had bedrooms with their own sink and the use of shared shower facilities.

The registered provider had recently completed a refurbishment of Deri. This improved the appearance of the ward, being newly decorated and furnished with appropriate specification of furniture, fixtures and fittings for a low secure mental health ward.

However, Iddon, Howell and Osbern were poorly maintained and in a worse state of repair than during our previous inspections. The wards had damaged furniture and equipment which were heavily stained and marked, significantly so within the toilet and shower facilities in each of the wards. In addition,

following a gym session we observed four patients queuing to use the single working shower on Iddon; this impacted negatively upon the patients' dignity.

These findings led us to conclude that the upkeep of the environment of care on Iddon, Howell and Osbern was below acceptable standards. As a result we issued a Non Compliance Notice in regards to the breach of Regulations 26 (2)(a), (b) & (c) and 18 (1)(a) which required the registered provider to take and/or propose action to address these issues. In response to this the registered provider has confirmed that Osbern has transferred into newly refurbished Deri so that refurbishment of Osbern can commence with minimal disruption to patients. The registered provider has also confirmed a deep clean of Howell and Iddon has been completed, and a redecoration of both wards to be completed by March 2019.

In addition, as highlighted over a number of previous inspections, Deri, Iddon, Howell and Osbern wards are split over two floors with the main communal areas downstairs and bedrooms upstairs. Having split level wards has impacted negatively upon how well staff can manage the patients on each of the wards and restricted the movement of patients on the wards during certain times of the day. Patients had set times when they were able to access their bedrooms; patients expressed their dissatisfaction with having designated times for bedroom and ground floor access and therefore being required to go upstairs, mainly to their bedrooms, early in the evenings.

Patients we spoke to stated that they felt confined on the wards as there were limited areas where they could be away from other patients. Patients stated that this could make them feel uneasy when the ward was unsettled and a number of patients we spoke with said that they had retreated to their bedrooms when they felt unsafe on the ward.

Staff also had concerns that on occasions some patients would refuse to leave their bedrooms and therefore staff would be split between two floors which impacted negatively upon their ability to care for patients and provide meaningful activities, on the ward or escorted within the hospital or community. During our conversations with patients and staff they stated that it could be stressful and an unpleasant atmosphere on the wards at these times.

There are no nurse call buttons for patients to summon immediate assistance on Deri, Iddon, Howell and Osbern wards. This means patients on these wards would be required to shout-out for assistance. This is not appropriate, undignified, and may not be effective in summoning help and therefore result in harm to the patient.

The Priory Group acquired the hospital in December 2016. During the previous two inspections the registered provider has acknowledge that the configuration of the split level wards, coupled with no en-suite facilities impacts upon the privacy and dignity of patients and that the wards are no longer reflective of a modern inpatient mental health service. Whilst members of their senior management have given some consideration to the service development at Llanarth Court to remove the variation in facilities across different wards, there remains no long term vision or service development plan in place.

As stated earlier, there was only one functioning shower available on Iddon. Within a ward corridor was a bucket collecting water from a leaking shower above. There were three downstairs toilets, however two required refurbishment with one not being able to be used for approximately six months.

There remained other outstanding repair work on the ward which continued to have a negative impact upon the patient group; this included the patients' tea and coffee making facilities.

Improvement needed

The registered provider must confirm the long term service development for Llanarth Court to ensure that it is reflective of a modern inpatient mental health service.

The registered provider must ensure all shower and toilet facilities are in working order.

The registered provider must improve the environment of care on Howell, Iddon and Osbern.

The registered provider must ensure that there are nurse call systems on all wards.

Delivery of safe and effective care

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

There are established processes in place to manage and review risks and maintain health and safety at the hospital.

However we were not assured that the changes implemented to their physical intervention techniques can always be safely managed within the hospital.

Our review of patient records identified omissions that evidenced not all patients' physical health needs were being met at the hospital.

Managing risk and health and safety

As identified during previous inspections, Llanarth Court had processes in place to manage and review risks and maintain health and safety at the hospital; these remained in place at the time of this inspection. However, the registered provider was in the process of changing the physical intervention techniques that are used to manage any challenging behaviours exhibited by patients.

We reviewed the training manual, spoke to on site trainers and observed while they demonstrated the techniques for floor restraint. We also spoke to a significant number of staff and reviewed care planning documentation for individual patients at the hospital.

We were not assured that when using the prescribed physical intervention techniques staff were able to safely restrain a patient who was presenting with challenging behaviours on the floor. This is particularly concerning as in some cases the administration of medication via an intramuscular injection would be required and this could not be done safely using the prescribed techniques. Therefore there was a risk of injury to the patient and others due to inadequate restraint techniques for the challenging behaviours that may be presented by patients.

As a result we issued a Non Compliance Notice in regards to the breach of regulations 47 (1)(d), 15 (1)(a), (b) & (c) and 16 (2)(a) which required the registered provider to address our immediate concerns. Despite the registered

provider submitting a response this has not provided us with sufficient assurance and we have requested further information to assure us that restraint techniques taught to employees are:

- Evidence based for use within a secure mental health hospital
- Enable staff to safely restrain a patient who is on the floor presenting with challenging behaviours
- Enable staff to safely administer medication via an intramuscular injection.

It was positive to note two initiatives that had been implemented since our previous inspection in May 2018 which had, on short term evaluation, provided a positive benefit on patient care for the medium secure wards.

Awen, the female medium secure ward, has introduced protective time one day per week between 10am and noon where all team members attend for patient time with no interruptions to the ward from other areas within the hospital or externally. This was commented on favourably as it ensured that patients had designated time with staff, without any interruptions, as part of their weekly planned activities.

There had been a reconfiguration of the service model on Howell and Iddon, the two male medium secure wards. Where as previously both wards were established to provide patient care in a similar manner, since our previous inspection in May 2018 Howell had been designated as the ward to provide more intensive support to patients requiring a medium secure environment and Iddon the ward where patients required less support within a medium secure environment.

To support this model of care the patient numbers on Howell had been reduced to typically 12 patients with a greater number of staff on the ward. This was evident throughout the inspection with staff providing intensive support and engagement with patients. Whilst the new service model had only been in place less than two months staff commentated favourably on it stating that there had been a reduction in incidents on both wards, which was reflected in the hospital's incident records.

Within two visitor rooms we identified that an accessory on an item of furnishing was a potential safety risk if misused, we highlighted this to the Director of Clinical Services to take appropriate action to remove the items identified and review the hospital for identical risks.

Improvement needed

The registered provider must evidence that the prescribed techniques are:

- Evidence based for use within a secure mental health hospital
- Enable staff to safely restrain a patient who is on the floor presenting with challenging behaviours
- Enable staff to safely administer medication via an intramuscular injection.

The registered provider must confirm that the review and removal of the furnishing accessories has been completed.

Mental Health Act Monitoring

We reviewed the statutory detention documents of nine patients across six wards, which included Awen, Howell, Iddon, Osbern, Tielo and Treowen.

Through conversations with the registered provider's Mental Health Act Manager we were assured that actions had been taken to address and monitor the deficiencies in the application of the Act that we identified during our previous inspection in May 2018.

Within the nine sets of records we reviewed we were assured that the registered provider was fulfilling its duties under the Act and following the guidance set out in the Mental Health Act Code of Practice for Wales, 2016.

However, we did identify that the use of PRN medication¹ was appropriately recorded on Medication Administration Record (MAR Charts) but the reason(s) why it was given was not always recorded in patients' records.

¹ PRN (pro re nata) medication is administered as and when required as opposed to medication administered at regular intervals.

Improvement needed

The registered provider must ensure that PRN medication is documented, with the reasons for administration, in the patient records.

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

We reviewed the care plans of a total of five patients.

On the whole patients' Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Overall individual Care and Treatment Plans drew on a patient's strengths and focused on recovery, rehabilitation and independence. It was positive to note that patients' risk screening documentation was comprehensive on Howell and Awen.

However, it was evident that monitoring and recording of physical health care and wellbeing was insufficient in each of the patient records, and in one case completely absent.

One patient's diabetes care plan lacked specific details on how the diabetes was controlled, i.e. insulin, medication, diet. Nor were there any details on what actions should be taken if there were significant changes to the patient's blood sugar level. The patient's records had no evidence of input from the hospital's physical healthcare team.

Within another patient's records there was a history of an eating disorder documented. Whilst this had been documented there were no specific details on monitoring the patient's behaviours and physical wellbeing to identify signs of the eating disorder reoccurring and what action to take if these signs were displayed. Whilst there was food monitoring forms in place for this patient, these were poorly completed with gaps in recordings, or when completed did not indicate how much of the meal had been eaten. It was also noted that on one day of the inspection the food monitoring form had been completed prior to the patient receiving their meals. Therefore we were not assured that the patient's dietary intake was being accurately recorded.

We reviewed the care plans for two patients that required support in maintaining their personal hygiene. For one patient their care plan was out of date and lacked clarity around interventions which appeared punitive. Senior managers clarified the specifics regarding the care plan and agreed for it to be

reviewed and updated. For the other patient there was limited evidence within the patient's records that the care plan was being followed by staff, therefore we were not assured that staff were supporting the patient to maintain their personal hygiene.

As a result of our findings it is evident that patients' physical health needs are not being met at the hospital.

Improvement needed

The registered provider must review the provision of physical health input to ensure that it meets the needs of the patient group.

The registered provider must ensure patient records have detailed physical health care plans that address the individual needs of the patients.

The registered provider must ensure physical health monitoring records are accurately completed by staff.

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 Independent Health Care Regulations and National Minimum Standards.

We saw good management and leadership at Llanarth Court that, on the whole, was supported by The Priory Group.

However, we are not assured that changes made by The Priory Group to the physical intervention techniques have been implemented safely and effectively.

Since acquisition, The Priory Group has not developed a long term service plan to ensure that Llanarth Court continues to reflect a modern inpatient mental health environment of care.

Governance and accountability framework

As noted in previous inspections there were well defined systems and processes in place to ensure that the hospital focussed on safe and effective service provision. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

However, during this inspection we have found areas of non-compliance which are a result of changes in practice, led by The Priory Group, with regards to the management of physical intervention. Our observations around the appropriateness of the new physical intervention techniques are dealt with in the previous section however from a leadership and management perspective there are clearly issues to address in the way the change was implemented. Through conversations with staff it was clear that they did not feel equipped to use the new techniques in all situations. Indeed, staff told us that in certain circumstances they would revert to the previously used restraint techniques. We would conclude therefore that the staff engagement and training aspects of

this change have not been managed effectively and as a result we are not assured that staff are equipped to use these techniques on a day to day basis.

We have also found that there has been a lack of maintenance and service development by The Priory Group to maintain general upkeep and cleanliness, along with appropriate investment to transform some areas of the hospital to reflect a modern inpatient mental health environment of care. This, in part, has been addressed by the registered provider in terms of the immediate improvements being made to some ward environments. However, we await confirmation of the long term service development of the hospital.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Improvement needed

Pending assurance being provided of the appropriateness of the new physical intervention techniques the registered provider must ensure that staff are sufficiently trained and feel equipped to use them in all circumstances they may face.

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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.

4. How we inspect independent mental health services

Our inspections of independent 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 independent 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
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

Appendix A – Improvement plan

Service: Llanarth Court Hospital

Date of inspection: 22 – 24 October 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				
The registered provider must confirm the long term service development for Llanarth Court to ensure that it is reflective of a modern inpatient mental health service.	10. Dignity and respect	<p>The new management team at Llanarth Court Hospital is striving to steer and support the staffing team to work compassionately and professionally together to provide high quality care to patients. Several initiatives are being implemented:</p> <p>Reducing Restrictive Practice</p> <p>In line with developments in modern inpatient mental health provision, the hospital is committed to Reducing Restrictive Practice. To facilitate this philosophy, in 2019 we will make</p>	Ross Morris	Ongoing 2019

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>significant changes at Llanarth Court.</p> <ul style="list-style-type: none"> Social Connectivity: By the end of January 2019, all patients, (dependent on individual risk assessment), will be provided with mobile phones that they will have access to and can use whenever they wish. This will facilitate and enhance contact with family and friends and will help to reduce feelings of isolation from society and social circles. Furthermore, all patients (again, dependent on risk assessment) will have internet access. Stations will be installed on each ward to ensure that patients have increased access (by date). Patient Choice, Privacy and Dignity: Patients will have increased periods of free movement within the MSU and LSU footprints, dependent on risk assessment. This will enable access to bedrooms throughout the day. The aim is for patients to have increased control over their day and privacy when they require it. There will also be an extra focus on therapeutic engagement and activities throughout the day to counteract the risk of patients isolating themselves in a way that is counterproductive in terms of mental and physical wellbeing. 		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Safe and Compassionate Care</p> <ul style="list-style-type: none"> • Compassionate Leadership: Based on the work of Professor Michael West, the Senior Management Team is committed to the Compassionate Leadership Approach. 5 members of the SMT attended a conference in December 2018 to learn more about the approach. The team has developed a plan to promote a culture change in line with the principals of compassionate leadership in modern day health care. • Staff Development and Wellbeing: Central to the Compassionate Leadership Approach is staff development and wellbeing. Beginning with Ward Managers and Charge Nurses, the SMT are developing a package of training and mentorship to enhance skills and increase support for these key personnel. These staff will in turn learn to support and develop the broader staff team. • Workforce: As part of the Compassionate Leadership Approach the SMT are working on ensuring that the workforce at Llanarth Court consists of appropriate, dedicated people. Retention and recruitment processes will be reviewed and improved and more effective use of 		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>the probation period and performance management process will be implemented.</p> <ul style="list-style-type: none"> Safewards: Every ward is introducing the Safewards initiative. Training has already been provided to key personnel (15th November 2018). Teams, including ‘Safewards Champions’ (selected from the patient group and ward-based staff) and psychologists are implementing change. The concept of Safewards is that by implementing a set of interventions and ways of working, teams can make wards safer and therefore more peaceful places that enable recovery. For example, ‘Calm Down Methods’ are being implemented - ‘Self-Soothe’ boxes and other materials, tailored to individual patient need, are being developed across wards to enable staff and patients to work together to help manage risk-related emotion before it escalates. <p>The initiatives described above form the basis of the long term development plan that aims to improve patient experience by developing a staff team dedicated to creating safe and compassionate care in a culture of minimal restrictions in the secure setting.</p>		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure all shower and toilet facilities are in working order.	10. Dignity and respect	Shower and Toilet refreshment	Alex Hore Gary Bradbury	March 2019
The registered provider must improve the environment of care on Howell, Iddon and Osbern.	10. Dignity and respect	Full decoration of ward areas	Alex Hore	March 2019
The registered provider must ensure that there are nurse call systems on all wards.	10. Dignity and respect	Installation of Nurse call system	Alex Hore Gary Bradbury	May 2019
Delivery of safe and effective care				
<p>The registered provider must evidence that the prescribed techniques are:</p> <ul style="list-style-type: none"> Evidence based for use within a secure mental health hospital Enable staff to safely restrain a patient who 	22. Managing risk and health and safety	<p>Stage 1 - Recruitment of a PMVA lead (appointed and to commence 4th January)</p> <p>Stage 2 - NFPS review of techniques completed with Llanarth NFPS Tutors.</p> <p>Stage 3 - Modified floor technique to be reviewed by Training Provider, Mark Dawes and Medically assessed if required.</p> <p>Stage 4 - Paul Cowans to discuss with HIW Clinical Special Advisor early 2019</p>	Paul Cowans	Jan 2019

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>is on the floor presenting with challenging behaviours</p> <ul style="list-style-type: none"> • Enable staff to safely administer medication via an intramuscular injection. 				
<p>The registered provider must confirm that the review and removal of the furnishing accessories has been completed.</p>	<p>22. Managing risk and health and safety</p>	<p>Review completed, all furnishings have been removed and replaced</p>	<p>Alex Hore</p>	<p>December 2018</p>
<p>The registered provider must ensure that PRN medication is documented, with the reasons for administration, in the patient records.</p>	<p>Mental Health Act Monitoring 15. Medicines management</p>	<p>All qualified staff will be provided, in the form of supervision, the necessity to complete accurate documentation in line with NMC guidance</p>	<p>Treeve Brooks</p>	<p>December 2019</p>
<p>The registered provider must review the provision of physical health input to ensure that it</p>	<p>Monitoring the Mental Health (Wales) Measure 2010</p>	<p>Physical Health review completed and needs identified, in discussion with local services to agree a local agreement with a GP service</p>	<p>Dr Steven Hunter Ross Morris</p>	<p>January 2019</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
meets the needs of the patient group.				
The registered provider must ensure patient records have detailed physical health care plans that address the individual needs of the patients.	Monitoring the Mental Health (Wales) Measure 2010	Full Physical Health Review with Consultant and physical health team	Dr Damian Gamble	Jan 2019
The registered provider must ensure physical health monitoring records are accurately completed by staff.	Monitoring the Mental Health (Wales) Measure 2010	Ward managers will identify a physical health lead on each ward and regularly review records to ensure they are completed accurately	Treeve Brooks	Jan 2019
Quality of management and leadership				
Pending assurance being provided of the appropriateness of the new physical intervention techniques the registered provider must ensure that staff and sufficiently trained and feel equipped to use them in all circumstances they may face.	1 Governance and accountability framework	Stage 1 NFPS review completed with NFPS Tutors Stage 2 Paul Cowans to discuss with HIW Clinical Special Advisor early 2019	Paul Cowans	Jan 2019

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): Ross Morris
Job role: Hospital Director
Date: 18/12/2018