MENTAL HEALTH DIRECTORATE

ACTION PLAN (Jan 2011) FOLLOWING UNANNOUNCED DIGNITY & RESPECT EMI VISIT TO CEFN COED HOSPITAL 12 & 13 JANUARY 2010

HIW Finding / Recommendation	Action Needed	Responsible Person	Timescale for Completion	Action Achieved
1. Was consideration of dignity and respect evident in care and treatment?				
1a: Patients' personal records did not always note their religion.	All patients records to note patients' religion. (If not known – record to reflect this).	Ward Managers	Immediate	1a: Achieved – ***monitored by ward care plan audit***.
1b: Curtains need to be erected in bathrooms around doors to increase privacy.	Ward 1 - currently being addressed, awaiting delivery/fitting. Dyffryn Unit addressed – now compliant.	Ward Manager	End of January 2011	1b: Partially achieved.
1c: No evidence of signage notices being used when care/treatment in progress behind closed curtains.	Laminated signs to be used on dormitory doors when care/treatment in progress	Ward Manager		Achieved; 1c: Laminated signs currently on doors in place in all clinical areas – ***monitored by CSMs on Health & Safety Inspections.*** ***Infection Control department has agreed that these***

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				signs can be 'velcroed' to the curtains when in use.
1d: No opaque glass in door to single bedded room in Ward 1 – compromising privacy.	Roller blind in place to ensure privacy.	Ward Manager	End of July 2010	Achieved
2. What processes are in operation to ensure that patients receive consistent quality and choice of food, which meet their dietary requirements?				
Protected meal times not in place on Ward 1.	Clear signage now provided on Ward door promoting protected meal times. All multi-disciplinary staff to be reminded of Protected Mealtimes project.	CSM (VR) Service Manager via Consultant meeting forum and via Service Group.	Achieved	Achieved
3. How suitable is the environment of care?				
3b1Outdated and inappropriate use of the two bathroom areas on Ward 1. 3b2: Due to move to new ward within 18 months it is not financially viable to replace existing bath.	The sit in shower has not been removed as yet as its removal will compromise the flooring – it is not in use. The other bathroom on the ward, although smaller is still suitable for assisted bathing. This bathroom has a newer bath which has been serviced and a new seal provided. ***The manufacturers have***	Service Manager Service Manager	 New build scheduled for early 2012 completion	Not achieved Achieved (hoist)

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Dyffryn Unit – has one compliant hi/low which is adequate for the bed numbers of 9 inpatient beds. This bath is due to be replaced before the end of Jan 2011 with a replacement hi/low bath previously used in another area of the service. The bathroom with the unsuitable bath against the wall - is not financially viable to replace the bath in this bathroom or to refurbish to a wet room due to the future relocation of services as part of the modernisation plan.	***approved the current hoist as appropriate for use with this bath.*** No further action once hi/low bath replaced.			
3c: A lack of personalisation in the bedrooms was noted.	In a recent environmental review as part of 1,000 lives campaign Dyffryn Unit were criticised or having too many ornaments/pictures around the ward as they have the potential to be used as weapons, there is also the need to maintain clutter free environments to meet infection control standards. Bedrooms are space limited and due to the use of hoists/manual handling equipment restrict the use of	Ward Managers	Achieved	Achieved - ***Ward 1 have recently undergone total redecoration of the day and toilets areas. New flooring has been fitted to the ward entrance and day room.*** ***New curtains***

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	furniture. Therefore there has to be a balance to providing a clinically safe yet homely environment. Ward 1 staff are currently looking at utilising the spaces available in the day areas to accommodate more personal belongings.			***are currently being ordered.*** ***Ward Managers are constantly trying to balance what is required to enhance the environment within the restrictions of a hospital setting.***
3d 1, 2 & 3: Wardrobes in Dyffryn Unit are old and do not provide locked space for personal items and toiletries. Personal toiletries stored in wardrobes in Ward 1 – contravene COSHH regulations. Razors kept in individual wardrobes pose a risk to confused elderly patients.	Ward managers asked to ensure that all toiletries in patients lockers are risk assessed under COSHH regulations. Not financially viable to replace existing wardrobes prior to ward relocation to new build. Comprehensive risk assessments completed for individual patients and the ward environment.	Ward Managers Ward Managers	 Immediate	Achieved Not achieved ***Achieved - Monitored via the CSM's undertaking Health & Safety Inspections.***

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Beds on wards are outdated and not all electric profiling beds.	All clinical areas have a least one profiling bed, all wards require adjustments to electric supply to further supply beds to these areas, a request for this work to be carried out has been made under the recent *'capital bids'.* The *'new build'* of OPMHS wards 2010/2011 will address the need for profiling beds for all patients.	CSM	More profiling beds have become available since January 10.	Not fully achieved
Living area in Ward 1 appeared very crowded and there is a lack of storage space within the ward area.	The re-provision of mental health services in new purpose built accommodation provides suitably sized living accommodation with a varied range of rooms available for patient activity. Appropriately proportioned storage facilities have also been provided.	Service Manager	May 2012	Not achieved
Television in Dyffryn Unit is outdated and wrongly positioned.	Both wards have been supplied with new flat screen televisions that are re-positioned on main walls.	Service Manager		Achieved
3h: Dyffryn Unit has been without a washing machine – this was used for washing net pants. Consideration should be given to a replacement.	Infection Control regulations prevent the washing of net pants in domestic washing machines. Therefore – not for replacement.	Service Manager		***Unable to personalise net pants for individual patient use - therefore not***

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				appropriate to wash and re use.
3i: Signage needs reviewing and use of pictorial signage to be considered.	Review of both clinical areas to be undertaken and indentified deficits to be addressed.	CSM	August 2010	***Signage considered in both areas – some signs replaced as pictorial as appropriate.***
Provision of hand gel should be reviewed to be focused within the immediate area where the patient is treated.	Individual hand gel supplied for each individual staff member.	Ward Managers	Immediate	Achieved – monitored via Health & Safety Inspections.
4. Were all appropriate services and individuals (including patients and carers) involved in care and treatment?				
4a: Inconsistent recordings of patients' mental capacity. 4b: Diversity, capacity and consent training is patchy.	All wards / departments within OPMHS to utilise the documents available in the MCA *"toolkit".* Health Board MCA / Best Interests training dates available for 2010.	Service Manager Ward Managers	September 2010 December 2010	***All POVA, MCA, DoLs training sessions have now been amalgamated to form one full days training. All qualified staff have access to this training day. Attendance***

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				ensured and monitored by Ward managers.
No evidence of a system to feed back to all staff members the outcomes from the Fundamentals of Care (FoC) audits.	Clinical leads in all areas to undertake awareness sessions with all grades of staff. Dyffryn Unit have introduced a *'FoC'* board to include information on all standards, one standard per month to be discussed at handover time.	Clinical Leads	End of April 2010	Achieved
Continence assessments not being documented.	Assessment tool to be identified and used in all areas.	CSM (SP)	December 2010	***Three wards currently undertaking a 'pilot' of an identified continence assessment tool.*** ***Pilot to run Jan 2011- end of February 2011.***
4e: Whilst it was clear that carers feel fully included in the care and decision making in regards to their relative, a signature in the patient's notes should be obtained to evidence this.	Care plans are now being countersigned by relatives / carers when involved in the decision making process. This was already happening in	Ward Managers	Immediate	***Achieved – monitored via care plan audits.***

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	regards to decision making for continuing health care and funded nursing care assessments.			
5. Protection of Vulnerable Adults (POVA) awareness, systems and processes. Child Protection (POCA) awareness, systems and processes. Staffing levels and skill mix.				
Staffing levels and skill mix reported as inadequate. However, the nurse rostering quoted for Dyffryn is inaccurate. On this ward 3 nurses are usually rostered per shift with the Ward Manager working core hours.	The OPMHS has recently undergone a comprehensive review of nurse staffing establishments. The current agreed staffing is appropriate to the function of each ward within budgetary constraints. Ward 1 currently has two staff on long term sick, one on career break. Approval was been given for Swansea OPMHS to employ 6.8 wte Band 2 staff on a temporary basis. Recruitment has commence and is ongoing as any vacancies occur.	Service Manager Clinical Service Managers	Ongoing	Staffing continues to be reviewed. ***Achieved***.
5b: Staff below band 6 had not all had POVA training.	Dyffryn Unit – 15/18 staff have attended. Ward 1 – 12 /20 staff have attended. POVA training now available on full day training re *'Safeguarding Adults day.'*	Ward Managers	Ongoing	Not fully achieved – training is ongoing. ***This is mandatory training –***

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				access and attendance is monitored by the CSM. ***Testing staff understanding of the process is done as part of the training. Understanding of the process is also evident through the fact that staff do, when appropriate, instigate referrals.***
5c: Staff had mainly not had safeguarding children training & could not see the relevance.	Formal staff training has been ad hoc in 2009, which is not within our control. Although Dyffryn staff 10/18 and Ward 1 9/20 had received training. In Service training pack now available on all wards (Swansea)	Ward Managers	Ongoing	***Not fully achieved, training is ongoing.*** ***Access and attendance is monitored by the Ward Manager.*** ***Testing staff understanding of the process***

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				is done as part of the training.
5d: Not all staff have had recent CRB checks – currently focused on new employees or at change of contract.	Health Board Policy not to currently undertake CRB checks on staff other than new or changed contracts.	Service Manager		***Until such time as the Health Board change their current policy – we are unable to achieve full compliance.***
5e: Delays in undertaking some appraisals.	Ongoing – Dyffryn Unit 11/18 staff. Ward1 – 18/20. Ward Managers asked to identify protected time on rotas for all IPRs to be completed.	Ward Managers		***Staff appraisals are now embedded in practice – all appraisal activity is monitored on a monthly basis at a corporate level.***