

Hospital Inspection Report (Unannounced)

Ward 12 & Ward 16, Mental Health
Services for Older Persons,
Llandough Hospital, Cardiff & Vale
University Health Board

Inspection date: 20, 21 and 22 March 2023

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Llandough Hospital, Cardiff & Vale University Health Board on 20, 21 and 22 March 2023. The following hospital wards were reviewed during this inspection:

- Ward 12 - mixed gender ward with 14 beds providing older person dementia care
- Ward 16 - female ward with 14 beds providing older persons dementia care.

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found a dedicated staff team that were committed to providing a high standard of care to patients. Staff demonstrated a caring, kind and compassionate attitude towards patients.

This is what we recommend the service can improve:

- Display HIW posters
- Replace some of the worn furniture in dining room on both wards.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Staff team communicated well with patients.

Delivery of Safe and Effective Care

Overall summary:

Staff appeared committed to providing safe and effective care. Patient care and treatment plans were being kept to a good standard. Safe and therapeutic responses were in place to manage challenging behaviour and promote the safety and wellbeing of patients. Suitable protocols were in place to manage risk, health and safety and infection control. Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

This is what we recommend the service can improve:

- Patient areas require redecorating and new flooring
- Dirty linen storage and disposal processes require review.

This is what the service did well:

- Safe and effective medicine management
- Strategies and intervention for managing aggression (Sima) trainer works on the ward.

Quality of Management and Leadership

Overall summary:

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital. There was dedicated and passionate leadership displayed by the ward managers. However, some improvements are required in updating policies and compliance with mandatory training.

This is what we recommend the service can improve:

- Mandatory training compliance
- Review and update policies
- Regular staff meetings should take place and be minuted.

This is what the service did well:

- Motivated and patient focussed team
- Staff team were cohesive and positive about the support and leadership they received from ward managers.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Staying Healthy

Health Protection and Improvement

We handed out HIW questionnaires during the inspection to obtain views on the service provided at the hospital. We received two responses to the questionnaires. However, family members spoken to during the inspection spoke highly of staff and the care provided to their relatives. We also reviewed internal patient feedback logs to help us form a view on the overall patient experience.

We noted positive compliments through thank you letters and cards.

We looked at a sample of patient records and saw evidence that patients received appropriate physical assessments upon their admission in addition to their mental healthcare. Patients also received ongoing physical health checks during their stay such as weight management and monitoring. Measurements were appropriately recorded on National Early Warning Score charts and within physical health and wellbeing care plans.

We checked if patients had access to outdoor spaces for therapeutic time. Both wards had access to a balcony area and there was a garden area located on the ground floor which could be accessed via the lifts. The garden area was overgrown and had a notable number of weeds, with old and worn looking furniture.

We recommend that work is undertaken to improve the appearance and safety of the garden for patients to use.

Dignified care

Dignified care

We noted that all employees; ward staff, senior management, and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were enthusiastic about their roles and how they supported and cared for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients raised, this showed that staff had responsive and caring attitudes towards the patients.

It was noted that the ward entrances were locked and an intercom system to the ward prevented any unauthorised access.

Some patients had en-suite bedrooms that provided a good standard of privacy and dignity. Patients could lock their rooms, but staff could override the locks if needed. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Each bedroom door had a vision panel which enabled staff to undertake observations from the corridor without opening the door to minimise any potential disruption to patients sleeping. During our tour of the hospital, we positively noted that the vision panels were closed by default to protect the privacy of patients as people passed the rooms. However, we found that some bedrooms on both wards did not have curtains on bedroom windows which may interrupt patients sleep.

The health board must ensure that appropriate and safe curtains are placed in patient bedrooms.

Patients were able to personalise their rooms and store their own possessions. Personal items were risk assessed on an individual basis for the safety of each patient. This included the use of personal mobile phones. A telephone was available at the hospital for patients to use to contact friends and family if needed, and digital devices were available for patients to use with support from staff when required.

Ward 12 provided mixed gender care which can present challenges around aspects of dignified care. However, staff were knowledgeable and had effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained.

Communicating effectively

During the inspection we observed staff engaging and communicating in a positive way with patients.

We saw that staff engaged with patients in a sensitive way and took time to help them understand their care using appropriate language. There was clear mutual respect and strong relational security between staff and patients.

For individual meetings, patients could have help from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers are included in meetings.

There were a number of meetings involving patients and staff. These meetings included formal individual care planning meetings.

Patient information

Written information was displayed on the ward for patients and their families. We saw that posters displayed information about advocacy services and how patients could provide feedback on the care they received on the wards. Information on visiting times was also displayed.

We saw that there was clear signage within the wards in both Welsh and English.

Patient status at a glance boards were in the nursing offices. The boards were out of sight of patients which helped protect patient confidentiality.

There was no information available on either ward on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales.

The health board must ensure that information and contact details of HIW are displayed on the ward.

Timely care

Timely Access

The health board held adequate bed status management and patient information meetings to discuss occupancy levels, and any emerging patient issues.

Individual care

Planning care to promote independence

We found that arrangements were in place to promote and protect patients' rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes. Arrangements were in place for patients to make telephone calls in private.

We looked at the records for patients who were detained under the Mental Health Act (the Act) and saw that documentation required by legislation was in place within the sample of patients' records we saw. This showed that patients' rights had been promoted and protected as required by the Act.

People's rights

We found that arrangements were in place to promote and protect patient rights.

Legal documentation we saw to detain patients under the Mental Health Act was compliant with the legislation.

Patients who were subject to Deprivation of Liberty Safeguards (DoLS) had received timely assessments and there were processes in place on both wards to ensure reviews take place.

All patients had access to advocacy services. Staff told us that patients are invited to be part of their MDT meetings and that the involvement of family members or advocates was encouraged where possible.

Listening and learning from feedback

There were opportunities for patients, relatives, and carers to provide feedback on the care provided via the NHS Putting Things Right process. Senior ward staff confirmed that wherever possible they would try to resolve complaints immediately.

There was no evidence of regular patient meetings taking place, where patients would have the opportunity to discuss any improvements or patient initiatives. However, senior management confirmed that progress was being made regarding service user engagement and the health board were looking to re-introduce carers groups and are recruiting peer support reviewer roles, all of which will help to improve quality of care for patients and provide additional support to patients relatives.

It was positive to note that the hospital kept a record of thank you cards, and compliments received from patients' family members and friends.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

Access to the wards was secure to prevent unauthorised access. Staff could enter the ward with swipe cards and visitors rang the buzzer at the ward entrance.

Staff wore personal alarms which they could use to call for help if needed. There were also nurse call points around the hospital and within patient bedrooms and bathrooms so that patients could summon aid if needed. We identified that some patient call buttons in patients bedrooms were not within patients reach from the bed areas.

The health board must ensure that the call bells in patient bedrooms are easily accessible for patients.

We saw evidence of various risk assessments that had been conducted including, ligature point risk assessments and fire risk assessments. We were told of the environmental checks that are completed and saw evidence of ward manager checks on both wards.

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort. Any use of restraint was documented. Information produced to the inspection team confirmed that restraint data was low.

The SIMA training focusses on positive support and learning from incidents. The philosophy on the ward is very patient centred and staff were observed to treat patients with dignity and respect giving time and space during interactions.

Ward staff spoke highly of the SIMA trainer that was based on the ward. This was an area of good practice and is a beneficial resource for staff.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX).

The inspection team considered the hospital environment during a tour of the hospital on the first night of the inspection and the remaining days of the inspection. Overall, the ward appeared clean and tidy, however we identified several decorative and environmental issues that required attention:

- Flooring in corridor outside ward managers office needs replacing on both wards
- Dining room flooring on both wards was worn and untidy

- Some patients' bedrooms don't have magnetic curtains on doors which could interrupt sleep and is a dignity issue
- Both wards would benefit from painting and redecoration
- Internal doors look worn and need refurbishing
- Macerator on Ward 12 needs to be fixed or replaced.

The health board should consider the above environmental issues.

Preventing pressure and tissue damage

We found that appropriate checklists were completed, and any ongoing risks would be monitored. Pressure relieving mattresses and cushions were available when required.

Falls prevention

There were risk assessments in place for patients on the ward. We found that ward staff assessed patients for their risk of falling and made efforts to prevent falls.

Patient falls would be reported via the health board electronic incident recording system. Staff explained that the incident reporting system would be followed to ensure lessons were learnt and acted on appropriately.

Infection prevention and control

We found suitable IPC arrangements in place at the hospital. A range of up-to-date policies were available that detailed the various infection control procedures to keep staff and patients safe. Regular audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures.

Cleaning equipment was stored and organised appropriately. There were suitable arrangements in place for the disposal of clinical waste. However, the current arrangements for storage and disposal of dirty linen bags on Ward 12 require review. We were told by staff and visiting family members that the dirty laundry bags are left near the visiting entry and exit points.

The health board must ensure that dirty laundry bags are stored and disposed of appropriately and in a timely manner.

We saw evidence to confirm that the health board conducted necessary risk assessments and updated relevant policies and procedures to meet the added demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. We also examined COVID-19 documents, which supported staff to ensure they remained compliant with policies and procedures.

We also saw that staff had access to, and were using, personal protective equipment (PPE) where appropriate. Staff we spoke to confirmed that PPE was

always readily available. Sufficient hand washing and drying facilities were available.

Nutrition and hydration

The hospital provided patients with meals on the ward, making their choices from the hospital menu. We were told that specific dietary requirements were accommodated and if patients missed mealtimes, they would be provided with sandwiches. Staff said patients make their food choices in advance and stated if a patient changes their mind they can usually be accommodated with another option.

Although the dining rooms on both wards were clean, the flooring and furniture looked worn and made the environment appear untidy.

The health board should replace the flooring and furniture to improve the environment for patients.

Medicines management

On the first night of the inspection, we found medication fridges were left unlocked. This was raised with staff and rectified immediately, all fridges remained locked during the inspection.

We found that there were suitable arrangements for the safe and secure storage and administration of controlled drugs. We saw evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the advised temperature of the manufacturer. However, there were some gaps on both wards where temperature checks had not been recorded.

The health board must make sure that temperature checks are consistently recorded.

Overall, the clinical areas were clean, tidy, and well organised.

Boths wards are given good support from the pharmacy department who visit both wards weekly to carry out regular audit of stock and individual medication.

Staff were knowledgeable and confident when administering medication.

The health boards medication policy needs updating and should include the usage of covert medicines.

Safeguarding children and safeguarding adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Medical devices, equipment and diagnostic systems

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency. Ligature cutters were currently kept in the clinical room.

The health board should consider having additional ligature cutters placed elsewhere on the wards to ensure that all staff can have easy access in an emergency.

Effective care

Safe and clinically effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked and robustly supervised.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with many examples where they were reviewing the provision of service on the ward and the wider health board. This was to help in the modernisation of care and implement innovation to develop the service.

There were several ongoing research projects and quality improvements taking place in the health board. Dementia care mapping helped to support staff to

provide person centred and specific individualised care to patients. Plans were also in place for dementia care advisors to be available on the wards.

The health board were also reviewing and aiming to make improvements around discharge planning and how to make this a quicker process.

The forget me not choir was a good resource which patients enjoyed, and it helped bring all patients together. Staff told us that patients really enjoyed this service and participation levels were high.

Information governance and communications technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the wards.

We were told that all staff had their own computer access login to help ensure information governance was maintained. All staff spoken to understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Record keeping

Patient records were being kept electronically. The electronic system was password protected to prevent unauthorised access and breaches in confidentiality. We used the system throughout the inspection and found patient records to be comprehensive and well organised.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act Monitoring

We reviewed the statutory detention documents for four patients, two from Ward 12, and two from Ward 16.

All patient detentions were found to be legal according to the legislation and well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information. However, we did note that the front of some of the MAR charts were missing some information on mental health act status and dates.

The health board must ensure that all information is completed on the MAR charts.

Patients records also need clarification and explanation regarding Independent Mental Capacity Advocate (IMCA) input when there is no family or lasting power of attorney.

The health board must ensure that patient records reflect IMCA input when no lasting power of attorney or family involvement.

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

We reviewed three care plans across both wards.

The records were well organised, accessible, and easy to navigate via the electronic health record system when familiar with the system.

Overall care plans were comprehensive and well written with clear smart goals. However, certain sections of the electronic records do not encourage comprehensive entries.

Of the care plans we reviewed, we found a lack of reference and planning for discharge in patient notes.

Some of the care plans reviewed had some sections missing, important that all sections are completed.

The health board must ensure that discharge planning is recorded in patient records and that all sections of care plans are completed and not left blank.

There were comprehensive needs and risk assessments completed throughout the patient admission which linked to the plan of care and risk management strategies implemented on the ward. There was evidence of multidisciplinary involvement in the care plans, which reflected the domains of the Mental Health (Wales) Measure.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations.

Quality of Management and Leadership

Governance, Leadership and Accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

During interviews with staff, they were fully aware of the on-call systems in place at the hospital.

The operation of the hospital was supported by the health board's governance arrangements, policies, and procedures.

We found a friendly, professional staff team who showed a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

We were also told that team meetings had lapsed due to staff availability and attendance issues. We recommended that further efforts be made to improve staff attendance at team meetings and that when meetings take place, minutes are made available to all staff who should confirm that they have read them.

The health board must ensure that staff meetings are recorded, and minutes can be produced when requested.

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Staff described ward managers and deputies as always being approachable and accessible and there appears to be a strong and supportive leadership culture on both wards. This was supported by staff who described the ward managers as supportive, visible, and accessible at all times. However, most staff stated that they would like more visibility, support and engagement, with the senior management team. Responses in the staff questionnaire also reflected these findings and staff also mentioned that they would like to be included in decision making.

The health board must ensure that senior management team are visible and engage with ward staff.

Senior ward staff indicated that due to staff shortages and extra patient care demands there was limited management time which impacts on their ability to manage efficiently and effectively due to competing demands.

The health board need to consider providing ward managers with protected management time.

We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients even though staff shortages were impacting on staff's health and wellbeing and their ability to complete paperwork tasks. Staff were able to describe their roles and appeared knowledgeable about the care needs of the patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient groups.

Workforce

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection. However, we were also told that there have been times when the staffing numbers have been below that required to allow staff to effectively support patients. This was due to several factors; agency staff being booked but not turning up for duties and agency staff not being familiar with the patient group complex needs, placed additional demands on regular staff working at the hospital.

The health board must review staffing levels to ensure they meet the demands of the patient group.

The inspection team considered staff training compliance and provided with a list of staff mandatory training compliance. Training figures indicated that improvements are required with 66.42% overall compliance with mandatory training on Ward 12 and 51.28% on Ward 16. We were told that these figures would be immediately improved as staff had been booked on courses. In addition, fire safety training on Ward 12 was low at 21.88% and safeguarding children on Ward 16 was low at 24.23%. We were provided with evidence that staff had been booked on to courses, however **the health board must ensure that mandatory training compliance figures are improved.**

We were provided with a range of policies, however, upon review most of the versions we received had passed their review date. The following policies were found to be out of date:

- Search of patients personal belongings review date March 2016
- Procedure for NHS staff to raise a concern review April 2015
- Restraint policy review date February 2023
- Environmental policy review date Jan 2022

- Rapid tranquilisation protocol review date March 2022
- Meds management Medicines Code review date 2021
- Prevention and management of Violent and aggressive situations - review date Feb 2016.

The health board must make sure that all policies are updated and reviewed.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

There were vacancies on the ward. We were told that positions had been advertised and the management team told us they were trying to fill vacancies and recruit permanent staff to reduce the requirement to use agency staff.

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection. However, staff told us that due to the complex needs of the patients, caring for the patients had become more physically demanding, time consuming and as a result was impacting on staff wellbeing.

The health board should consider a review of staffing numbers on the wards based on the complex needs of the patients.

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital.

Some comments raised in the questionnaires were not raised with the inspection team during the inspection, however the comments received are important for the health board to consider and review. Within the questionnaire we asked how the service could be improved, and the following comments were made:

“Listen and act appropriately when staff raise concerns about other staff members”.

“Offer more staff and patient feedback to help improve the service”.

“There should be no pressure to work on certain numbers which results in nursing staff becoming burnt out and stressed out on shifts”.

The questionnaire also asked if staff had faced any discrimination at work within the last month, the following response was made:

“Lack of support or understanding of women experiencing menopause”.

The health board must reflect on the comments made from the staff questionnaires and ensure that improvements are made to benefit and support staff in the workplace.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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
Medication fridges were left unlocked.	This presented a risk of unauthorised access to medication.	We raised this with staff.	This issue was rectified immediately, and all fridges were locked.

Appendix B - Immediate improvement plan

Service: Ward 12 & Ward 16 Llandough Hospital - Mental Health Services for Older Persons
Date of inspection: 20 - 22nd March 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No Immediate assurance issues				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Ward 12 & Ward 16 Llandough Hospital - Mental Health Services for Older Persons

Date of inspection: 20 - 22 March 2023

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/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that improvements are made to the garden area to make it a safe and useable space for patients.	1.1 Health promotion, protection, and improvement	Proposal to carry out same works as East 18/16 garden with Occupational Therapy team.	Directorate Manager	October 23
The health board must ensure that information on the role of Health Care Inspectorate Wales and contact details are displayed on both wards.	4.2 Patient Information	Completed by 16/5/23 HIW Posters laminated provided to all wards.	Ward Mangers Lead and Senior Nurses	Will be audited monthly via Lead and Senior Nurse Audit via Tenable

<p>The health board must ensure that the call bells in patient bedrooms are easily accessible for patients.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Email to be sent to ward managers to provide to all staff to ensure call bells are easily accessible when staff not in room with patients.</p> <p>Lead and Senior nurse to be informed they must check this during monthly audit via Tendable app.</p>	<p>Ward Managers</p> <p>Executive and clinical board oversight via Tendable</p>	<p>Ongoing monthly lead and senior nurse audit on Tendable app.</p>
<p>The health board must ensure that patient and family meetings take place.</p>	<p>4.2 Patient Information</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Consultants to be informed via Clinical Director.</p> <p>HIW Action plan shared in ward managers Directorate Quality and safety on 5/6/23.</p> <p>Patient and Carer feedback to be collected via Patient Experience Volunteer attending at visiting times. All data to be feedback via Directorate QSE.</p>	<p>Clinical Director</p> <p>Lead Nurse</p> <p>Directorate Manager.</p> <p>Joint Operational Group</p>	<p>June 2023 ongoing</p>

<p>The health board must ensure that the following environmental issues are resolved:</p> <ul style="list-style-type: none"> • Flooring in corridor outside ward managers office needs replacing on both wards • Dining room flooring on both wards was worn and untidy • Some patients' bedrooms don't have magnetic curtains on doors which could interrupt sleep and is a dignity issue • Both wards would benefit from painting and redecoration • Internal doors look worn and need refurbishing • Macerator on Ward 12 needs to be fixed or replaced. 	<p>2.1 Managing risk and promoting health and safety</p>	<p>Liaison with CVUHB Estates Team around adding flooring and redecoration to the Capital programme of works.</p> <p>Audit to be completed to across all wards to establish how many rooms are affected. Provide information to directorate.</p> <p>Maintenance requests submitted to replace any broken locks or handles.</p> <p>Maintenance request submitted to repair macerator.</p>	<p>Directorate Manager</p> <p>Clinical Board</p> <p>Executive Board oversight</p> <p>Ward Manager</p> <p>Senior Nurse</p>	<p>July 2023</p> <p>June 2023</p> <p>May 2023</p> <p>May 2023</p>
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<p>The health board must ensure that processes are put in place to ensure that dirty laundry bags are stored and disposed of appropriately and in a timely manner.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Liaison with Laundry Services Manager to ensure clear processes are in place.</p>	<p>Directorate Manager</p>	<p>May 2023</p>
<p>The health board must ensure that the dining room furniture and flooring is fixed or replaced on both wards.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>Ward Managers to provide information from all wards to establish how many pieces of furniture are affected. Provide information to directorate for replacement.</p>	<p>Ward Manager Senior Nurse Directorate Manager</p>	<p>June 2023</p>
<p>The health board must ensure that fridge temperature checks are consistently recorded and monitored.</p>	<p>2.6 Medicines Management</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Ward Manager to ensure clear process in place and communicated with all staff.</p> <p>Monthly Lead and Senior Nurse Audit of Temperature record.</p> <p>Last Lead Senior Nurse Audit completed 16/5/23.</p>	<p>Ward Manager Night shift Nurse in Charge. Lead and senior nurse oversight</p>	<p>May 2023</p>

<p>The health board should review the current location of ligature cutters to ensure that all staff can have access in an emergency.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>Ligature cutters are available on all wards and 3 extra have been ordered to replace any broken or blunt items.</p> <p>Clear protocol for requesting sharpening or replacement and accessibility of cutters to be communicated across all wards.</p> <p>Information on where they are stored to be displayed clearly in treatment room.</p>	<p>Directorate Manager Senior inpatient Nurse Ward Managers</p>	<p>June 2023</p>
<p>The health board must ensure that MAR charts are fully completed.</p>	<p>3.5 Record keeping</p>	<p>Audit of MAR charts.</p>	<p>Clinical Director</p>	<p>June 2023</p>
<p>The health board must ensure that patient's records reflect IMCA input when no lasting power of attorney or family involvement.</p>	<p>3.5 Record keeping</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Audit via Tendable app.</p> <p>Ward Managers to communicate process to all staff.</p>	<p>Ward Manager Lead and Senior Nurse oversight</p>	<p>June 2023</p>

<p>The health board must ensure that discharge planning is reflected in patient records.</p>	<p>3.5 Record keeping</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Lead and Senior Nurse to be informed they must check this during monthly audit via Tendable app.</p> <p>Lead and Senior Nurse to inform Primary Nurse when documentation falls below standard.</p> <p>Monthly Documentation support sessions are available to staff.</p>	<p>Primary Nurses. Senior Nurse Lead Nurse Support from Patient Flow and MDT</p>	<p>May 2023</p>
<p>The health board must ensure that all sections of care planning records are completed.</p>	<p>3.5 Record keeping</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Lead and Senior nurse to be informed they must check this during monthly audit via Tendable app.</p> <p>Lead and senior nurse to inform Primary Nurse when documentation falls below standard.</p>	<p>Primary Nurses. Senior Nurse Lead Nurse Clinical Board Support from Patient Flow and MDT</p>	<p>July 2023</p>

		<p>Monthly Documentation support sessions are available to staff.</p> <p>Clinical Board group looking at quality and process for Care and Treatment Planning throughout the service.</p>		
<p>The health board must ensure that staff meetings are recorded, and minutes can be produced when requested.</p>	<p>Governance, Leadership and Accountability</p>	<p>HIW Action plan shared in ward managers local Quality and safety on 16/5/23.</p> <p>Include staff meetings as part of Ward managers Values Based Appraisals.</p> <p>Request evidence of regular meetings and minutes during ward managers and senior nurse monthly 1:1 support meetings.</p> <p>Feedback overview of staffing issues in in local QSE.</p> <p>Review of ward establishments to include increasing Ward Clerk time.</p>	<p>Ward Managers</p> <p>Deputy Ward Manager</p> <p>Senior Nurse</p> <p>Lead Nurse</p> <p>Directorate Manager</p> <p>Director of Nursing</p>	<p>September 2023</p>

<p>The health board must ensure that senior management team are visible and engage with ward staff.</p>	<p>Governance, Leadership and Accountability</p>	<p>Discussed with ward managers the following in HIW inspection.</p> <p>Add as agenda item on ward meeting. Ask what would support look like?</p>	<p>Ward Mangers Deputy Ward Manager Senior Nurse</p>	<p>May 2023</p>
<p>The health board must ensure that ward managers have protected management duty time.</p>	<p>Governance, Leadership and Accountability</p>	<p>Ward Managers are currently provided with 2 days management days per week.</p> <p>We recognise ward managers need to be supernumerary 5 days a week with support from increased ward admin time.</p> <p>This has been identified in the bronze establishment which the clinical board are aiming towards.</p> <p>Ward managers have been provided with protected time and encouraged to work off the wards to meet deadline with values based appraisals and Datix compliance.</p>	<p>Ward Mangers Deputy Ward Manager Senior Nurse Lead Nurse Directorate manager Clinical Board Executive Team</p>	<p>Ongoing</p>

<p>The health board must ensure that all staff are compliant with mandatory training.</p>	<p>Governance, Leadership and Accountability</p>	<p>Ward managers to provide action plan to improve compliance via ongoing 1:1 support with Senior Nurse and Local QSE.</p> <p>Ward managers are prioritising Values Based Appraisals in May which will include actions on achieving full compliance.</p> <p>People Informatics provide rolling data on overall ward compliance. This information can be accessed by ward managers via a how to guide. It is also accessible on ESR.</p> <p>This Data can be monitored during local and directorate Quality and Safety meetings.</p>	<p>Ward Mangers Deputy Ward Manager Senior Nurse Lead Nurse Directorate Manager</p>	<p>July 2023 and ongoing evaluation</p>
<p>The health board must review staffing levels to ensure they meet the demands of the patient group.</p>	<p>7.1 Workforce</p>	<p>MHSOP is currently working to numbers that are over agreed establishments due to the acuity.</p>	<p>Ward Mangers Deputy Ward Manager Senior Nurse</p>	<p>Ongoing</p>

		<p>Patient Acuity and Safe staffing are held daily at 8.30 am Monday to Friday. There is representation from the directorate at every meeting.</p> <p>This information is included as part of an overall risk rating score which is feedback and risk mitigation is discussed in the clinical board in twice weekly meetings and daily at the executive site wide meetings.</p> <p>There is an agreed process in place for over time, use of agency and enhanced over time where required.</p> <p>The MHSOP shift Co-ordinator and night sight coordinator is available for support across the wards to support and move staff depending on needs.</p> <p>Professional judgments audits are taking place in June 2023 measuring staffing levels and acuity. This is an ongoing annual piece on work with HEIW to agree a framework for measuring acuity within mental health.</p>	<p>Lead Nurse</p> <p>Directorate managers</p> <p>Clinical Board</p> <p>Executive Team</p>	
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		Clinical board and Executive Team are working towards agreeing Bronze Establishments this continues to be explored and remains high on the agenda with clinical board and executive team.		
The health board must ensure that policies are reviewed and updated.	Governance, Leadership and Accountability	The clinical Board have been made aware of the following policies that require update. There is a Controlled Document Oversight Group that takes place monthly and reviews policies and procedures.	Director of Nursing	Ongoing
The health board must review the staff questionnaire comments and ensure that improvements are made to benefit and support staff in the workplace.	Governance, Leadership and Accountability	For discussion in next Directorate Quality and Safety on 5/6/23. For discussion in 8.30 Ward Manager Meeting.	Lead Nurse Directorate Manager	June 2023

		Take to CB Staff Communication and engagement group June 2023. Minutes to confirm issues have been discussed.		
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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): Marianne Seabright