

Mental Health/ Learning Disability Inspection (unannounced)

● Cardiff and Vale University
Health Board: Iorwerth Jones
Centre, Coed y Felin and
Coed y Nant wards

16 – 18 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of independent healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

Our mental health and learning disability inspections cover both independent hospitals and mental health services offered by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits we ensure that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- safe
- cared for in a therapeutic, homely environment
- in receipt of appropriate care and treatment from staff who are appropriately trained
- encouraged to input into their care and treatment plans
- supported to be as independent as possible
- allowed and encouraged to make choices
- given access to a range of activities that encourage them to reach their full potential

- able to access independent advocates and are supported to raise concerns and complaints
- supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the Responsible Clinician, Occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including Controlled Drugs
- Consideration of the quality of food

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Iorwerth Jones Centre, Cardiff on the evening of the 16 June 2015 and all day on the 17 and 18 June 2015.

The Centre is a mental health hospital situated in Llanishen, Cardiff. It was originally a local authority residential home but was taken over by Cardiff and Vale University Health Board in 2008. There are two wards caring for people with a dementia related illness who have behavioural and psychiatric symptoms requiring highly specialist care. A third ward provides care for people with enduring mental health problems that require specialist rehabilitation mental health services.

As part of the inspection we visited two wards, Coed y Felin, which is a 17 bed male older person Mental Health ward, and Coed Y Nant, a 16 bed female older person Mental Health ward.

During the three day inspection we reviewed patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one Peer Reviewer, one Lay Reviewer and one member of HIW staff.

4. Summary

Our inspection at Iorwerth Jones Centre in June 2015 highlighted many areas of noteworthy practice. However, due to the environmental constraints of the ward, staff have many difficulties in caring for the patient group and undertaking their roles.

Despite the inappropriate configuration of the wards for dementia care, a great effort had been made to create a dementia friendly design environment. The general decoration was noted to be of a good standard and suitable to the patient group. However, we did note that storage on both wards was very limited and a high number of areas where maintenance is required.

We also highlighted a number of areas that require improvement with regards to medicine management, prescribing and administration practices.

We noted that the Coed y Felin Ward Manager and Coed y Nant Acting Ward Manager were both enthusiastic and keen to develop their services. Both were recently appointed to their posts and were in the process of developing their teams and addressing staff training deficits. Both ward teams spoke of good team spirit and support from their colleagues.

We observed good interactions between patients and staff. Patients' relatives spoke highly of the care that their relatives were receiving and stated that they felt that their relatives were safe at Iorwerth Jones Centre.

5. Findings

Core Standards

Ward Environment

Iorwerth Jones Centre was not purpose-built for the care of dementia patients requiring hospital treatment. Both the older people's wards comprised of short and winding corridors with some bedrooms, bathrooms and toilets located in recesses off the main corridors. The configuration of the wards was disorientating for some patients, especially those in advanced stages of dementia. The layout also inhibited the ability of staff to observe patients, in an attempt to assist observations the number of staff had increased and staff used walkie-talkies to communicate between different areas of the ward. Despite these actions the configuration of the wards remains inappropriate for the patient group being cared for at Iorwerth Jones Centre.

However, it was pleasing to note that since our previous inspection in 2013 the health board has redecorated the unit and replaced furniture, fixtures and fittings that assist to provide a Dementia Friendly Design environment within the physical confines of the wards.

On the first evening of the inspection, Iorwerth Jones Centre was very hot. Whilst we understand the need to ensure that the wards are adequately heated to provide warmth to the patients, the temperature on both the wards was excessively warm. In an attempt to manage the temperature staff had opened windows throughout the ward and positioned fans throughout the communal areas. We were informed that nursing staff were unable to control the heating system at the Centre. Not only was the temperature uncomfortable for the patients and staff, there was a financial implication for the health board with the wasted heat. Staff confirmed that whilst the heating system had been recently renewed the responsiveness of the system was slow, and therefore it remained turned on until July to ensure that the wards do not get too cold for the patients.

Both wards had two communal lounges, two kitchens and two dining rooms, the latter being located within the conservatories of the wards. The conservatories opened onto garden areas that had been landscaped and improved since our inspection in 2013.

Each ward had communal toilets and two bathrooms, with each bathroom containing a specialist bath, shower and toilet. Signage throughout the wards was clear and toilet and bathroom door signs were pictorial to assist patients.

Throughout both wards pictures were displayed of recognisable local features and buildings along with photographs of patients on community activities.

These provide patients with images and scenes that the patients could relate to and would stimulate memories for patients. Along with the pictures and photographs throughout the corridors there were other items that provided therapeutic reminiscence for the patient group such as images of original packaging of cooking products, vinyl records and textured wall decorations.

Staff gave praise to the refocusing nurses on both wards for providing the wards with appropriate decoration and patient activities, which were evident throughout the communal areas.

Both wards had very limited storage space for items such as wheelchairs, walking aids, hoists and commodes. A lot of the equipment was out in the corridors on both wards throughout the inspection, this is inappropriate because it poses potential hazards to the patient group who can have a tendency to wander and in addition may be unstable when moving around the ward. Staff stated that they were aware of this additional hazard that the environment posed due to the lack of storage and ensured that patients were under enhanced observations where required.

Throughout the inspection both wards appeared clean and free from unpleasant odours. However, it was noted in some areas of both wards that some high and low areas, such as light fittings and sliding door runners, had a build up of dirt, the wards required a deep-clean.

It was noted that in a number of non-patient areas surrounding Iorwerth Jones Centre had debris, such as broken garden furniture, that required appropriate disposal. It was also noted that a number of drains appeared blocked by fallen leaves.

There was a courtyard off the reception area that we were informed the health board was considering developing into a sensory garden. However, at the time of our inspection this area was unkempt and did not provide a positive first impression for visitors.

Coed y Felin

Coed y Felin was a male ward which had 17 single bedrooms situated on the ground floor. 16 beds were provided for Older People's Continual Assessment and one bed for long term respite.

There were a number of maintenance issues that had been reported but remained unresolved at the time of our inspection. These issues included one of the bathroom sinks not working and a toilet seat missing from one of the communal toilets. We also identified that in one of the kitchens on the ward there was loose plaster on the ceiling and ants were evident within the kitchen area.

Coed y Nant

Coed y Nant was a female ward which had 16 single bedrooms situated on the ground floor. 15 beds were provided for Older People's Continual Assessment and one bed for long term respite.

There were a number of maintenance issues that had been reported but remained unresolved at the time of our inspection. These issues included the sluice not working, and one of the specialist baths had a leak and therefore could not be used. We also identified that a dishwasher in one of the ward kitchens was not working.

Recommendations

The health board should to review whether Coed y Felin and Coed y Nant wards at Iorwerth Jones Centre are appropriate for providing care to patients with dementia given the number of environmental challenges the wards pose on the provision of care.

The health board must review the heating of the wards on Iorwerth Jones to ensure that ward staff are able to control the temperature of the wards so that they are an appropriate temperature for the patients and staff.

The health board must review the storage arrangements for both Coed y Felin and Coed y Nant wards to ensure that specialist equipment can be stored appropriately.

The health board must review the cleaning provision for Coed y Felin and Coed y Nant wards.

The health board must ensure that broken furniture and debris is cleared from all areas of Iorwerth Jones Centre, including non-patient areas.

The health board should provide an update on the provision of the Sensory Garden at Iorwerth Jones Centre.

The health board must ensure that the maintenance issues identified above for Coed y Felin and Coed y Nant wards are addressed.

The health board must ensure that the daily environmental check sheet that was developed in response to our inspection in 2013 is in use and that the responsiveness to maintenance requisitions is monitored.

Privacy and dignity

All patients had their own bedroom on gender specific wards. Patients' bedrooms were not ensuite; however each room had a wash-basin. When patients were not in their bedrooms staff locked them. Patients did not have a key to their bedrooms and they were unable to access them without assistance from a member of staff. Staff told us that they locked the bedroom doors once patients got up in the morning as they were unable to manage the risks associated with the poor ward layout in any other way. Staff also explained that part of the rationale for this decision was that some patients were unable to differentiate between the bedrooms and as a result often wandered into the wrong one.

Some patient bedrooms had been individualised by the patients or their relatives. Patient bedrooms were adequately furnished and patients had sufficient storage for personal items. However, in a number of bedrooms some of the bedroom furniture was broken and required repair or replacing.

Whilst bedroom windows had blinds and curtains, there were a number of bedrooms where the blinds had sections missing and the curtains would not meet correctly. Therefore patients were unable to cover their windows to gain an adequate level of privacy or to stop light entering their bedroom at night.

It was of concern that two bedrooms at lorwerth Jones Centre were in eyesight of a public footpath, we went to this area and could clearly see into the bedrooms. Unlike other areas of the hospital these bedrooms did not have reflective privacy measures on the windows. It was also of concern that members of the public could enter onto the grounds of the lorwerth Jones Centre site from the public footpath.

We also noted that some patient bedrooms look out on to the garden area of the rehabilitation mental health ward, Cefn Onn, that is located at the same setting. Patients from the rehabilitation ward were able to walk up to the bedroom windows which could impinge on patients' privacy and dignity.

There were observation panels on patient bedroom doors which could be opened and closed by staff from the outside the bedroom and by patients from inside their bedroom. It was pleasing to note that following our previous inspection the health board has put up small notices above each observation panel reminding staff to ensure the observation panels were set to the closed position and only opened by staff when they undertake observations. We noted that throughout the inspection observation panels were set to the closed position.

It was also noted that some of the communal areas of lorwerth Jones Centre were overlooked by neighbouring houses and flats. The health board should

consider how to respectfully obscure the view to wards to maintain patients' privacy.

Throughout the inspection we observed patients' privacy being maintained and patients were being treated with dignity and respect. We spoke to patients' relatives who commented that the staff were kind, compassionate and attentive. Relatives felt informed and involved in their relatives' care and stated that they felt that their relatives were safe.

Recommendations

The health board must ensure that any broken or missing bedroom furniture and fittings are repaired or replaced.

The health board must ensure that the privacy of patient bedrooms are maintained, especially those that can be viewed from the adjacent public footpath.

The health board should consider how to maintain patients' privacy and dignity of the patients overlooking the garden of the rehabilitation ward at lorwerth Jones Centre.

The health board should consider how to respectfully obscure the view from neighbouring properties in to lorwerth Jones Centre to maintain patients' privacy.

Medicine management

We reviewed medicine management and there were consistent findings for both wards. It was noted that the clinic rooms on both wards were too small and unsuitable for the wards. We were informed that the clinic room on Coed y Felin was being relocated to a larger room on the ward; staff felt that this would provide a room that would be appropriate for use.

It was noted on both wards that whilst the medicine trolleys were stored in the locked clinic rooms, due to the physical restrictions of the room, the medicine trolleys could not be secured to the wall when not in use. This is in breach of the health board policy.

The medicine fridge on Coed y Felin was not locked, and neither was there a fridge temperature control book. On Coed y Nant the medicine fridge was not locked because the key to the fridge was broken. Whilst the ward kept a fridge temperature control book, there were gaps when the fridge temperature was not recorded.

During medication rounds we noted that on both wards the medication trolleys had medicines which needed to be used within a certain period of opening,

but staff had not recorded the opening date. On Coed y Felin we identified that an anti-biotic that required to be refrigerated was stored on the medicine trolley when not being used.

On reviewing Medication Admission Records (MAR Charts) we noticed areas of prescribing that resulted in unclear maximum combined doses of medication when PRN medication was prescribed for both oral administration and intermuscular administration.

We also that on both the wards some MAR Charts contained blanks when medication was not administered to patients, therefore on review it was not evident why the medication was not administered. A number of MAR Charts were also defaced by medicine spillage.

We also raised concerns about the transportation of Controlled Drugs from Whitchurch Hospital to Iorwerth Jones Centre as ward staff were unable to confirm the process. The health board has subsequently provided HIW with a copy of its contract with Welsh Ambulance Services NHS Trust to provide health courier services, including pharmacy transport service, between hospital sites.

Recommendations

The health board should consider whether the relocation of the Clinic Room on Coed y Felin should be replicated on Coed y Nant.

The health board must ensure that staff are able to secure the medicine trolleys to the wall when not in use as in the health board policy.

The health board must ensure that the medicine fridges on both wards are locked when not in use.

The health board must ensure that there is a record of temperature check for the medicine fridges on both wards is maintained.

The health board must ensure that the open date for medicines is recorded when required.

The health board must ensure that the medicines are stored as detailed in the manufacturer's instructions.

The health board must review prescribing practices to ensure that maximum doses on MAR Charts are clearly stated.

The health board must ensure that staff state the reason why medication is not administered to a patient on their MAR Chart to ensure that there are no blanks on the charts.

The health board must review medicine round practices to reduce MAR Charts being defaced by medication spillage.

Safety

A number of patients required enhanced observation² levels due to the risks they pose, both because of physical and mental health needs. The wards followed the health board's incident reporting process and copies of the incident forms were kept on the wards.

We were informed that information relating to incidents on specific wards or patients was not available to staff direct from the health board's incident reporting system, ward managers need to collate this information locally.

The Coed y Felin Ward Manager stated that following a number of incidents within the corridors of the wards, they were able to increase the staff numbers for the ward in the afternoon which had assisted to reduce these incidents.

Recommendation

The health board must ensure adequate incident information is available to ward managers so that they can easily review the collation of incident information on their wards.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. It was positive to note that the MDT included input from a psychologist, occupational therapists, a physiotherapist, a speech and language therapist and a dietician. This level of input to the MDT represents good practice in terms of gaining a variety of perspectives on the needs and care planning processes for the patient group on Coed y Felin and Coed y Nant wards.

Staff told us that during MDT meetings professional views and opinions from all disciplines were sought and staff felt respected and valued by each other. Staff from both wards spoke positively about the team spirit on both of the wards.

We were informed that the Ward Manager on Coed y Felin was only supernumerary to ward staffing numbers for one day a week. The Acting Ward Manager on Coed y Nant was temporarily supernumerary for two days a

² Enhanced observation is an intervention that is used both for the short-term management of disturbed/violent behaviour and to prevent self-harm; which could require the increase of regular checks or constant observation by staff on a patient. Further NICE guidance can be found here <https://www.nice.org.uk/guidance/cg25/chapter/1-Guidance#/observation-and-engagement>

week. Speaking to both members of staff it was evident that they were enthusiastic to develop the services provided on each of their wards. However, it would appear they require additional supernumerary time to undertake the management activities of the Ward Manager posts.

Sickness levels on both wards were reported as low, which was an improvement on recent years. There were a number of nurse vacancies that we were informed the health board was in the process of recruiting to, with a number of applicants due to take up their posts.

Neither of the wards had regular staff team meetings in place, however both Ward Managers were in the process of identifying dates to set up regular staff team meetings.

It was identified that only 20 minutes was allocated to staff handover between the afternoon shift and the night shift on both wards. It was evident that 20 minutes was not sufficient to ensure all staff arriving in work to undertake the night shift could have a comprehensive handover. At the end of their afternoon shift, Registered Nurses would remain in the staff handover, under goodwill, to ensure that the Registered Nurse starting the night shift on each ward had a comprehensive handover. Support Workers would only be present for the allocated 20 minutes staff handover before relieving their colleagues who had finished their afternoon shifts.

Recommendations

The health board must review the allocated supernumerary time for the Ward Manager posts for Coed y Felin and Coed y Nant.

The health board must provide an update on the recruitment to the nurse vacancies on Coed y Felin and Coed y Nant.

The health board must ensure that ward managers are supported in providing staff ward meetings.

The health board must review the time available to staff handovers to ensure sufficient time is available for all staff to have a comprehensive handover.

Training

The majority of staff on both the wards had a Personal Development Record (PDR) process in place and statistics provided to us showed a high percentage of compliance rates.

There were very high completion rates for staff training on both wards for Strategies & Interventions for Managing Aggression (SIMA). However, staff raised concerns about difficulties in accessing other training sessions.

It was concerning to note that certain areas had low completion rates on subjects such as the Protection of Vulnerable Adults (PoVA), Manual Handling, Mental Health Act and Deprivation of Liberty Safeguards (DoLS).

We spoke to the Ward Manager for Coed Y Felin and Acting Ward Manager for Coed y Nant who confirmed that since their recent appointments they were in the process of identifying training gaps and ensuring staff are available to attend.

At the time of our inspection, Ward Managers were not able to easily review staff training on their wards; it involved looking at a number of systems and records to collate the information. We were informed that the Mental Health directorate were developing a training monitoring system that will enable ward managers to monitor the completion of staff training for their ward. This would be a great benefit for ward managers.

There was no embedded process for Clinical Supervision for ward staff on either of the wards. We were informed that staff were made aware of Clinical Supervision availability but there was no uptake from staff on either ward. Clinical Supervision is an invaluable process that can assist in the development of staff's skills. We were informed that staff speak to their colleagues for support and as part of an informal reflective practice process.

Recommendations

The health board must review the training deficits for all staff on both wards and ensure a programme of training is developed.

The health board must ensure that Clinical Supervision is encouraged and supported on Coed y Felin and Coed y Nant.

Patient therapies and activities

We noted that both wards provided a range of activities at ward level, and in the community, that were appropriate to the patient group. Photographs of patients undertaking activities were displayed throughout both wards. Patients' relatives confirmed that patients had regular community trips and they were suitable for the patient group.

Patients had 'memory boxes' which included items that meant a lot to the patient and stimulated their memories. We observed staff assisting patients

looking through their memory boxes, the patients' relatives we spoke to said that these were very positive for the patients.

Staff spoke highly of the Refocusing Nurses on both wards, who provide activities focused on person centred care for older peoples' mental health. However, the Refocusing Nurse on each ward only provided two days a week and they, and other staff, felt there would be a benefit for the patient group if this could be increased.

Both wards had input from occupational therapy. Staff used the Pool Activity Level³ (PAL) framework for assessing individual patient's care requirements for daily living, such as washing, dressing, feeding, level of communication, etc. This information was maintained within patients' bedrooms so that staff were able to easily reference this information when caring for the patient.

Whilst on the ward we observed staff interacting with patients in a caring and respectful manner. Throughout the inspection we did see a number of activities being undertaken, however, these appeared quite limited. We observed staff busily involved in providing assistance to patients which did not allow for sufficient planned activities. It was positive to note that we did observe a number of spontaneous activities coordinated by the ward staff. However, we felt there were occasions when additional activities could have been initiated by ward staff. This was an area that the health board should seek to develop further by providing staff with guidance and training in this area.

Recommendations

The health board should consider whether additional time can be allocated to Refocusing Nurse activities.

The health board must providing staff with guidance and training on initiating ad-hoc activities appropriate for the patient groups.

Food and nutrition

Both wards had input from a Dietician and a Speech and Language Therapist (SALT) which assessed patients' dietary and individual patient's swallowing capabilities and advice on specific patient requirements. Staff confirmed that dietary needs were met and patients' relatives and staff stated that patients enjoyed their meals.

Patients were offered a range of options for each of their meals throughout the day. However, the menus were only in text format, we would suggest that for

³ A framework for providing activity-based care for people with cognitive impairments, including dementia.

some patients menus should be provided with large pictures of each option which could assist patients to make an informed choice.

We observed a number of mealtimes and the food provided to patients appeared appetising. Staff assisted patients in a dignified manner, encouraging patients to eat without rushing them.

Whilst there was a communal atmosphere to the mealtimes we observed, and meals were presented well, it was disappointing to note that staff did not prepare dining tables with tablecloths and napkins to enhance the dining experience as part of therapeutic care.

We observed throughout the inspection that patients were being offered drinks and assisted where required. We were informed that since the appointment of the Coed y Felin Ward Manager, all patients on the ward were on fluid charts to ensure staff were aware of the amount of fluids patients consumed. Staff stated that this was a positive initiative. Patients on Coed y Nant ward were only on fluid charts based on clinical need. However, the health board should consider whether the initiative on Coed y Felin ward should be replicated on Coed y Nant ward.

Recommendations

The health board must consider implementing pictorial menus to assist some patients in choosing their meal options.

The health board must consider whether to implement fluid charts for all patients on Coed y Nant.

Application of the Mental Health Act

At the time of our inspection no patients were detained under the Mental Health Act. It was clear that staff had applied for Deprivation of Liberty Safeguards (DoLS) authorisations; these were either in place for the patients or with the local authority to undertake the assessment. We reviewed five sets of DoLS papers on both wards and found them to be completed correctly.

Monitoring the Mental Health Measure

We reviewed five sets of Care and Treatment Plans and other care planning documentation on each of the two wards. The documentation there was evidence of comprehensive mental health and physical health assessments that reflect current practice.

The Care and Treatment plans stated the treatment plan, objectives and outcomes to be achieved. The Care and Treatment Plans indicated who the Care Co-ordinator was and they also stated who was responsible for the individual objectives.

Whilst there were Care and Treatment plans in place for the patients, the documentation reviewed lacked depth and continual review and up-dates. It was also of concern that for two of the ten Care and Treatment Plans we reviewed they had not been updated since the patient had transferred to the wards at Iorwerth Jones Centre from Llandough Hospital.

It was noted that some patients' relatives, or a representative of an advocacy service, had been involved with creating and reviewing the patient's Care and Treatment Plan.

One patient (Patient X) did not appear to require the level of support provided on Coed y Nant ward; speaking to staff they felt that the patient should be referred to another service appropriate for their level of need.

Recommendations

The health board must ensure that the quality of the Care and Treatment Plans are regularly audited and documentation regularly updated to ensure that the Care and Treatment Plans provide relevant information on the individual patient's care.

The health board must review the placement of Patient X.

6. Next Steps

The provider is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Iorwerth Jones Centre will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

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Appendix A

Mental Health/ Learning Disability: Improvement Plan
Health Board: Cardiff and Vale University Health Board
Setting: Iorwerth Jones Centre
Date of Inspection: 16 - 18 June 2015

Page No.	Requirement/ Recommendation	Provider Action	Responsible Officer	Timescale
10	The health board should to review whether Coed y Felin and Coed y Nant wards at Iorwerth Jones Centre are appropriate for providing care to patients with dementia given the number of environmental challenges the wards pose on the provision of care.	The Clinical Board for Mental Health Services will continue to look at possibilities to transfer the services currently provided at the Iorwerth Jones Centre to a more appropriate environment. One option under consideration is transfer to a current mental health facility within the University Hospital Llandough site.	Head of Delivery for Mental Health and Assistant Director of Planning	September 2015 (for a decision on a preferred location)
10	The health board must review the heating of the wards on Iorwerth	The Directorate for Mental Health Services Older People to discuss	Directorate Manager	September 2015

	Jones to ensure that ward staff are able to control the temperature of the wards so that they are an appropriate temperature for the patients and staff.	options with Estates colleagues.		
10	The health board must review the storage arrangements for both Coed y Felin and Coed y Nant wards to ensure that specialist equipment can be stored appropriately.	The Directorate for Mental Health Services Older People to consider reducing bed capacity by one bed on each ward to create additional ward storage space. This is being considered in the context of recent Continuing Healthcare bed reductions in early 2015 and current bed pressures.	Clinical Director	September 2015 (for a decision as to whether the two additional bedrooms are required to provide storage space) December 2015 (for bed closure and to convert the use of the rooms)
10	The health board must review the cleaning provision for Coed y Felin and Coed y Nant wards.	The Directorate for Mental Health Services Older People to discuss the additional cleaning requirements with Operational Services colleagues. If no adjustments can be made within	Directorate Manager	September 2015 October 2015

		housekeeping to accommodate the additional cleaning requirements, the Clinical Board for Mental Health Services will look to submit a bid to the Health Board for investment in this area.		
10	The health board must ensure that broken furniture and debris is cleared from all areas of Iorwerth Jones Centre, including non-patient areas.	To remove all broken furniture from Iorwerth Jones Centre.	Lead Nurse	Complete
10	The health board should provide an update on the provision of the Sensory Garden at Iorwerth Jones Centre.	The Directorate for Mental Health Services Older People to discuss further with the Occupational Therapy Department to clarify requirements. Establish costs required and submit a charitable funds bid to the Health Board.	Senior Nurse Manager	September 2015 October 2015 (if remaining at the Centre)
10	The health board must ensure that the maintenance issues identified above for Coed y Felin and Coed y Nant wards are addressed.	Address the identified maintenance issues.	Head of Operations and Delivery for Mental Health	Complete

10	The health board must ensure that the daily environmental check sheet that was developed in response to our inspection in 2013 is in use and that the responsiveness to maintenance requisitions is monitored.	<p>Meet with new Ward Managers to reinforce use of the daily environmental check sheet.</p> <p>Audit compliance with the daily environmental check sheet.</p> <p>Establish a monthly meeting with the Head of Operations and Delivery to review maintenance issues and actions taken.</p>	<p>Lead Nurse</p> <p>Lead Nurse</p> <p>Head of Operations and Delivery for Mental Health</p>	<p>Complete</p> <p>October 2015</p> <p>Complete</p>
12	The health board must ensure that any broken or missing bedroom furniture and fittings are repaired or replaced.	<p>Meet with new Ward Managers to reinforce that any broken or missing bedroom furniture and fittings are to be repaired or replaced.</p> <p>Ensure that there is a system in place for the immediate approval by the Directorate for Mental Health Services Older People of the repair/replacement of broken furniture/fittings.</p>	<p>Lead Nurse</p> <p>Directorate Manager</p> <p>Head of Operations and Delivery for Mental Health</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

		Establish a monthly meeting with the Head of Operations and Delivery to review maintenance issues and actions taken.		
12	The health board must ensure that the privacy of patient bedrooms are maintained, especially those that can be viewed from the adjacent public footpath.	Obtain quotes for reflective privacy measures and broken blinds. Finalise funding arrangements. Install reflective privacy measures and broken blinds.	Directorate Manager	Complete August 2015 (Clinical Board Senior Team Meeting) September 2015
12	The health board should consider how to maintain patients' privacy and dignity of the patients overlooking the garden of the rehabilitation ward at Iorwerth Jones Centre.	Obtain quotes for reflective privacy measures and broken blinds. Finalise funding arrangements.	Directorate Manager	Complete August 2015 (Clinical Board

12	The health board should consider how to respectfully obscure the view from neighbouring properties in to Iorwerth Jones Centre to maintain patients' privacy.	Install reflective privacy measures and broken blinds.		Senior Team Meeting) September 2015
13	The health board should consider whether the relocation of the Clinic Room on Coed y Felin should be replicated on Coed y Nant.	To further discuss the relocation of the Clinic Room on Coed y Nant in the Directorate for Mental Health Services Older People.	Directorate Manager	September 2015
13	The health board must ensure that staff are able to secure the medicine trolleys to the wall when not in use as in the health board policy.	To further discuss the relocation of the Clinic Room on Coed y Nant in the Directorate for Mental Health Services Older People. Relocation will afford more space and allow the securing of the medicine trolley. Currently the medicine trolley is securely stored in a locked clinic room.	Directorate Manager	September 2015
13	The health board must ensure that the medicine fridges on both wards are locked when not in use.	Ward staff will be reminded of their responsibilities with record keeping and storage of medicines.	Senior Nurse	Complete

13	The health board must ensure that there is a record of temperature check for the medicine fridges on both wards is maintained.	Ensure all staff are aware of Patient Safety Notice PSN015/July 2015-The Storage of Medicines: Refrigerators.	Clinical Board Nurse	August 2015
13	The health board must ensure that the open date for medicines is recorded when required.	This will be reinforced at the staff meeting.	Senior Nurse	September 2015
13	The health board must ensure that the medicines are stored as detailed in the manufacturer's instructions.	Spot audits will be performed to check compliance.	Senior Nurse	December 2015
13	The health board must review prescribing practices to ensure that maximum doses on MAR Charts are clearly stated.	<p>Liase with Pharmacy and Prescribing Psychiatrists to review practice and agree guidance.</p> <p>Present at Directorate Clinical Governance meeting.</p> <p>Roll out guidance in conjunction with training.</p> <p>Audit compliance.</p>	Clinical Director	<p>September 2015</p> <p>October 2015</p> <p>November 2015</p> <p>January 2016</p>

13	The health board must ensure that staff state the reason why medication is not administered to a patient on their MAR Chart to ensure that there are no blanks on the charts.	Directorate for Mental Health Services Older People to review the medicine round process.	Lead Nurse	September 2015
14	The health board must review medicine round practices to reduce MAR Charts being defaced by medication spillage.	Directorate for Mental Health Services Older People to review the medicine round process.	Lead Nurse	September 2015
14	The health board must ensure adequate incident information is available to ward managers so that they can easily review the collation of incident information on their wards.	Mental Health Clinical Board to implement E-Datix incident reporting information system to enable managers to review any incidents in their area.	Clinical Board Nurse	Complete
14	The health board must review the allocated supernumerary time for the Ward Manager posts for Coed y Felin and Coed y Nant.	Directorate for Mental Health Services Older People to review the possibility of allocating an additional 0.2 WTE from within existing resources.	Lead Nurse	September 2015

15	The health board must provide an update on the recruitment to the nurse vacancies on Coed y Felin and Coed y Nant.	All vacancies appointed to and should be in post by September.	Senior Nurse Manager	September 2015
15	The health board must ensure that ward managers are supported in providing staff ward meetings.	Establish a monthly programme of staff team meetings.	Senior Nurse Manager	Complete (first meeting arranged for September 2015)
15	The health board must review the time available to staff handovers to ensure sufficient time is available for all staff to have a comprehensive handover.	Review current shift patterns with Staff Side Representative organisations to have a bigger crossover of staff and allow more handover time. 20 minutes is currently allocated to staff handover.	Head of Workforce for Mental Health	October 2015
16	The health board must review the training deficits for all staff on both wards and ensure a programme of training is developed.	The Professional Practice Development Nurse to assist the Ward Managers in identifying training deficits and developing an appropriate training package(s). The Achieving Psychological Wellbeing course is available to all staff (run 3 times per year). It is now being held in Iorwerth Jones Centre to	Lead Nurse	October 2015

		enable easier release of staff to attend.		
16	The health board must ensure that Clinical Supervision is encouraged and supported on Coed y Felin and Coed y Nant.	There is an up to date list of current Clinical Supervisors, stating their profession and area of expertise. This is available for all staff and is also on the Mental Health intranet page. This will be included on the agenda of the staff meeting to further raise awareness.	Clinical Board Nurse Senior Nurse	Complete September 2015
17	The health board should consider whether additional time can be allocated to Refocusing Nurse activities.	A new initiative has been introduced across the Directorate for Mental Health Services Older People where Refocusing Nurses wear non uniform on refocusing days to reduce the likelihood of them being drawn into other ward activities. The Directorate to evaluate this new initiative.	Senior Nurse Manager	Complete November 2015

17	The health board must providing staff with guidance and training on initiating ad-hoc activities appropriate for the patient groups.	Provide further training on the 'POOL Activity Level'.	Senior Nurse Manager	September 2015
18	The health board must consider implementing pictorial menus to assist some patients in choosing their meal options.	The Clinical Board to scope provision of pictorial menus with Operational Services.	Senior Nurse Manager	September 2015
18	The health board must consider whether to implement fluid charts for all patients on Coed y Nant.	Implement fluid charts for all patients on Coed y Nant. Audit compliance.	Senior Nurse Manager	Complete November 2015
20	The health board must ensure that the quality of the Care and Treatment Plans are regularly audited and documentation regularly updated to ensure that the Care and Treatment Plans provide relevant information on the individual patient's care.	Practice Development Nurse and Advanced Nurse Practitioners to develop an audit tool for use across the Directorate for Mental Health Services Older People. The Care and Treatment Plans in Mental Health are subject to scrutiny under Part 2 of the Mental Health Measure, with monthly performance reporting to the Welsh Government on numbers of care and treatments plans completed. Within the Mental Health Clinical Board, there is additional	Lead Nurse Head of Operations and Delivery	September 2015 April 2016 (for review of current audit methods)

		scrutiny of a centrally coordinated 3 monthly audit of quality of care plans and whether they reflect the service user's needs. These results are fed into a sub committee of the Health Board, the Mental Health Legislation Committee. For patients subject to 117 after care, the Internal Audit Department has undertaken two audits in the last 18 months on the quality and relevance of care plans. These are considered, with recommendations given at the UHB Performance meetings.		
20	The health board must review the placement of Patient X.	Clinical Director to discuss with Responsible Clinician and Care Co-ordinator. Periods of home leave have been arranged for the patient.	Clinical Director	September 2015