

## Appendix A

**Mental Health / Learning Disability: Improvement Plan**

**Provider: Partnerships in Care**

**Hospital: Llanarth Court**

**Date of Inspection: 11 – 15 May 2015**

Recommendation	Regulation	Action	Responsible Officer	Timescale
<p>A maintenance programme needs to be put in place to address the areas that require attention, specifically:</p> <ul style="list-style-type: none"><li>• redecoration on Awen ward;</li><li>• the replacement of the broken door on Iddon ward</li></ul>	26 (2) (a) (b)	<p>Interim Manager met with HIW on 27/04/15 to show and discuss refurbishment plan for Awen.</p> <p>Work commenced W/C 25/05/15. Redecoration of ward will be in line with these works.</p> <p>Broken door has been replaced</p>	Hospital Manager	<p>01/10/15 Review works and update plan</p> <p>Complete</p>

<ul style="list-style-type: none"> <li>the fixing of the ward office door on Iddon ward to ensure it closes appropriately;</li> <li>a thorough cleaning of windows to remove dirt and debris from between the window pane and perspex screen. Garden areas need to be cleaned and cigarette ends removed. Kitchen/drink making facility areas require a thorough cleaning;</li> <li>replacement of roof tiles on Teilo ward;</li> </ul>		<p>Office door has been repaired</p> <p>Removal of identified debris is part of rolling program of estates maintenance schedule.</p> <p>Estates manager has been requested to prioritise these areas within work schedule.</p> <p>W/C 18/05/15 Ward managers have implemented a daily timetable of inspection of these areas to assist in maintaining presentation.</p> <p>External contractors have attended site W/C 08/06/15 and repaired roof tiles</p>	<p>Hospital Manager</p> <p>Estates manager</p> <p>Ward managers</p> <p>Estates manager</p>	<p>Complete</p> <p>04/08/15 Review</p> <p>Complete and ongoing</p> <p>Complete</p>
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<ul style="list-style-type: none"> <li>any ripped, unpadded and dirty seating to be replaced, and</li> <li>repair/replace windows that patients had difficulty opening</li> </ul>		<p>Identified seats have been removed and new replacements identified with input from patient group and placed on order</p> <p>Windows can be opened/closed with request to nursing staff. Ward manager to discuss with patient group to increase awareness.</p> <p>Estates manager is reviewing windows to make appropriate changes to enable access by patients</p>	<p>Hospital Manager</p> <p>Ward Manager</p> <p>Estates Manager</p>	<p>Order placed</p> <p>Awaiting delivery (6 weeks)</p> <p>Complete</p> <p>Review status 05/08/15</p>
<p>The restrictive practices observed on Deri and Osbern wards need to be reviewed to ensure the practices in place are beneficial for the patient group.</p>	<p>15 (1) (a) (b) (c) &amp; 19 (1) (a) (b)</p>	<p>Ward managers to meet with patients and Independent Advocate via Community Meetings to review present practices and ensure flexibility in services meeting patient need as per individual risk planning parameters. .</p>	<p>Ward Managers</p> <p>Independent Advocate</p>	<p>06/07/15</p> <p>Review and update accordingly.</p>

		Ward routines and protocols to be reviewed at least monthly in community meetings	Ward Managers	Ongoing
A review of advocacy information is required to ensure areas with limited or no information have comprehensive advocacy information available.	15 (1) (a) (b)	<p>A review of advocacy information displayed in ward areas was completed W/C 18/05/15 and additional information provided as identified.</p> <p>Internal Audit of IMHA Services conducted across all wards during W/C 25/05/15 indicated a 91% patient awareness level.</p> <p>Ward Managers to ensure information boards are regularly reviewed/updated.</p>	<p>Ward Managers</p> <p>Hospital Manager</p> <p>Ward Managers</p>	<p>Complete</p> <p>Complete</p> <p>Complete and ongoing</p>
A review of practices across all wards is required to ensure staff remain vigilant and appropriate and robust risk assessments address the issues identified within this report.	15 (1) (b) & 19 (1) (b)	<p>Environmental and individual risk assessments and protocols are in place and regularly updated.</p> <p>Ward Managers and Security Lead to review present protocols and risk assessments.</p>	<p>Ward Managers</p> <p>Security Lead</p>	Complete and ongoing

		Security Committee meets monthly to review any risk issues regarding Hospital services and lessons learnt from other sites within Company.	Security Lead Ward Managers	07/07/15 Review
Opportunities for paid work for patients needs to be introduced.	15 (1) (a) (b) (c)	Present opportunities exist within Patient Library, Ward Newspaper Co-ordination and Estates Management Assistance.  Additional opportunities for paid work for up to 10 patients will be available on the completion of the new patients café and shop facility.	Head of Occupational Therapy  Hospital Manager	New café/shop facility to be opened by 01/09/15 when we will review opportunities.
A review of staffing levels, particularly on Iddon ward is required to ensure patient activities are not cancelled because of staff shortages.	20 (1) (a)	Llanarth Court have robust systems in place to monitor the amount of section 17 leave taken and the amount of section 17 leave that has not been taken, and the reasons why this has not occurred.  Ward Managers will monitor the amount of leave that is postponed	Ward Managers  SMT	Ongoing review  Next Timetable review W/C 06/07/15 with appropriate updates and actions.

		<p>or cancelled and report same to the Llanarth Court Senior Management Team.</p> <p>Each patient has an individual planned timetable of activities based on their assessed needs.</p> <p>Timetabled activities are monitored and audited on a weekly basis and identified areas of deficit are addressed by Ward Managers.</p> <p>The Hospital has a 12 week rolling timetable of review for all activities across the hospital to ensure that these are based on patient treatment need.</p> <p>These are also reviewed by the Senior Management Team.</p> <p>Staffing levels are continuously reviewed by Ward Managers to ensure that treatment, activity and safety needs are being met.</p> <p>The SMT will review staffing needs in line with above criteria,</p>		
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		incorporating feedback from our patients.		
A review of portion sizes, cereals at supper time and the continued option of chicken on every menu is required to ensure patients have sufficient food and variety.	15 (9) (b)	<p>The Hospital has a monthly catering committee with patient representatives in attendance.</p> <p>Portion sizes and menu choice is discussed within this meeting, with varied feedback across the wards.</p> <p>Portion size is related to menu planning with dietetic input to encourage a healthy diet.</p> <p>Additional helpings of vegetables and fruit are readily available.</p> <p>The catering manager will review the menu in line with HIW feedback and continue to endeavor to meet patient requests.</p>	Catering Manager Hospital Manager	13/07/15 review at catering Meeting
Any outcomes from previous monthly catering committee meetings need to be documented to evidence	15 (1) (c)	Actions/outcomes from previous meetings will be included on minutes from next meeting.	Catering manager Hospital Manager	13/07/15

progress with the areas identified.				
All (applicable) staff require clinical supervision to ensure staff can support and promote better practice and standards across the hospital.	20 (2) (a)	Ward Managers to encourage and promote benefits; emphasising development of clinical practice while facilitating opportunities for the Nursing Staff to access Clinical Supervision.  Review Clinical passports during management supervision.	Ward Managers	Complete and ongoing
All staff to receive training in Safe Guarding Vulnerable Adults to ensure staff have up to date knowledge and skills.	20 (1) (a) & (2) (a)	POVA Training has been identified as a Hospital wide priority for June to increase compliance level to above 80%	Hospital Manager  Training Co-ordinator	06/07/15 review and update plan
Training in Deprivation of Liberty Safeguards (DoLS) needs to be introduced to ensure staff are aware of their responsibilities in this area.	20 (1) (a) & (2) (a)	DoLS Training to be included within Mental Capacity Act and rolled out across hospital over next 2 months.	Training Manager  Lead Nurse	08/08/15 review and update plan
All informal complaints need to	24 (2) & (5)	Evidence and additional	Ward Managers	Complete and



<p>have on file comprehensive information and evidence to demonstrate the reason for the outcome.</p>		<p>information in relation to informal complaint investigation has been included in care notes with corresponding reference number since W/C 18/05/15</p>	<p>Complaint Officer</p>	<p>ongoing</p>
<p>Care plans need to be reviewed and updated to ensure fluid records accurately reflect the amount given; records are completed in line with guidelines; assessments of dietary needs are available; discharge plans are in place and unmet needs are documented.</p>	<p>15 (1) (a) (b) (c)</p>	<p>Observation packs have been updated to contain fluid and dietary intake charts.</p> <p>MDT will review care plans and identify unmet needs during monthly Individual Care Review.</p>	<p>Security Lead</p> <p>Multi-Disciplinary Team</p> <p>Lead Nurse</p>	<p>Complete</p> <p>13/07/15 review and update accordingly.</p>
<p><b>Recommendation</b></p> <p>Consideration needs to be given to extend the provision of accredited courses for patients, in particular for horticulture.</p> <ul style="list-style-type: none"> <li><i>Hospital Manager will review with Head of Occupational Therapy to identify provision of accredited courses as suggested.</i></li> </ul>				