

**BETSI CADWALADR UNIVERSITY HEALTH BOARD – MENTAL HEALTH CLINICAL PROGRAMME GROUP  
 OLDER PERSONS SERVICES  
 IDENTIFIED AREAS OF GOOD PRACTICE AND  
 ACTION PLAN IN RESPONSE TO H.I.W VISIT 22 AND 23 FEBRUARY 2010 – temporary accommodation**

Area of Good Practice	Improvement Plan	By Whom/When	Additional Information
<p><b>Staff Attitudes</b></p> <p>Staff attitude and behaviour towards patients was described as <i>'exemplary'</i> by the visiting team. There was sense of a therapeutic culture, staff were well aware of the need for preservation of dignity.</p> <p>Each registered nurse is assigned to a newly admitted patient and remains their nurse throughout their stay noted as a worthy practice.</p>	<p>Ensure staff received good feedback and praise for good practice ensure maintenance of standards within the unit</p> <p>Ensure this practice is audited through use of appropriate tools.</p>	<p>Service manager/unit manager.</p>	
<p><b>Protected Meal times</b></p> <p>Introduced as part of re-focussing project has had a good effect of staff patient relationships.</p> <p>The introduction of fixed visiting as well, although has had some negative feedback from relatives, has ensured that therapeutic activities can be planned throughout the</p>	<p>Ensure that this initiative is adhered to by professionals as well as relatives and carers.</p> <p>Ensure that all patients and visitors are aware of the policy relating to meal times and visiting on admission.</p>	<p>All trained staff.</p> <p>Unit manager/Service Manager.</p> <p>Medical staff.</p>	

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<p>week and not disrupted by visitors.</p>	<p>All this information is in the ward information pack which is given to relatives and patients on admission.</p>		
<p><b>Ward Layout</b></p> <p>The use of separate wards for functional and organic patients was identified as good practice.</p> <p>Although some concerns were raised regarding lack of space, this has been addressed in the new unit.</p>	<p>The patient mix is maintained to ensure the needs of individual patients is not compromised.</p> <p>Male and female facilities should be separated and clearly identified in the layout of the ward.</p>	<p>New facilities reflect this and identified areas of good practice are maintained.</p>	
<p><b>Patient Support</b></p> <p>Access to advocacy and use of the LOTUS group (service user/carer group) was identified as good practice.</p> <p><b>Activities Nurses</b></p> <p>Dedicated activity support is provided to the patients by activity nurses.</p>	<p>Ensure patients have adequate support at all times through their admission and that the need for advocacy is identified as early as possible. The LOTUS group are actively engaged in the service and participate in staff interviews.</p> <p>Use of activity nurses was seen as good practice. The extension of this role to all staff has ensured that activities take place at weekends and in the evenings based around the needs of the patients.</p>	<p>Ensure good practice is upheld.</p> <p>Unit manager/service manager</p> <p>All staff.</p>	

**The Unit has now moved into new purpose built accommodation.**

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<p><b>Lack of Private Space</b></p> <p>Inspectors expressed concern regarding the lack of private interview space for patients.</p>	<p>New unit has single en-suite rooms and a number of additional rooms including, art and craft, relaxation and quiet rooms and interview space, on and off the ward. These are being utilised as patient areas.</p> <p>In addition to this all patients can access their own 'door key' if they are able to manage this process and all patients have their own locked drawer within their bedroom.</p>	<p>Service manager/unit manager.</p>	
<p><b>Fundamentals of Care</b></p> <p>It was identified that there was a little formal knowledge around the fundamentals of care including the audit process.</p>	<p>Need to ensure that FOC dovetails with AIM's objectives to avoid duplication.</p> <p>Standing agenda item on monthly staff meeting. Audit has been completed and will be actioned by the end of July.</p> <p>Tier system in place for the supervision of staff which includes reflective practice element.</p>	<p>Unit have identified FOC lead for the inpatient unit, who represents OAU at the local implementation group – to lead.</p> <p>Unit manager.</p>	

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<p><b>Patients Meals</b></p> <p>Concerns regarding the lack of choice and lack of evidence regarding nutritional guides.</p>	<p>Patients now have designated dining area. Within this, nutritional diaries are held regarding patients' input /output which ensure these records are kept up to date. The dining room has designated red chairs for the easy identification of people who are deemed a risk, from choking or not eating.</p>	<p>Every patient admitted to the unit has a MUST assessment and any patient who has a score of 1 or above is automatically referred to dietetics. Any patient whose dietary intake gives rise for concern is able to access multiple menu choice including snack menu and also family are allowed to bring <i>'favourite foods'</i> to encourage eating. There is flexibility within the menu and the catering department are now able to provide additional choice menus at our request.</p> <p>Each ward has a daily planner with designated tasks for each nurse on duty. As part of this each ward has a daily <i>'nutritional nurse'</i> who has the specific task of ensuring all patients have their meals in a timely manner. It is the <i>'nutritional nurses'</i> job to ensure that the food diaries are completed and the entries are reviewed and signed by a trained member of staff, and any concerns highlighted and regularly reviewed.</p>	<p>The ward is an assessment unit so tends not to have what would be deemed as <i>'long stay'</i> patients</p> <p>However all patients are reviewed regularly through care plan reviewing process and CPA review.</p> <p>There are weekly menus with a choice of foods available each day. The appointment of housekeepers ensures that patients are supported to choose a variety of foods each day. In addition to this the allocation of bulk foods and ward based pantry foods ensures that individual tastes are catered for.</p>

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<p><b>Access to Toiletries</b></p> <p>Some concerns regarding toiletries locked in the sluice and potential for cross infection.</p>	<p>New unit has single en-suite rooms and other additional toilet facilities on the ward. Toilets are signposted male/female.</p> <p>Each patient is risk assessed as to their ability to keep their own toiletries.</p>	<p>Unit manager/deputies.</p>	
<p><b>Access to Alarms</b></p>	<p>The new unit has both staff attack system and patient call system if needed. All rooms are fitted with sensor alarms that detect when a person gets out of bed and the ability to track nurse observations through the use of a control panel.</p> <p>Staff attack system is a personalised alarm system that staff carry as a fob and operates in and outside of the unit.</p>	<p>Unit manager.</p>	
<p><b>Access to Specialist Services</b></p> <p>Concerns were raised concerning the services available for the visually impaired and also access to medical support out of hours.</p>	<p>Any visually impaired patient is able to access services as provided through therapies department and also Vision Aid services.</p> <p>Medical support in and out of hours is doctor to doctor referral, but the issue regarding EWTD working and</p>	<p>Service Manager.</p>	<p>The unit based Occupational therapy staff, assess all admissions and can access any support required. In addition to this there is a T loop system for people who have hearing loss.</p>

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	<p>the lack of junior psychiatric doctor on site has been raised with the EWTD working group.</p>		<p>The Ophthalmology services and Vision Aid are based in the Maelor Hospital which is on the same site. On admission all patients are assessed as to their requirements and referred if they require services.</p> <p>All doctors have allocated ward rounds, and most CPA reviews are organised during these times. In addition to this consultants will review all new admissions. In Wrexham there is a full compliment of medical staff, however there is still a vacant post in Flintshire and this causes some difficulties when staff are on leave or sick. The duty doctor system does cause some difficulties out of hours and we are currently reviewing this through the identification of incidents through the Datix reporting system.</p>

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			<p>Any requests for physical or surgical review are made doctor to doctor.</p> <p>Urgent responses to medical emergencies can be triggered by nurses on ward. The medical outreach team can be alerted or the CRASH team in cases of collapse.</p> <p>In cases of emergency the nurses would make a referral and the contingency is – if in doubt call 999.</p>
<p><b>Observation</b></p> <p>Some concerns were raised by visitors regarding the risks in relation to observations.</p>	<p>Since moving to the new unit, the concerns regarding observation have not been realised. There has been a reduction in episodes of violence and aggression, and staff, who are now familiar with the layout of the ward, feel more comfortable in the environment.</p>	<p>Unit manager to conduct audit with audit department to highlight the reduction by end of July.</p>	
<p><b>Storage Facilities</b></p> <p>Lack of appropriate storage facilities.</p>	<p>Additional storage space in the new unit ensures that all equipment is stored appropriately and all disused items are removed in a timely way. The corridors are uncluttered.</p>	<p>Service manager/unit manager to conduct regular unit walk rounds.</p>	

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<p><b>Record Keeping</b></p> <p>Concerns were made that record keeping is not systematic and that patient records are held in different areas.</p>	<p>Nutritional records are held in the dining room, so patient observations are recorded in a timely manner. All BP/TPR/Weight charts are held in the clinic because this is where the intervention takes place. Observation documentations are at nurse base to ensure regular completion and review of observation levels.</p>	<p>Service manager/unit manager to review process to ensure that systems in place are for the benefit of patients.</p>	<p>With reference to food diaries, see above relating to patients meals. The process of nutrition is part of the assessment and management of each patient on the unit. Weekly review or more often in some cases, dependant on individual needs, ensure all updates of all aspects of patient care are brought together in the evaluation process.</p> <p>All capacity assessments and issues relating to consent are recorded in the patients' multidisciplinary notes. All ward staff including medical staff have recently been on ward based DOLs training which has supported knowledge in relation to the mental capacity act.</p> <p>Staff are aware of importance of recording any capacity assessment in relation to the patients' care.</p>



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<p><b>Staff Access to Training /PDR/KSF/CRB</b></p>	<p>Current embargo on training by BCU has been lifted. All mandatory training is currently accessible. Other training identified through PDR is also being considered.</p>	<p>Unit manager Supervision and PDR process in place.</p> <p>HR in process of modernising the CRB process and this has been delegated to senior managers within CPGs.</p> <p>KSF team has been set up within older persons' services to ensure that KSF agenda is on monthly meeting agenda.</p>	<p>All ward staff have three-monthly, formal management supervision where any training needs are identified. Annual PDRs also review training needs and identify targets for the following year.</p> <p>Mandatory training is a priority and staff wishing to access additional training will be required to identify appropriateness and link to personal development plans for other courses.</p> <p>In order to ensure that training is relevant and meaningful, the unit has recently staged an all day event of DOLs training. The training was specifically geared to our service user group and back to back sessions throughout the day ensured that all staff were able to attend.</p> <p>The relevance of service focussed training ensured that staff were able to</p>

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			make sense of the topic and apply it to their own workplace.
<p><b>Safeguarding Issues</b></p> <p>There was no protocol on the ward to support the safe visiting of children.</p> <p>POVA and safeguarding training not up to date.</p>	<p>A policy exists within the mental health CPG which has been utilised in older persons unit. No visiting of children under 16 is allowed without agreement from staff and identified areas off the ward have been designated for this purpose.</p> <p>All relevant staff trained to required POVA level including awareness for untrained staff.</p>	<p>All managers to ensure staff aware and identify any training issues – ASAP through PDR and supervision process.</p>	
<p><b>Sickness</b></p> <p>A high level of sickness was identified on the days that the visits took place. It was reported that there did not appear to be any underlying reason for the high sickness rate and people who were off had genuine health problems.</p>	<p>Need to ensure robust management of sickness policy is in place and that mechanisms exist for designated management of sickness. Overall the sickness levels in mental health are low compared to other CPGs. Sickness has reduced since moving to new unit.</p>	<p>Unit manager.</p>	