

**UNANNOUNCED HIW DIGNITY AND RESPECT VISIT TO CHEPSTOW COMMUNITY HOSPITAL
ST PIERRE AND LLANVAIR WARDS - WEDNESDAY 2ND DECEMBER 2009
ACTION PLAN**

ISSUE		ACTION REQUIRED	PREVIOUS RESPONSE/ PROGRESS	LEAD	COMPLETION DATE	Updated December 2010
Dignity & Respect	Some patients on Llanvair Ward were in need of high-care and regular observations. However, they were being cared for in separate ward areas making regular observations difficult. It was observed that one patient in particular was in a bay area with the doors locked. The reason given was to ensure the patient's safety from other wandering patients.	It was suggested to the manager at the time that high-care patients would be better nursed in the 4 bedded bay area opposite the nursing station so that ongoing observation is easier and would reduce the risks associated with other wandering patients. It is also necessary for a full assessment to be undertaken when any patient is locked in a room to manage issues regarding deprivation of liberty safeguards.	Llanvair ward is a 12 bedded unit for dementia assessment for the Borough of Monmouthshire. St Pierre Ward is a 22 bedded ward for patients with complex discharge needs. It is common for 70 percent of the patients on the ward to have dementia or mental health needs. A group has been set up to consider a future integrated model of care for elderly patients who have dual physical/mental health diagnosis.	Senior Nurse/ Ward Sister / Divisional Planning Manager	Jan 2010	St Pierre Ward now closed. Reconfiguration of Llanvair Ward under discussion.
			Risk assessments are carried out and appropriateness of room allocation is discussed during handover. Several factors are considered when allocating beds to	Senior Nurse/ Ward Sister/ Divisional Planning Manager	Implemented Jan 2010	High risk patients who are nursed in bed are allocated rooms closest to the nursing station to decrease the risk to them from other wandering patients.

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			<p>patients. For example, the noise level generated by certain patients and the risks posed to more vulnerable patients.</p> <p>Senior Nurse and Ward Sister are currently implementing guidance for staff responsible for bed allocation.</p>		Implemented Jan 2010	<p>Assessments used to inform decision making include falls, manual handling, Waterlow and WARRN.</p> <p>If a bed is not available in the rooms closest to the nurses station a best interest decision to secure the door when the patient is unattended is discussed with the MDT and the family and care planned for to reflect best interest least restrictive way of promoting patient safety.</p>
	Little stimulation for patients and very little evidence of any activity plans within the patient records or any activities planned to take place with the patients.	Explore possibilities of using voluntary sector to provide stimulation.	Nursing Assistants now run a daily activity group supported by the OT. A patient activity programme is displayed in the dayroom and at the entrance to the ward	Ward Sister/ Senior Nurses	June 2010	
	It was reported that the OT on Llanvair Ward was on maternity leave and that no replacement cover had been available. Whilst on St Pierre Ward the OT was only reported to	Review current allocation of OT resources with Mental Health Borough Head OT.	The band 6 OT on Llanvair returned from maternity leave 14.06/10. A business case is being compiled to secure funding for a part time OT technician to support the band 6		June 2010	

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	<p>be available for home assessments with no activities provided during the patient's stay in hospital. One patient on this ward reported there was nothing to do all day and it was "very boring" sitting by the bed.</p> <p>On both wards physiotherapy cover was not reported as being good, with the main access to this service being provided from the clinics in the rest of the hospital on a "good will" basis.</p>	Explore possibility of ensuring private hairdresser services are available to patients.	<p>with activity programmes / assessments OT will provide assessments on a patient need basis via the hospital referral system.</p> <p>Awaiting OCS response to external hairdressing services being advertised on the ward.</p>	OCS – PFI Facilities provider	Implemented July 2010	Private mobile hairdresser available to all patients on Llanvair
		Clarify physiotherapy provision agreement	<p>Provision clarified with head physio at CCH, Physiotherapy assessment is available to all patients following referral by a medic. A need for intervention is then determined, and where appropriate a treatment plan is formulated and delivered.</p>	Ward manager	Aug 2010	

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	<p>Curtains around patients beds on both wards were only three-quarter length thus providing little privacy and dignity to patients when being examined on the bed or sitting on the commode beside their bed.</p>	<p>Identify whether curtain length meets NHS requirements and address. Review with OCS Manager.</p>	<p>Cleanliness & Linen Manager & Infection Control Nurse visited the wards 03.02.10 to assess the curtains – report received curtains do not meet the privacy and dignity a requirement, funding has been granted to replace the curtains on all 4 wards, being made in-house. Commodes are rarely utilised by bed space and any patients being nursed on low beds are generally in side rooms. SIM contacted 4/11/10 to chase up curtains.</p>	<p>Cleanliness, Linen & Residency Manager/SIM</p>	<p>On going still waiting for curtains to be made / fitted</p>	
	<p>There were curtain tracks in the bathroom but no curtains were in place and there was no opaque glass in the doors to the 4 bedded areas thus compromising patients' privacy.</p>	<p>Curtain tracks to be removed.</p>	<p>Curtains have previously been removed following advice from Infection Control. Curtain tracks identified during health and safety visit as unnecessary have been now been removed.</p>	<p>OCS – PFI Facilities provider</p>	<p>July 2010</p>	<p>Laminated signs stating bathroom in use are placed on the outside of the bathroom door when bathroom is in use to promote patient dignity.</p>

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	There was a lack of suitable rooms for people to have quiet or confidential conversations on both wards and confidential conversations which take place behind curtains can be overheard by other patients in the bay area.	Suitable quiet/confidential area to be identified.	Ward Sisters' offices are available as a quiet room. The ward dining room on Llanvair is currently used for quiet conversations/ consultations. Suitable accommodation to be identified in Ward reconfiguration plans if shared care beds are commissioned.	Ward Sister / Senior Nurses	January 2010	
	There was no evidence of signs/notices being used to indicate when care or treatment was in progress behind pulled curtains.	Signs/notices to be implemented. In line with 'Behind closed doors', dignity pegs on curtains to be used to secure curtains during patient examinations	Laminated signs are being introduced which will be clipped to bed curtains when treatment is taking place. Dignity pegs will be purchased 9/7/10 dignity pegs have been purchased and are insitu with laminated signs during personal care / physical examinations	Senior Nurse Ward manger	July 2010	
	It was acknowledged on St Pierre Ward that there was a lack of understanding and	Training Plan to be developed and appropriate courses to be identified.	Training needs analysis completed no specific courses available, therefore	Senior Nurses/ Ward Sisters	July 2010	St Pierre now closed

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	<p>knowledge when nursing patients with physical conditions/needs who also had a mental health diagnosis e.g. dementia. The nurses on this ward were registered general nurses. This was relevant concern as at the time of the visits it was reported that 70% of the patient had a mental health condition as well as a physical one.</p>	<p>Senior Nurse for community hospital and mental health services to review training options.</p>	<p>training needs to be met internally. Dementia awareness training has been arranged with Older Adult Liaison Nurse and will include Discharge Liaison Nurses.</p> <p>Any training needs that cannot be met internally will be raised at Mgt Team Meetings. Discussions to be held with Training and Development around Safe Enough to Care training to identify if it's appropriate for St Pierre staff to undertake. There appears to be no dates available for Safe Enough to Care training at the moment. Senior Nurse, Community to liaise with Clinical Governance Lead to address ABHB wide.</p>	<p>Senior Nurse - Community</p>	<p>July 2010</p>	<p>St Pierre now closed</p> <hr/> <p>St Pierre now closed</p>

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	It is understood there are plans to consider a future integrated model of care for these elderly patients who have a dual physical/mental health diagnosis. In the meantime consideration should be given to develop and deliver training to these general trained nurses regarding nursing patients with mental health conditions.	<p>Training Plan to be developed and appropriate courses to be identified.</p> <p>Senior nurse for community hospital and mental health services to review training options.</p>	Training needs analysis completed no specific courses available, therefore training needs to be met internally.	Senior Nurses	May 2010	St Pierre now closed
Environment of care	The audit team's first impression on entering both areas was of a very clinical environment. Both areas were designed as medical rehab wards and this is reflected in the layout and design of living and bed spaces. The current use of these	Safety Services to determine whether bed circulation space meet NHS requirements.	Safety Services carried out bed space survey 21.01.09 on Llanvair Ward, formal report attached. Bed space survey will be carried out on St Pierre in due course (ward was closed due to D&V during time of visit).	Locality /Senior Nurses	Completed	

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	areas requires a balance between clinical and therapeutic Environments of care.	Action to be taken to create a more homely feel to the wards.	Discussions held with GARTH Team – potential for art student to be allocated to Llanvair ward. Awaiting completion of Current art project. Environmental issues to be considered during ward reconfiguration. New pictures have been purchased and secured to the walls on Llanvair	SIM	Still waiting for input from GARTH team 4/11/10. Awaiting completion/installation of previous project.	Still waiting for input from GARTH team 4/11/10. Awaiting completion/installation of previous project.
	The doors to all areas in both wards are a very high risk in regards to health and safety and require a risk assessment and in some cases replacement. The inability to open the doors both ways means that if patient barricades themselves in a room, or falls behind the door, access cannot be gained.	Ensure relevant risk assessments have been carried out.	Safety Services Co-ordinator, ABHB visited both wards on 14.01.10 and provided the following advice: <i>“the wards were not originally built as elderly mental health wards, dual opening doors wouldn’t have been designed in, having said this, there is potential in any ward, mental health or general, for a patient to fall behind a door/ barricade themselves in. In light of this</i>	Ward Sister / Senior Nurse/ SIM/OCS – PFI Facilities Provider	January 2010	21.12.10. SIM chased OCS, awaiting costing.

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			<i>, I would advise that two suitable rooms, within both wards have doors fitted to allow dual opening, this would allow at risk violent & aggressive patients to be cared for within these rooms. Our comprehensive risk approach should identify the type of patient that would need to be cared for within these rooms.</i>			
		Doors to be replaced.	A costing to replace the doors of suitable rooms is currently being obtained from OCS – PFI Facilities provider.	Senior Nurse/ SIM/OCS – PFI Facilities Provider	4.11.10 Still awaiting costing SIM contacted for update.	21.12.10. SIM chased OCS, awaiting costing.
	It is acceptable that patients can lock their door by choice	Urgent action required.	Risk assessments are undertaken on each occasion involving Multi-disciplinary Team, Family/Carer and are documented as part of care plan. It will include consideration of admission to other wards within Gwent.	Senior Nurse/ Ward Sister	January 2010	

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	The override system is totally inadequate; currently a coin has to be used to open the lock.	Urgent action required.	Costing to be obtained for alternative override lock systems. Still awaiting costing	Senior Nurse/ Ward Sister	January 2010	Still waiting for costing from OCS
	Patient toiletries were individualised but stored in unlocked draws by patient beds, under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, chemicals and dangerous substances must be stored and handled in a way that minimises the risks posed by those substances and which limits people's exposure to them. Whilst the audit team recognised that items such as shampoos and conditioners would not necessarily be classed as a chemical or dangerous substance, it was felt that there is a risk of confused older people potentially ingesting such substances	Toiletries to be stored securely.	Previous system of lockers with keys did not work on Llanvair Ward as keys constantly get misplaced due to nature of patient group. System already in place on Llanvair Ward where toiletries are stored centrally. Individual risk assessments are carried out on each patient which determines how the toiletries are stored.	Ward Sister	Complete January 2010	Patient toiletries covered by COSHH are stored in line with the COSHH regulations in the COSHH cupboard. Toiletries for the more confused patients are stored in the clinical room with the patients names on it to decrease the risk of accidental. Ingestion.

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	especially if they have a fruit like scent.					
	Washing bowls used for patients were stored on top of wardrobes, to prevent infection control issues these should be cleaned, inverted and contain no items.	Bowls should be stored inverted and emptied, not containing personal items.	All staff are aware of this and routinely dry and store on top of lockers, upside down. Ward Sister / nurse in charge to check this each shift.	Ward Sister	January 2010	
		When bed lockers are replaced in the future it will be necessary to ensure that washbowl holders are attached as standard.	Monitoring arrangements for inspection of washing bowls incorporated into the HIW cleanliness check list			
	Llanvair Ward – There was inappropriate storage in the bay areas that were not fully occupied. Two of the four beds within a bay area were not in use and the curtains were drawn around them. Behind the drawn curtains were stored hoists, wheel chairs, specialist seating etc. Patients occupied the other two beds in that bay resulting in them having to observe	Suitable storage area to be identified.	A recent skip on site has eased the storage situation as many condemned items have been disposed of. Items that remain in this area are mattresses and specialist chairs. An escalation process is being implemented that will address difficulties with storage if they cannot be managed at a local level. All storage areas to be assessed to ensure	Ward Sister / SIM/OCS Manager	July 2010	All condemned furniture has been removed from the ward.

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	curtains constantly drawn around the beds opposite.		maximum use and storage to be considered during ward reconfiguration. Potential opportunity to utilise a cubicle as storage area if functional beds are centralised.			
			Options are currently being explored with regard to storage solutions on site. Senior Nurse, Community to liaise with Facilities Manager.	Senior Nurse - Community	July 2010	
	Llanvair Ward did not have gender specific toilets or bathrooms.	To be addressed urgently with appropriate picture signage put on the doors to help confused patients identify gender	Due to the levels of incontinence and confusion displayed it makes gender specific toilets difficult to implement on Llanvair Ward.	Ward Sister/ Ward Clerk	Feb 2010	Currently laminated pictorial signage is in use Funding has been granted to ABH for permanent signage awaiting implementation of same.

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		specific toilets.	Patients will often use the nearest available facility. Unisex toilets create more flexibility in allocating male and female sleeping areas. Signage to be implemented in line with Signage survey. Ward sister to provide list of signs required. Signs now In place			Staff check to toilet prior to a patient entering to ensure the toilet is vacant before patients enter and check patient has secured the door correctly for the patients who use the toilet facilities independently of staff
	The current signage is in small print and no pictograms or directional indicators are in use. Clear signage would promote independence in daily living activities.	Signage on both wards needs to be reviewed.	Signage survey to take place on both wards. Ward Managers to identify how many signs are required for toilets/bathrooms. Signage now in place. National Patient Safety Agency (NPSA) guidance to be sought.	Senior Nurses/ Ward Sisters	July 2010	
	Currently there are no names evident on the doors to bedrooms/sleeping areas.	Bedroom doors should have a secure 'slot in frame' for patient names to support patient in locating their own rooms.	Llanvair ward have implemented signs above patient beds and on the doors to single rooms. These signs consist of Christian names only. Whiteboards to	Senior Nurses/ Ward Sisters	January 2010	

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			be sourced. NPSA guidance to be sought.			
	There was inconsistency with the wearing of name badges, which made it difficult to identify staff members and there as no information board which contained up-to-date staff pictures or names.	All staff should wear name badges	Infection control to be contacted for guidance on PIN name badges. There is no guidance available on the wearing pin badges – costings to be explored to provide staff with one each.	Ward Sister / Ward Clerk/ All Staff	July 2010	The new All Wales uniform will make clearer the grades of staff. A notice is displayed with the details of the ward manager and the senior nurse contact details at the entrance to the ward.
		Staff information board required. However there is a discrepancy as to whether staff pictures can be used.	Awaiting response from Health Board. Both wards currently identify who the Nurse in Charge is on an information board. Advice to be obtained on compiling ward staff information boards.		July 2010	
	There was a general lack of information and information leaflets available on both	Leaflet currently being developed for St Pierre Ward.	Ward leaflets to be amended.	Senior Nurses/ Ward Sisters	July 2010	

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	wards. The opportunity to use the small foyer outside the wards could be taken to provide a central information point for this patient group. The reviewers found no evidence of information on how to voice a concern or make a formal complaint.	Identify relevant information leaflets for client group.	Previous attempts to display information on Llanvair Ward have been difficult due to the client group. A secure notice board is now being installed to display appropriate information (MHA, MCA, Complaints, Advocacy)	Senior Nurses/ Ward Sisters	June 2010	
		Information and advice on how to complain to be made available.	Leaflet rack to be installed in foyer area (potential to relocate rack from St Pierre Ward). Relevant information leaflets to be identified and responsibility for maintaining racks to be allocated to ward clerks. Both wards - WAG leaflet - " <i>Complaints about NHS Treatment and Care</i> " recently received from Clinical Governance Team along with " <i>What to do if you have a complaint</i> " information sheet for the new ABHB. Circulated to all	SIM	Awaiting purchase of leaflet rack	On hold whilst ward layout /reconfiguration being discussed.

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			wards along with enlarged laminated copy of information sheet for display on notice boards.			
	St Pierre Ward does not have an available day room space for patients to use. The designated dayroom is currently used for staff meetings and has to be used to serve patients meals. This room would a full refurbishment to become a day room again.	Day room facility to be identified.	To be included in ward reconfiguration plans.	Ward Sister / Senior Nurse /Divisional Development Manager	July 2010	St Pierre is now closed

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	Llanvair's dayroom has been converted from a 4-bedded area which has resulted in all the fittings for medical gases etc to be still in place. It is felt such fittings are inappropriate as the room is used by patients as a sitting area and should be relaxing, therapeutic and welcoming. There is no quiet room/space available on either ward other than by patient's bedside.	Risks to be assessed.	Identified as part of part of the agenda for the reconfiguration of the wards and will be reviewed as part of this project. Medical gas points to remain at present as removal is costly and the room may in the reconfiguration become a bedroom again.	Ward Sister / Senior Nurse /Divisional Development Manager	July 2010	
	Some of the current furniture is in need of immediate replacement due to damage to fabric, which presents an infection control issue and much of the remaining furniture is old.	Both areas require a full review of dayroom and bedroom furniture.	Llanvair ward have disposed of the furniture and will be ordering replacements. 4 replacement chairs have been ordered for St Pierre Ward (October 2009) Waiting for delivery. Order to be cancelled and included in Bedside chair/table audit.	Senior Nurse/ Ward Sister	July 2010	Furniture has been replaced from endowment fund

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Nutrition	It was observed that the portions of food offered to the patients were according to their appetites with the quality reported to be variable. One patient on St Pierre Ward who had been an inpatient for eight weeks stated, <i>"I am not impressed with the quality"</i> . The pureed food was tasteless, bland and with little choice or variety.	To be addressed with PFI company.	<p>Patient Food Quality Audits have been carried out by ABHB Catering Manager and Dietician. (Audit reports attached).</p> <p>OCS have not received any complaints with regard to food.</p> <p>A meeting is scheduled to look at the catering contract to ensure it is consistent with what is provided by ABHB.</p>	Senior Nurses/ Ward Sister Catering Manager/ Dietician	July 2010	Attached
	St Pierre – staff commented on carrying hot plates some distance from the dinner trolley.	Investigation into why trays are not in use.	Trays are in use and red trays are used for patients who are on a food chart. St Pierre is now closed 01/11/10	Senior Nurse	November 2010	St Pierre is now closed
	Provision of snacks and out of hours food was not readily available. The only provision was biscuits and some extra sandwiches that would be ordered for supertime. This was the main source of availability of	To be addressed with OCS.	Patient's nutritional requirements are being addressed via the introduction of a regular forum to discuss such issues. The minutes of the meeting reflect the review of snack provision, and the need for	Ward Sisters /Senior Nurses/OCS	July 2010	

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	additional food/snacks.		improvement. Snacks available on a patient need basis. These issues are agenda'd at the Food Interest Group. Wards to monitor availability of snacks on a weekly basis. Senior Nurse, Community to contact Lead Dietician regarding Food Interest Group. Incident forms are to be completed when food is not available.			
	There was no kitchen facility on St Pierre Ward so the kitchen on the ward opposite (Llanvair) is used. A food trolley was used in the day room area to dish out the daily meals, which were taken to the patient at their bedside on a tray. The making of drinks was also carried out in Llanvair ward's kitchen and then brought across to St Pierre Ward on a trolley. This situation	Improvements to be made to kitchen provision.	Forms part of the agenda for the reconfiguration of the wards and will be reviewed as part of this project. St Pierre ward closed November 2010 kitchen is no longer shared. Costing have been requested for a serving hatch between the ward kitchen and dining room on Llanvair	Senior Nurses/ Ward Sisters	November 2010	St Pierre is now closed

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	is not ideal as it means wards staff on St Pierre have to leave the ward to make drinks and collect any snacks (if available), when required outside regular meal times. We were informed that work is currently being undertaken to integrate both wards to provide a "shared care" facility. It is hoped that this would lead to improvements in the kitchen provision.					
Involvement of patient and carers	Patient records are currently kept in paper format only. The wards visited were under different management streams so there was no uniformity in record keeping.	Consistent approach to record keeping required.	Different sets of case notes are used for general and mental health within ABHB. A paper proposing that a Mental Health Records Committee is implemented has recently been approved by the Mental Health Board. A priority for this group will be the standardising of case notes.	Locality Manager/ Senior Nurses/ Ward Sisters	Action taken. Long term issue for ABHB.	

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			<p>Electronic version of UA document is planned however progress has been delayed from an organisational perspective. Compliance with UA documentation is monitored through documentation review group. Senior Nurse to conduct local documentation audits – new audit tool to be implemented specific to sections. Awaiting ABHB audit tool.</p>	Senior Nurse - Community	July 2010	

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	<p>It was evident that staff were using core care plans and although these covered key aspects of care they did not really reflect individualised care. There was little to suggest that service users and carers are involved in care planning, for example, no signatures were seen to indicate that care plans had been discussed and agreed. The use of Care Programme Approach (CPA) or Unified Assessment (UA) was very variable and staff recognised that this was a deficit that needs to be rectified.</p>	<p>Llanvair - Review casenotes of current inpatients and ensure all notes are organised appropriately. Highlight any anomalies with standard storage of CPA documentation with CPA Board. Developments to be made, with the inclusion of relatives/ carers in the admission process.</p>	<p>Case notes are currently organised in line with Data Management guidelines and have been audited and approved by Data Management. In addition CPA audits are carried out on a monthly basis by the Senior Nurse and/or Ward Manager or Deputy. This audit document has been distributed by the Divisional CPA/Audit Lead.</p> <p>Staff to discuss and ask relatives to sign care plans for patients who lack capacity</p>	<p>Senior Nurses/ Ward Sisters</p> <p>Divisional CPA/Audit Lead/Senior Nurse</p>	February 2010	
			<p>St Pierre - Review of nursing documentation undertaken. Ward Clerk on St Pierre ward currently in process of unifying paper in patients notes.</p> <p>St Pierre - To address at next ward meeting, named nurse to be</p>	Ward Sister	Ward closed November 2010	Ward closed November 2010

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			responsible for ensuring this information is documented.			
	<p>There was little understanding or knowledge of the Fundamentals of Care (FOC) throughout the grades of staff, which shows that this is not imbedded in practice. There was evidence of the All Wales FOC audit earlier this year, but the results of this audit are still awaited. This knowledge about the audit appeared to be at Ward Manager level, so it was unclear how the audit results were shared with the nursing staff.</p>	<p>Lack of knowledge requires attention from Ward Sisters/Charge Nurses.</p>	<p>A standardised FOC dedicated notice board will be made available to all staff on all wards. Purchase of notice boards in progress. Documentation is complete.</p>	<p>Senior Nurse / Ward Sisters</p>	<p>July 2010</p>	
			<p>All Ward Sisters/charge nurses informed progress on FOC audit action points will become a standard agenda item for ward meetings.</p>	<p>Senior Nurse / Ward Sisters</p>		
			<p>Individual staff to be encouraged to complete FOC audit with ward sister as a learning opportunity and to increase overall awareness. Link nurses to take the lead with auditing associated topics of responsibility.</p>	<p>All Staff</p>		

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	Formal systems for assessing and recording capacity and consent were not evident. It was reported that it was the role of the Consultant to make that assessment. We were told that explanations to patients and consent are noted verbally.	This approach needs to be improved and staff need to access appropriate training on issues involving consent and the Mental Capacity Act.	<p>A formal capacity document is available and is made available to medics and incorporated into patient documentation. To be incorporated into admission process.</p> <p>Each ward to nominate lead person for consent and Mental Capacity Act.</p> <p>Mental Capacity Act Compliance: Llanvair Ward = complete 4/11/10 St Pierre Ward =</p>	<p>Ward Sisters</p> <p>Ward Sisters</p> <p>SIM</p>	<p>July 2010</p> <p>July 2010</p> <p>July 2010</p>	Compliance with document is monitored by nominated ward lead
	Resources to support patients with a sensory impairment are lacking apart from the availability of audio books. There seems to be a dependence on the individual approach by staff. This can lead to patients feeling isolated and staff being either unaware	Ensure all staff are aware of how to access interpreters, alternative presentation of information etc.	<p>Audio books are available within the hospital the trust policy on contacting an interpreter is on the notice board on Llanvair</p> <p>Awaiting input from Education and Development Manager. SIM to contact Sensory Improvement</p>	Ward Sisters / SIM/OCS – PFI Facilities Provider	<p>July 2010</p> <p>Requested July 2010</p>	

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	or unconcerned to patients' needs.		Manager.			
		Where possible to place patients in Bays 6 and 7. These bays are nearest to the nurse's station. To address at the next ward meeting to ensure this documentation is clearly documented.		Senior Nurse/ Service Improvement Manager		
		Discussions required with OCS regarding loop system. Review with PFI provider.	Costing for fitting a loop system within the hospital will be obtained from OCS – PFI Facilities Provider. Information has been provided by OCS from RNID website, ABHB lead for loop facilities to be identified and contacted.	SIM/OCS – PFI Facilities Provider		
	Within the patient's personal details record, their religion was not always recorded. This could result in a gap in their spiritual needs not being assessed and	Identify and display on notice boards when regular clergy attend the hospital site and how to access representatives of other faiths.	Regular visits by hospital Chaplain already on ward. Patients for whom it is appropriate are offered to be taken down to the Chapel.	Senior Nurses/ Ward Sisters	July 2010	

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	addressed within a holistic approach to the provision of care to an individual.	Ward Sister and Deputy to audit CPA documentation on a monthly basis which will include identification of spiritual needs.	<p>Local training on documentation is ongoing, and staff are reminded at ward meetings of the importance of appropriate completion. Senior Nurses to conduct regular documentation audits.</p> <p>There is currently only CPA training available for administrative staff, place booked for Ward Clerk.</p> <p>As above, case notes are currently organised in line with Data Management guidelines and have been audited and approved by Data Management. In addition CPA audits are carried out on a monthly basis by the Senior Nurse and/or Ward Sister or Deputy. This audit document has been distributed by the Divisional CPA/Audit</p>			Lack of available training has been escalated to the divisional management team a PowerPoint presentation is available to new staff and staff requiring updates.

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			Lead.			
	St Pierre Ward – patients in dayroom awaiting discharge or transfer, concerns expressed about the rationale for this and no indication staff were observing these patients.	Investigation required.	This is not normal practice. The day of the inspection one patient was watching television at his request whilst awaiting discharge. (Independent patient).	Senior Nurse/ Ward Sister	Ward closed November 2010	St Pierre Ward now Closed. Previous comments state that this is not normal practice.
POVA & POCA Training/ Staffing Levels & Skill Mix	The use of appraisal and PDP was very poor, although most staff had undertaken mandatory training. The lack of staff appraisal/PDP needs addressing to facilitate the implementation of the Knowledge and Skills Framework	Ensure all staff have attended PoVA training. IDR's (using the cascade system) are booked for January – March 2010. Some have been undertaken.	Staff have begun PoVA online training and compliance has increased. Healthcare support workers have received information leaflets but some are also undertaking the on-line training. Bespoke sessions are being explored with the PoVA team. PoVA training online is currently being undertaken. Pova on line compliance for Llanvair qualified is complete. IDR Compliance: Llanvair = ongoing St Pierre =	Senior Nurses/ Ward Sister SIM	July 2010 November 2010	Key staffs have been identified to undertake KSF reviewer training to increase number of PDP achieved. Currently awaiting training dates for reviewers

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	The difference in the level of knowledge and training between the manager and other staff is noticeable. This should be rectified and the organisation needs to provide a clear route of dissemination of information through to all grades of staff. It was evident from all staff interviews that there are deficits in the understanding and training for consent, capacity, POVA and POCA.	All registered nurses to be aware they have to complete online PoVA training.	All staff given and requested to sign to an acknowledge receipt of POVA leaflet. PoVA information available throughout the wards level. Staff to be offered the opportunity to be involved in the PoVA process if policy is invoked as a learning exercise.	Ward Sister / Senior Nurses	July 2010 July 2010	Capacity act training is mandatory for all qualified staff As is child protection. Both will be agenda items on the staff meeting to promote awareness and updates
		Reinforce PoVA reporting processes.	PoVA notices are in the process of being displayed throughout the wards. PoVA to be added to Training Compliance Tool	SIM	July 2010	
	The knowledge of PoVA and PoCA again seemed focussed above band 6 level, the organisation needs to ensure this knowledge is embedded throughout all levels of the organisation. It was of concern that	All trained nurse to be aware they have to complete online POVA training. Reinforce PoVA reporting processes.	All staff given and requested to sign to acknowledge receipt of PoVA leaflet. PoVA to be introduced as a standardised agenda item for ward meetings to promote discussion and	Ward Sister / Senior Nurses	July 2010	POCA will be included as agenda'd for staff meetings

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	no-one knew who the lead was for either of these areas within the organisation.		debate at ward level. Staff to be offered the opportunity to be involved in the PoVA process if policy is evoked as a learning exercise.			
	Where training is provided via the Intranet, an audit process should be in place to ensure that the individual has understood the content.	Audit process to be implemented. Audit effectiveness of on-line training	The on-line mandatory training available to staff has been designed to test staff's comprehension through a strict mechanism. To successfully complete a module, staff must answer multiple choice questions, usually set against a common scenario. If the candidate fails to pass a module, this is electronically communicated to the relevant line-manager so that additional educational support can be secured.	Senior Nurses/ Divisional Training Lead	February 2010	

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		The effectiveness of on- line training to be measured via annual performance reviews and pre-agreed KSF competencies.	Staff are printing off on-line certificates on completion of on-line training and are reviewed as part of IDR process.	Ward Sisters	Complete February 2010	
	Not all staff had Criminal Records Bureau (CRB) checks. It is understood that this is an issue for all NHS organisation but does need addressing.	All staff in post that have not previously undergone CRB clearance to undergo CRB checks	Review of all personnel files to ascertain evidence of CRB clearance. Liaison with HR on improving compliance.	ABHB	Ongoing	