

Hospital Inspection (Follow Up)

● Hywel Dda University Health
Board:

Bro Cerwyn Mental Health
Centre – St Caradog Unit,
Mental Health Directorate

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

Healthcare Inspectorate Wales (HIW) completed an unannounced follow up inspection of the Bro Cerwyn Mental Health Centre within Hywel Dda University Health Board on the 12 May 2016. The following hospital sites and wards were visited during this follow up inspection:

Bro Cerwyn Mental Health Centre

- St Caradog Unit

2. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are

key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of Safe and Effective Care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the follow up inspection to the Mental Health Directorate within Hywel Dda University Health Board, comprised of one HIW Service Director, one HIW Inspection Manager and one Clinical peer reviewer.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

3. Context

Hywel Dda University Health Board was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. The health board is situated in south west Wales and provides healthcare services to the population across Carmarthenshire, Ceredigion and Pembrokeshire; a total population of over 375,320. It also provides a range of services for the residents of south Gwynedd and Powys. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists.

Bro Cerwyn Centre

Bro Cerwyn Centre is located at Withybush Hospital, part of Hywel Dda University Health Board. It is a psychiatric service providing health services to Mid and West Wales and consists of two inpatient wards and a day centre.

St Caradog

St Caradog unit is an in-patient facility providing 16 beds, specialising in assessment and short term care and treatment for patients, usually through an acute stage of their mental illness.

4. Summary

This visit was a follow up to an inspection undertaken on the 8th, 9th, 10th and 11th September 2014. The purpose of our visit was on this occasion was to consider the extent of the progress made in addressing the improvements identified within our 2014 report. Whilst this report will concentrate mainly on the progress made since our previous visit; we did, however identify new areas of improvement which are also referred to in this report.

Overall we were satisfied that the change in approach to the management and leadership of the unit had contributed to the improved morale and ethos which was now prevalent in St Caradog.

With regard to the patients experience, there were no improvements identified in the last report, however we used the opportunity to gain patients views on the current service being provided. Patients told us that they received a good standard of service and staff were supportive, and listened to them. We also observed that staff delivered in a respectful, patient manner and understood the needs of the individual patients in their care.

There were a number of areas identified for improvement in the previous report and although most had been resolved, other issues had occurred. We therefore identified additional areas for improvement on this visit. Generally we were satisfied that the staff in the new management structure were working diligently to improve service provision and to ensure patients felt safe and supported.

We found that leadership and management was visible and effective. Consultants, senior medical staff, nursing staff and ward managers were clear and knowledgeable about their particular roles and responsibilities.

Although there had been a period of stability with staffing there was the potential for staffing issues with staff leaving for promotion reasons. However the health board were already aware and were dealing with the issues.

Discussions with a range of staff, demonstrated that the new management structure within the unit fostered a culture of learning and encouraged personal and professional integrity.

5. Findings

Quality of the Patient Experience

With regard to the patients experience, there were no improvements identified in the last report, however we used the opportunity to gain patients views on the current service being provided. Patients told us that they received a good standard of service and staff were supportive, and listened to them. We also observed that staff delivered in a respectful, patient manner and understood the needs of the individual patients in their care.

Individual Care

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1)

Patients seemed comfortable and told us that they felt safe in the unit environment. They confirmed that staff were supportive, listened to them and were approachable. We saw that staff attitudes were positive and the interaction with patients was respectful and caring.

Patients were involved in developing their care plans as and when they were well enough to set their own goals. Until then, staff supported and reassured patients, fostering a therapeutic trusting relationship. Patients were encouraged to engage and participate in the activities on the unit or to plan individual activities for themselves.

There was an advocacy service based on the unit. This service was offered to every patient on admission. We saw individual patients talking with the advocate in private areas without staff present. This meant that patients could talk confidentially regarding issues which were important to them.

There was an issue identified in the last report regarding patient's re-charging their mobile phones. This had been resolved by identifying a locked room where all chargers were kept and individuals could access the room with supervision to charge their phones. This enabled patients to remain in contact with family and friends.

On the previous inspection there was no patient information board available offering relevant information to patients. This had been addressed and we saw information boards for activities, health promotion and general information. We

advised the unit manager to include the process for making a complaint, HIW's address, contact details for the Commissioner regarding tribunals/appeals and contacts for recognised self help groups. The ward sister also told us about a new initiative that was being planned to promote positive engagement between patients.

Delivery of Safe and Effective Care

There were a number of areas identified for improvement in the previous report and although most had been resolved, other issues had occurred. We therefore identified additional areas for improvement on this visit. Generally we were satisfied that the staff in the new management structure were working diligently to improve service provision and to ensure patients felt safe and supported.

Staying healthy

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented. (Standard 2.1)

We inspected the areas which were identified as requiring improvement in the previous report and saw that although the broken handles on the bedroom windows had been renewed some of these had broken again. The flooring in the laundry room had been renewed however the washing machine was broken and one laundry room was not fit for purpose. Some redecoration had been undertaken but the environment continued to look tired and worn especially the carpets.

Improvement needed

The health board needs to consider the environment and ensure it is safe and secure, well maintained and fit for purpose.

We saw that there was a small part of the unit which was designated as a female only area. This was not separated from the male side by any doorway or barrier. Whilst inspecting the area we saw a male patient entering from the garden and sat in the living room. Staff spoke with him and he moved, however this area was not easily viewed from the office or from the main thoroughfare of the unit. We could not be assured that the layout of the unit maintained the safety, privacy and dignity of female patients.

Improvement needed

The health board needs to ensure the safety, privacy and dignity of female patients whilst staying on the unit.

We noted that the cracked window pane in the patient's dining room had been renewed however the pane in the fire exit door to the back courtyard was broken. We were told that this had been reported to the estates department. We also saw that the exit from the backyard was locked and led into a refuse storage area. This made safe exit in an emergency very difficult and compromised the safety of both patients and staff.

Improvement needed

The health board must ensure that there are adequate fire safety arrangements in place to safeguard both patients and staff.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

We looked at what was previously the clinical/treatment room and saw that drug storage had been moved to another specific drugs/medicine room. The clinical/treatment room was in the process of being transformed into a more appropriate treatment room. An examination bed was on order and equipment to undertake tests such as, blood pressure, phlebotomy and weighing scales were already available. We noted that there was no hand wash basin available to enable the prevention of cross contamination and to control the spread of infection.

Improvement needed

The health board needs to ensure that appropriate infection control facilities are available in the treatment room.

During our tour of the premises we noted that although there were shelves available, some linen was being stored on the floor in the linen store room. We brought this to the attention of the unit manager as a potential for cross infection.

We also saw that there were waste bins missing from bathrooms and areas surrounding sinks and bath tubs in some areas were bare wood. These are also potential areas for cross contamination and need to be addressed.

Improvement needed

The unit manager needs to undertake an infection control audit to ensure the unit meets with the health board infection control policies.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).

We reviewed the standard of the food following the negative comments on the previous report. Staff told us that there was choice but no variety, (meaning that during the day there would be a choice but each week would offer the same menu). This could become repetitive for patient staying more than a week. However patients stated that they were satisfied with variety and choice although portion sizes were small. Staff also identified that there was very little fresh fruit and vegetables available. This suggests that there has been very little improvement and this needs to be addressed.

Improvement needed

The health board needs to ensure that the nutritional needs of patients are met and there is a variety and choice of nutritious meals available.

People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).

We reviewed the identified issues regarding medication and found that although administration records were clearer than in the previous inspection, there were additional issues with regard to the control drug register such as, confusing comments by the pharmacist regarding prescription of particular drugs, unclear guidance on how many qualified staff to witness administration of control drugs, especially with drugs which have recently changed their classification category. The ward sister and the inspector attempted to access the health board policies on the intranet to clarify the situation, but were unable to locate the appropriate policy.

Improvement needed

Unit managers need to ensure drug protocols and policies are easily available to enable staff to be confident and competent in their knowledge of control drug administration.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)

We inspected the section 136 suite (where a member of the public can be taken as a place of safety) and found that although there was a separate entrance (rather than through the unit), which was a positive attribute, the remaining environment was stark and unwelcoming. We saw metal tables and swivel chairs screwed to the walls, which was not conducive to a safe and homely environment. The bedroom was bare with only a sponge mattress, however the living room was comfortable and pleasant.

Improvement needed

The health board should ensure the section 136 suite is suitably furnished to enable a safe and homely environment.

Effective care

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)

Care and treatment plans were reviewed and we found that there was an improvement from the last visit. However some records that we looked at had not been updated because the “named nurse” was absent from work. It is suggested that a system of covering staff who are absent from work is developed. We were told that there was no formal method of allocating new patients to “named nurses” it would depend on current individual caseloads and the acuity of patient needs.

We spoke with staff regarding updating Community Treatment Plans¹ for patients who usually live in the community but have required admission to the

¹ A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication

unit due to an acute episode of illness. We saw that the plans were not being altered even though the treatment had been modified. Staff told us that they made notes on the plan but the Community Care Co-ordinators were not supportive of unit staff updating the treatment plans. This system is not conducive to integrated care and needs further clarification.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1).

We found that generally appropriate care was provided from the first point of contact. However we were told that psychology services were not always available and although patients may receive an assessment on the unit, there was a delay due to waiting lists for treatment.

There had been a considerable improvement with patient activities which had been highlighted as an issue in the last report. Patients had previously complained about lack of activities and boredom, however patients told us and we saw, a variety of activity programmes being undertaken both in groups and individually. The unit manager told us that a health care support worker was now employed as an activity co-ordinator and this had greatly improved the service for the patients.

We saw the occupational therapy technician working with numerous patients on an individual basis and the relationships were supportive, trusting and therapeutic.

and therapy, counselling, management, rehabilitation and other services while living in the community.

Quality of Management and Leadership

We found that leadership and management was visible and effective. Consultants, senior medical staff, nursing staff and ward managers were clear and knowledgeable about their particular roles and responsibilities.

Although there had been a period of stability with staffing there was the potential for staffing issues with staff leaving for promotion reasons. However the health board were already aware and were dealing with the issues.

Discussions with a range of staff, demonstrated that the new management structure within the unit fostered a culture of learning and encouraged personal and professional integrity.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).

We asked the unit manager about staffing levels and whether there were any problems with recruitment and retention of staff. We were told that there had been a period of stability with a good skill mix in the team until recently, when four members of staff have received promotion and were moving out into the community to work. The health board have agreed a staged exit so that the unit will not become at risk of low staffing levels. On the day of the visit there were sufficient numbers of staff to meet the needs of the patients on the unit. However, although there was a full compliment of healthcare support workers there were currently three qualified nurse posts vacant. This could potentially rise to seven with the exit of the promoted staff.

The unit had embraced and were embedding part 2 of the Mental Health Measure (2012)². We saw that the nine domains were on display in the

² The Mental Health Measure 2012 is a law passed in Wales which places new legal duties on local health boards and local authorities about the assessment and treatment of mental health problems.

multidisciplinary team meeting room as an aide memoire when reviewing cases. This is an example of noteworthy practice.

We looked at training records and found considerable improvement. Most of the mandatory training had been undertaken and staff told us of courses that they had attended which were identified as personal development goals.

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)

We found that there was a new unit manager and unit sister in post since the previous inspection. Both were innovative and had made positive changes to the running of the unit. Staff confirmed that the changes had benefited both patients and staff.

We found that staff of all grades engaged well with the inspection process and there was an open and transparent management style. Staff and patients told us that the unit manager and the unit sister were approachable and were often visible in different areas of the unit. This was evident during the visit. Staff also told us that when the unit manager was working in the office, there was an open door policy and both patients and staff were encouraged to enter if they needed to discuss an issue.

Staff morale had greatly improved and each member of staff spoken with told us that they now felt valued, empowered and listened to. We were told about the “Well Organised Ward” initiative whereby each member of staff was given responsibility for an area of the unit to improve and ensure that the area remained well maintained, organised and met standards. This gave staff a feeling of involvement, ownership and fostered team working to improve the environment for patients.

We looked at randomly selected staff files and saw that most staff had received personal appraisal and development reviews (two were outstanding but were already diarised). Whilst we were assured that formal recorded supervision was taking place it was not consistently recorded in relevant files. We were assured by the unit manager that this would be addressed. These were identified areas for improvement in the last report.

Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Withybush Hospital

Ward/ Department: Bro Cerwyn Centre – St Caradog Unit

Date of inspection: 12 May 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	No improvements needed			
	Delivery of Safe and Effective Care			
Page 9	The health board needs to consider the environment and ensure it is safe and secure, well maintained and fit for purpose. Standard 2,1	One of the laundry rooms will be closed once a new washing machine is delivered. The other laundry room is being refurbished including the procurement of a new washing machine – this will enable it to be fit for purpose. All of the windows have been inspected by the estates department and handles have been	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	5 th August 2016 5 th August 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>replaced.</p> <p>In addition there are currently costings ongoing for the replacement of all windows. This forms a part of a roll out programme for all acute wards.</p> <p>There is a problem with the under floor heating expanding which is impacting on the carpets.</p> <p>This requires a corridor being closed to facilitate replacing the entire section of floor. This would need to be addressed prior to replacing carpets.</p> <p>The cracked window pane has been replaced.</p>		<p>Complete</p> <p>March 2017</p> <p>August 2017</p> <p>Complete</p>
Page 9	<p>The health board needs to ensure the safety, privacy and dignity of female patients whilst staying on the unit.</p> <p>Standard 2.1</p>	<p>The nursing staff supervise the area to maintain the dignity of female patients on the ward. All patients on admission are made aware that the quiet lounge is a female only lounge. Any male patients entering the area will be asked to leave immediately. Due to the layout of the ward there are no other actions that can be undertaken at present.</p>	<p>Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager</p>	<p>Complete</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 10	The health board must ensure that there are adequate fire safety arrangements in place to safeguard both patients and staff. Standard 2.1	The fire officer has been to inspect the area and submitted a report. It is proposed that this door does not need to be a fire door as an alternative exit is available. Signage will be replaced.	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	22 nd July 2016
Page 10	The health board needs to ensure that appropriate infection control facilities are available in the treatment room. Standard 2.4	A new clinic couch is in now in place; we have obtained a sink unit and are awaiting costings from estates department.	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	September 30 th 2016
Page11	The unit manager needs to undertake an infection control audit to ensure the unit meets with the health board infection control policies. Standard 2.4	Waste bins currently on order, hand hygiene wipes with dispensers have been ordered for the dining room. We have also procured extra shelving for storage areas	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	22 nd July 2016
Page 11	The health board needs to ensure that the nutritional needs of patients are met and there is a variety and choice of nutritious meals available. Standard 2.5	The menus are in line with the main hospital however the portion sizes and vegetable issues have been raised with the main kitchen and this is improving. We are also doing patient cooking groups (patients cooking for the whole ward) at least two times a week which introduces more	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	Complete

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		variety into the menu.		
Page 11	Unit managers need to ensure drug protocols and policies are easily available to enable staff to be confident and competent in their knowledge of control drug administration. Standard 2.6	Medicines policies have been printed and are available in the clinic room. This has been brought to the attention of all registered nurses.	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	Complete
Page 12	The health board should ensure the section 136 suite is suitably furnished to enable a safe and homely environment. Standard 2.7	Patients are risk assessed in the first area and if it is deemed safe they are moved to the next area which is currently undergoing refurbishment.	Richard Jones, Interim Head of Service for Adult Mental Health & Peter Gills, Unit Manager	29 th July 2016
Quality of Management and Leadership				
	No improvements needed			

Health Board Representative:

Name (print): Libby Ryan-Davies

Title: Director – Mental Health & Learning Disabilities

Date: 8th July 2016