

NHS Mental Health Service Inspection (Unannounced)

Abergele Hospital

Kestrel Ward

Betsi Cadwaladr University
Health Board

Inspection date:

25 - 27 June 2018

Publication date: 28 September
2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience.....	8
	Delivery of safe and effective care	13
	Quality of management and leadership.....	21
4.	What next?.....	24
5.	How we inspect NHS mental health services.....	25
	Appendix A – Summary of concerns resolved during the inspection.....	26
	Appendix B – Immediate improvement plan.....	27
	Appendix C – Improvement plan	28

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Abergele Hospital within Betsi Cadwaladr University Health Board on the evening of 25 June 2018, and following days of 26 and 27 June. The following ward was visited during this inspection:

- Kestrel Ward - Children and Adolescent Mental Health Service (CAMHS) - Children and Young People's Services.

Our team, for the inspection comprised of one HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

The ward provided safe and effective care in a pleasant environment that was suitable to the patient group.

Patients that we spoke with were positive about their experiences within the hospital.

Staff commented favourably upon working within the service.

This is what we found the service did well:

- All employees interacted and engaged with patients respectfully
- Provided a range of suitable facilities in a well maintained and pleasant environment of care
- Established governance arrangements that provided safe and clinically effective care
- Established multi-disciplinary working with coordinated engagement of community and paediatric teams.

This is what we recommend the service could improve:

- The upkeep of outside areas
- The information displayed within the hospital for patients
- Systems for maintaining the safety of patients and staff.

3. What we found

Background of the service

Abergele Hospital provides NHS Children and Adolescent Mental Health Services at Llanfair Rd, Abergele LL22 8DP, within Betsi Cadwaladr University Health Board.

The service is a mixed gender ward with 12 beds for patients up to the age of 18. At the time of inspection, there were eight patients.

The hospital is an integrated part of the health board's Children's Services which includes CAMHS community teams and the in-patient setting.

The service employs a staff team which includes a ward manager supported by deputy ward managers, senior staff nurses, staff nurses and health care support workers. The multi-disciplinary team input includes professionals working within the hospital and community services.

The hospital employs a team of catering and domestic staff and is supported by administration staff.

The service is supported by the management and organisational structures of Betsi Cadwaladr University Health Board.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed that staff throughout the hospital interacted and engaged with patients appropriately and treated patients with dignity and respect.

We saw staff communicating effectively with patients and there was a range of information available to patients and visitors. However, the format of some information should be considered so that it's more suitable to the patient group.

Patients had educational input and a range of activities within the hospital and the community. However, improvements in the planning and co-ordination of activities are required.

Staying healthy

Within the hospital reception there was a range of relevant information leaflets for patients, families and other visitors. These areas contained information on mental and physical health well-being.

There was a school within the hospital that provided patients with educational input whilst being cared for at the hospital. The school had dedicated teaching and support staff to facilitate lessons. During our tour of the environment we observed the school and saw patients to be engaged in various education programmes. There was a positive learning atmosphere with teachers and support staff engaging well with the patients.

When patients were not attending school we observed patients taking part in a range of therapeutic and leisure activities. The hospital had a sports hall and gym which could be used by patients. There was a range of resources available throughout the hospital including books, jigsaws, board-games and a pool table. Staff and patients confirmed that there were regular group and individual activities within the community; these were documented within patient records.

However, whilst there were activities being undertaken there was no overall plan of activities that clearly linked in with individual patient's care; a lot of activities were arranged ad-hoc by ward staff.

Improvement needed

The health board should ensure that there is a co-ordinated programme of activities on Kestrel Ward that links in to individual patient's care and recovery.

Dignified care

We observed that all employees; ward staff and school staff, members of the multi-disciplinary team, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients; when patients approached staff members, they were met with polite and responsive caring attitudes. Patients we spoke with also told us that staff were kind to them.

Each patient had their own en-suite bedroom, comprising of toilet, shower and sink, which provided patients with privacy and dignity. However, some patients that we spoke with stated that their showers were poor quality and that they do not work effectively with limited pressure.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms. Items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely which patients would request access to.

Each bedroom door had an observation panel so that staff could undertake observations with minimal impact upon patients, particularly if the patient was asleep. It was noted that the default position for observation panels were closed and only opened with a specialist key to undertake an observation; this helped maintain patient privacy by preventing other patients seeing in to the bedroom.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There was an appropriate visitors' room within the hospital so that family visits could be facilitated off the ward and

supervised as required. In addition, the hospital provided a relatives room to facilitate overnight stays for family members; this is particularly helpful for families that live away from the location of the hospital. The relatives room had a suitably furnished bedroom, kitchenette area and en-suite facilities.

Patients were also able to use the hospital phone to maintain contact with families and friends.

Improvement needed

The health board must ensure that all showers are working effectively.

Patient information

There was a range of appropriate information displayed on the ward for patients. However, improvements could be made to ensure that there is information in a suitable format which includes:

- Information on the Mental Health Act and advocacy provision
- How to raise a complaint
- Information on Healthcare Inspectorate Wales.

Improvement needed

The health board must ensure that the ward displays relevant patient information in a suitable format.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

However, during conversations with patients, one patient said that they don't always understand some discussions around physical health tests and what

they mean, such as blood results. Staff should ensure that patients have an understanding of their physical health results following conversations.

The hospital had daily morning meetings to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, medical appointments and tribunals. In addition there was an evening meeting where patients could again discuss any matters regarding the hospital.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, their families and carers were also included in some meetings.

Improvement needed

The health board must ensure that staff consider how they explain medical procedures and results to support patients in understanding medical terminology.

Individual care

People's rights

Staff practices aligned to established hospital policies and systems ensured that patients' rights were maintained.

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation. Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital.

There were suitable places for patients to meet with visitors in private along with the family visiting area, and visitor's flat that assisted with relatives visiting the hospital.

Listening and learning from feedback

We saw that written information on how patients, family members or carers could provide feedback or raise a concern about care at the hospital. The health board had a procedure for handling concerns or complaints raised by patients and/or their carers. This was in accordance with Putting Things Right, the arrangements for handling concerns about NHS care and treatment in Wales.

There was information displayed regarding independent advocacy and patients were automatically referred to an advocate on admission.

However, as stated above, improvements to the format of information displayed should be made to be more suitable for the patient group.

Patients also had the opportunity to provide feedback at the twice daily meetings, we also saw patients speaking directly with staff as and when they needed throughout the inspection.

The service also took surveys of former patients and families following discharge from the hospital. This provided opportunities for former patients and their families to provide feedback on the service.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

The environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group. However, a regular programme of maintenance and upkeep is required for outside areas.

All bedrooms must have nurse call buttons within reach of their bed to assist in alerting staff. There also needs to be a clear process to determine when staff wear personal alarms or not.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

Safe care

Managing risk and promoting health and safety

The hospital was organised over two floors, with all patient areas located on the ground floor. There was level access to the main entrance and ground floor with a lift available to provide access to the first floor. These arrangements allowed patients and visitors, including those with mobility difficulties, safe and easy access to the unit.

Visitors were required to enter the unit via a reception area and intercom system. This helps to deter unauthorised persons from entering the building. Access within the unit was generally restricted for safety reasons. Ward areas were spacious and there were enclosed courtyards and gardens.

However, the upkeep of the outside areas was very poor. Most outside areas were overgrown which did not provide a conducive therapeutic space. It was

disappointing that the outside areas had been allowed to deteriorate as it was evident that great effort had been made in designing and establishing these areas. The poor upkeep of these areas need to be addressed to prevent any further and permanent damage to these areas and restored to their original standard.

Overall, the unit appeared well maintained and systems were in place to report environmental hazards that required urgent and non urgent attention and repair. We were informed that on the whole the response of the health board's maintenance team was good, which was reflected in the maintenance log kept within the hospital. However there were some areas that required attention, for example, damage to the ward flooring that had been taped down to help prevent trips but had not been fully repaired.

Non-patient areas, such as storage rooms, were locked to prevent unauthorised and accidental access by patients and visitors to the unit.

Staff confirmed they had access to personal alarms to promote their personal safety whilst in work. We were informed that staff would tend to only wear alarms when it was deemed the current safety risk of the ward required it. However, there was no clear documentation to evidence when it was deemed a requirement to wear alarms or not. If the decision to wear alarms is based on the safety risk of the ward, the health board must ensure that there is a clear record evidencing the decision.

Not all bedrooms had nurse call buttons; therefore if a patient needed immediate assistance within their bedroom they had limited means for contacting a staff member for help.

On the whole, the furniture, fixtures and fittings across the hospital were appropriate to the respective patient groups. There was additional anti-ligature work being undertaken to the hospital environment, this was a positive step to reduce the potential opportunities for patient self harm via ligaturing.

Improvement needed

The health board must ensure that there is a regular programme of maintenance and upkeep of all outside areas.

The health board must ensure that any outstanding areas of maintenance are completed.

The health board must ensure that there is a clear process for establishing the requirement to wear personal alarms or not and that this decision is recorded.

The health board must ensure that all bedrooms have nurse call buttons within reach of their bed to assist in alerting staff.

Infection prevention and control

There were appropriate arrangements in place to safely manage infection prevention and control at the hospital.

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately. The health board employed dedicated housekeeping staff for the CAMHS unit.

A system of regular audit in respect of infection control was in place. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control.

There were hand hygiene products available in relevant areas of the hospital; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs.

There had been an infection prevention and control lead in place for the CAMHS inpatient service but no longer working at the hospital. We were informed that consideration for a new member of staff to become the lead was under consideration however this had not been confirmed at the time of our inspection.

Improvement needed

The health board should ensure that there is an infection prevention and control lead in place for the CAMHS inpatient service.

Nutrition and hydration

Patients were provided with their meals at the hospital. The hospital had a three week rotation menu with options for lunch and evening meals. Patients also had access to snacks and refreshments.

There was detailed input from a dietician to ensure that meals were appropriate for the patient group, including patients with an eating disorder. The kitchen staff had detailed knowledge and understanding of the needs of the patient group. The hospital also had input from the health board's specialist eating disorder team.

We saw that assessments of patients' eating and drinking needs had been completed. We also saw that care plans had been developed together with individual meal plans as appropriate to meet patients' care and treatment needs. Patient records evidenced food consumption, weight and body mass index (BMI) monitoring as part of patients' care.

Ward staff received training to undertake meal time supervision. This supported patients with an eating disorder before, during and after meals and snacks in an effort to increase the patient's success in completing their meal. Patients and family members were supported in snack and meal practice to assist patients in completing these during leave from the hospital.

At times some patients would require feeding with nasogastric (NG) tube. Staff received NG tube feeding training, including refresher sessions when required. We were informed that sufficient number of staff were trained in NG feeding.

Medicines management

Overall, medicines management on the wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked and medication trolleys secured.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature. However, there were no checks of the ambient room temperature of the clinic, nor a method to reduce the temperature within the room

if required. Therefore, during warm weather, the health board could not be assured that medication being stored within medication trolleys and cupboards was within the manufacturer's advised temperature.

There were appropriate arrangements for the storage and use of controlled drugs and drugs liable to misuse, these were accurately accounted for and checked daily.

Medical Administration Records (MAR charts) were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. Whilst the MAR charts reviewed contained the patients name and other required personal information, not all included an up to date photograph of the patient to assist patient identification. MAR charts did not always record the patient's legal status under the Mental Health Act (the Act) or alternatively that they were not detained under the Act.

It was positive to note that there was weekly paediatric pharmacy input and audits undertaken that assisted the management, prescribing and administration of medication. Staff spoke positively about the input from the pharmacist which included the time that they were available on the ward or remotely via the telephone and email.

Improvement needed

The health board should ensure that ambient room temperature monitoring completed in areas of medication storage.

The health board should ensure that MAR charts have up to date photograph of the patient to assist patient identification.

The health board must ensure that MAR charts contain the patient's Mental Health Act legal status.

Safeguarding children and adults at risk

The unit provided care to children and adolescents only. There were established processes in place to ensure that the hospital safeguarded children and vulnerable adults, with referrals to external agencies as and when required.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a nightly audit of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

There were various ligature cutters available to staff in case of an emergency.

Effective care

Safe and clinically effective care

Overall, we found arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

A range of written policies and procedures were available to instruct and guide staff on providing safe care and effective care. These were available as electronic versions on the health board's intranet and some as paper copies within the hospital. At the time of the inspection the service was reviewing its policies to ensure that they followed the most up to date relevant guidance.

Record keeping

Patient records were paper files that were stored and maintained within locked offices. We observed staff storing the records appropriately during our inspection. Patient records were very well organised and the quality of entries in patient records and other documentation were of a good professional standard.

It was positive to note that entries by staff, including incident reports, were respectful of the patient and provided clear and objective information.

Mental Health Act Monitoring

We reviewed the statutory detention documents of two patients .

We found that there were appropriate systems in place for managing and auditing statutory documentation and that the records were very well organised and in good order.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available to ward staff at the hospital. There were records of patients being informed of their statutory rights regularly throughout their detention.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, these were up-to-date and well recorded. There was detailed family involvement, where appropriate, in the planning and coordinating of leave.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of two patients.

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence.

Care plans were developed with members of the multi-disciplinary teams. To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

Patients' records also evidenced detailed and appropriate physical assessments and monitoring. Each patient had a Paediatric Early Warning Score (PEWS) which assists staff monitor patients' physical well-being who are at risk for clinical deterioration. When required, staff also completed Glasgow Coma Scale documentation, which is used to determine level of consciousness based on responses to various stimuli, and Tissue Viability documentation following injury to monitor skin damage/integrity.

There were injury body maps in patient files where the patient had an injury or mark; the health board should consider including body maps for all patients. This would not only document any injuries or marks to a patient but also evidence if they were none present.

Patient records documented that patients, and where appropriate family members, were involved in developing their care plans with a focus on recovery and discharge. With the permission of the individual patient we attended a planning and progress meeting and observed staff conducting an inclusive person-centred meeting. We observed that patients' views and wishes were listened to and staff provided clear reasons for decisions taken.

Improvement needed

The health board should consider including body maps in all patient records

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

There was good management and leadership supported by a committed and enthusiastic staff team, who had a good understanding of the needs of the patients.

The hospital had an established workforce that welcomed the views of each other in an open and respectful manner. There was collaborative working with community CAMHS and paediatric services.

The staffing levels and skill mix appeared appropriate to meet the assessed needs of the patients. Staff completed their mandatory training and had opportunities to access further specialist courses.

Governance, leadership and accountability

Abergele Hospital provides in-patient care as part of the North Wales CAMHS service. There was a clear management structure for the in-patient CAMHS service and co-ordination with community CAMHS and paediatric services.

We observed close working relationships with community CAMHS services during the inspection and were informed that unit staff worked closely with staff working on the children's ward within the health board to provide mutual support. These arrangements of co-ordinated working helped provide cohesive patient care within CAMHS and paediatric services.

There were well defined systems and processes in place to ensure that the service focussed on continuous improvement. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss

clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

Abergele Hospital participates in the Quality Network for Inpatient CAMHS (QNIC) scheme¹. This aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric inpatient care through a system of review against the QNIC service standards. This process follows a clinical audit cycle with self-review and peer-review.

Through conversations with staff, observing multi-disciplinary team engagement, and reviewing patient records there was evidence of strong multi-disciplinary team-working. Staff commented favourably on multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff. Staff spoke positively about working at the hospital and appeared well motivated and enthusiastic throughout the inspection.

Throughout the inspection we observed very respectful and honest relationships between all staff members, including community teams and inpatient school staff, providing positive feedback and compliments to each other.

Suitable arrangements were described for reporting, recording and investigating incidents together with sharing learning from such incidents and concerns. This helps to promote patient safety and continuous improvement of the service provided.

It was positive that throughout the inspection, staff were receptive to our views, findings and recommendations. They demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

¹ Quality Network for Inpatient CAMHS

<https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualitynetworks/childandadolescent/inpatientcamhsqnic.aspx>

Staff and resources

Workforce

The staffing levels and skill mix appeared appropriate to meet the assessed needs of the patients at Abergele Hospital at the time of our inspection.

Senior staff confirmed that there were two nursing staff vacancies and explained that considerable efforts had been made to recruit to these posts. At the time of our inspection these posts were filled by two agency nurses on long term contracts that provided consistency of care.

Staff recruitment was managed centrally via the health board who complete the required recruitment checks prior to staff commencing work at the hospital.

We reviewed the mandatory training for staff at the hospital and found that completion rates were high, averaging 85%. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the courses completion rates and individual staff compliance details. In addition to mandatory training there was evidence that staff were being provided with specific training that would benefit them providing care to patients within the hospital. Staff spoke positively about the training opportunities that they were provided with at the hospital.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect NHS mental health services

Our inspections of NHS mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of NHS mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Meet the [Health and Care Standards 2015](#)

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Service: Abergele Hospital - Child and Adolescent Mental Health Service

Ward: Kestrel Ward

Date of inspection: 25 - 27 June 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Abergele Hospital - Child and Adolescent Mental Health Service

Ward/unit(s): Kestrel Ward

Date of inspection: 25 - 27 June 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should ensure that there is a co-ordinated programme of activities on Kestrel Ward that links in to individual patient's care and recovery	1.1 Health promotion, protection and improvement	Implement use of individualised weekly planners for each young person	Ward Manager - Dot Duffy	End August 2018
		Workforce Planning to review the development for the role of an Activities Co-ordinator	Clinical Service Manager - Tina Owen	November 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all showers are working effectively.	4.1 Dignified Care	House Keepers to contact Estates requesting repair and review showers are in a good working order as part of regular walkabouts. Service manager to escalate as needed	Ward Manager - Dot Duffy Clinical Service Manager - Tina Owen	End August 2018
The health board must ensure that the ward displays relevant patient information in a suitable format.	4.2 Patient Information	Update existing HIW and Advocacy posters throughout the Unit (managed as part of the Ward Accreditation Programme) Ensure Putting Things Right procedures / posters are prominently displayed throughout the Unit including on the ward. Source and display age appropriate Mental Health Act information posters.	Ward Manager - Dot Duffy Ward Manager - Dot Duffy Ward Manager - Dot Duffy	End August 2018 End August 2018 September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staff consider how they explain medical procedures and results to support patients in understanding medical terminology.	3.2 Communicatin g effectively	<p>Consider through discussion (with Ward Specialty Grade Doctor) how medical results are feedback and address any training needs.</p> <p>Identify if there are any MIND / other CAMHS organisations who have patient information leaflets. If not, investigate developing a list of what information is required and engage with the C~YP regarding development.</p>	<p>Clinical Lead – Pip Thomas</p> <p>Clinical Lead – Pip Thomas</p>	<p>September 2018</p> <p>September 2018</p>
Delivery of safe and effective care				
The health board must ensure that there is a regular programme of maintenance and upkeep of all outside areas.	2.1 Managing risk and promoting health & safety	A contract for maintenance of grounds to be implemented.	Clinical Service Manager – Tina Owen	Actioned / complete
The health board must ensure that any outstanding areas of maintenance are completed.	2.1 Managing risk and promoting health & safety	Service Manager to escalate any outstanding entries on maintenance log.	Clinical Service Manager - Tina Owen	End August 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there is a clear process for establishing the requirement to wear personal alarms or not and that this decision is recorded.	2.1 Managing risk and promoting health & safety	To be discussed in the next Safety Sub-committee meeting	Clinical Lead - Pip Thomas	End August 2018
		Policy Task and Finish Group to develop a local policy to address this	Clinical Service Manager - Tina Owen	September 2018
The health board must ensure that all bedrooms have nurse call buttons within reach of their bed to assist in alerting staff.	2.1 Managing risk and promoting health & safety	Service Manager to plan and oversee installation of nurse call buttons in all bedrooms	Clinical Service Manager - Tina Owen	November 2018
The health board should ensure that there is an infection prevention and control lead in place for the CAMHS inpatient service.	2.4 Infection Prevention and Control (IPC) and Decontamination	Identify new infection control lead	Ward Manager - Dot Duffy	Actioned / complete
The health board should ensure that ambient room temperature monitoring completed in areas of medication storage.	2.6 Medicines Management	A thermometer and temperature monitoring chart to be placed in the medication room	Ward Manager - Dot Duffy	End August 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should ensure that MAR charts have up to date photograph of the patient to assist patient identification.	2.6 Medicines Management	Attach a copy of the photo from each young person's file to their MAR chart	Ward Manager - Dot Duffy	End August 2018
The health board must ensure that MAR charts contain the patient's Mental Health Act legal status.	2.6 Medicines Management	Patient's legal status under the MHA to be clearly recorded on MAR charts	Ward Manager - Dot Duffy	End August 2018
The health board should consider including body maps in all patient records.	Mental Health (Wales) Measure 2010	Discuss the pros and cons of using body map recording with adolescents in the next Safety Subcommittee.	Clinical Lead - Pip Thomas	September 2018
Quality of management and leadership				
No areas of improvement identified during the inspection.	Not applicable	Not applicable	Not applicable	Not applicable

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Alison Cowell
Job role: Assistant Area Director Children's Services
Date: 7 August 2018