

## **Mental Health/ Learning Disability Inspection (Unannounced)**

Abertawe Bro Morgannwg  
University Health Board:  
Cefn Coed Hospital, Celyn;  
Gwelfor; Heddfan; ISIS;  
Tegfan; Wards 2, 4 and F

17 – 20 November 2014

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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@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plans
- Supported to be as independent as possible
- Allowed and encouraged to make choices
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

## 2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)<sup>1</sup>
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

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<sup>1</sup> The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

### 3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Cefn Coed hospital, Swansea on the night of the 17 and all day on the 18, 19 and 20 November 2014.

Cefn Coed hospital is a psychiatric hospital run by Abertawe Bro Morgannwg University Health Board (ABMUHB) and provides general adult and old age psychiatric care.

During the four days we reviewed eight wards, reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one lay reviewer and five members of HIW staff.

The site management team and wider Health Board management team were supportive of the HIW inspection visit.

All staff in all areas including nursing, medical, psychology and therapy staff gave a good impression that their focus was on patient care and wellbeing. HIW observed many respectful and caring interactions between healthcare staff and the patients in all areas of the hospital.

Cefn Coed Hospital provides care for over 200 patients across a very disparate old site with mainly old style buildings and facilities and one new build area. To date, the Gwelfor Unit (an 18 bed adult rehabilitation facility) together with two step down houses and a 60 bed older person's extended assessment facility called Ysbryd-y-Coed have been commissioned as part of the decommissioning of this Edwardian hospital. A 28 bed new low secure facility is also shortly to be commissioned on the Glanrhyd Hospital site which will allow for the closure of the current ISIS and Ward F on the Cefn Coed Hospital site. Ward 5 is also due to be transferred to an extended PICU service within the Princess of Wales Hospital towards the end of March 2015.

## 4. Summary

Our inspection at Cefn Coed Hospital took place across eight wards. We found significant scope for improvement but were also pleased to reflect some positive findings.

Patient and staff feedback regarding food and the dining experience ranged from poor to good and was inconsistent across the wards we visited. The environment throughout the wards we visited was varied. Some wards had bright and airy surroundings and had new furnishings and fittings, whilst other wards had less satisfactory environments and were bordering on neglected, with broken furnishings and fittings. Some wards had access to a number of disciplines to support patient care and treatment, while other wards received very little input.

HIW noted the commitment of staff to the patient group, in spite of insufficient staffing numbers on some wards. Lots of good will was noted during our visit. Good rapport was observed between patients and staff throughout the visit and the way many of the staff embraced our visit was positive.

Staff morale was particularly low in some areas. Reasons cited for this were staff not feeling valued and the information and communication flows between senior management and ward staff and senior management and Health Board planning and commissioning mechanisms regarding the future of the service. Plans regarding the hospital change frequently and miscommunication results.

The mandatory training programme in place for staff was comprehensive and good attendance rates were noted ensuring all staff had the necessary skills on wards to ensure effective patient care.

The range of therapeutic and community activities across the wards we visited was mixed. There were examples of good activities on offer on some wards, which were supported by activity coordinators and occupational therapy staff. Other wards had limited activities on offer. Patient care was further disadvantaged by staff shortages, therefore the delivery of a consistent timetable of meaningful activities on some wards was non-existent.

The health board's governance arrangements and audit processes, particularly around staffing and maintenance raised concerns. The process of identifying risks and the processes for escalating concerns at the hospital was weak, with some issues outstanding for a considerable period. HIW requested immediate assurance from the health board to make improvements on both staffing levels and maintenance.

## 5. Findings

### *Core Standards*

#### **Ward Environment**

##### Celyn Ward

Celyn ward is one of three new build wards, being purpose built for the treatment of female older persons with dementia. The environment was clean, spacious and warm. The appliances on the ward were in good working condition and the furniture was of a good standard. Patients had their own bedrooms which had en-suite facilities. Bedrooms provided patients with enough storage for their personal possessions and rooms could be personalised with their own pictures and belongings. The vision/observation panels on bedroom doors could not be closed from the inside, therefore the privacy patients have in their bedrooms could be limited.

Celyn ward has its own garden/outside space for patients to use which was clean and pleasant. Smoking facilities, including a shelter and bins were also available for patients outside.

The ward provided specific and suitable places for patients to meet with family and friends in private. There was no payphone on the ward for patients to use, however, the ward phone and mobile phones could be used for patients to maintain contact with family and friends.

There was a lack of written information on the ward specifically about advocacy services and staff told us that although patients have social workers there was no regular advocacy input.

The fire exit door on Celyn ward was locked, preventing a safe escape in the event of an alarm. The magnetic lock was faulty and had been reported to maintenance some time ago, however, we checked twice during our inspection and the fire exit was still locked. Immediate reassurance was requested from the Health Board via a letter from HIW to provide reassurance that the fire door was no longer locked and the fault had been repaired.

Observation of patients on the ward by staff was difficult due to the size and layout of the ward. This issue was compounded by a lack of staff, especially at night; at the time of our visit, one registered nurse and two healthcare support workers were on duty, caring for 17 patients, making observations very difficult.

During the day staffing levels were slightly higher but not sufficient to provide for the needs of all patients. This limited the time for therapeutic and rehabilitative/enabling care for patients who in the main were cared for as a large group in one area. There was limited therapy and rehabilitation/enabling activity and a limited variety of healthcare roles to provide a more rounded rehabilitative/enabling programme to assist continuous assessment and discharge to a community setting. The ward has a high potential for development as a centre of excellence for older adult mental health care, based on the purpose built environment and the commitment of the staff to older adult care. However, the current staffing levels and unbalanced multi-professional input are not conducive to development of the service.

Nursing students spend a placement on the ward during their nursing degree course. Whilst the ward provides an excellent learning environment in terms of students gaining the essential skills of elderly care and older adult mental health, the limited Registered Nursing and Healthcare support worker staffing numbers posed a challenge for the supervision of these students. However, the staff were friendly and open, therefore students were not afraid to ask questions to assist their learning and all felt welcomed to the area.

The ward had a learner information pack for student nurses which we noted to be an area of good practice.

There were no call bells in the bathrooms or bedrooms, however, the beds did have sensory alarms which trigger a loud buzzer sound to alert staff. One patient had a hand bell to summon staff if they needed assistance.

#### Tegfan Ward

The environment of Tegfan Ward was run down to an unacceptable level and in need of repair and redecoration. The furniture was tatty and in need of repair but adequate in amount. There were not enough curtains for all the windows, therefore not providing enough privacy and dignity for patients.

A vision panel on a bedroom door was broken and needed repair. The panel had been broken for some time. To protect the patients' privacy and dignity a towel had been used to cover the broken panel and at the time of our visit paper was being used to cover the panel. Radiators were cold and patients complained the ward was cold. Staff told us that these maintenance issues had been reported, however, the estates department had said it is a waste of money to repair these issues when the ward is due to close in 2015. This view was not shared by the health board, however the environment was not conducive to the wellbeing of the patients.

## Ward F

The ward has benefitted from some recent new furnishings, including a new fridge and cooker for the occupational therapy kitchen and new sofas and dining room chairs. As a result of this investment, infection control issues are in the process of being resolved as new furnishings arrive, because the materials for upholstery are impervious.

Bathrooms were clean and in good condition, however the ward in general does require redecoration.

We were told that curtains for the ward had been sent to the laundry for cleaning, but had got lost and were not returned for five months. At the time of our visit the curtains were back on the ward and providing the necessary privacy and dignity for patients. The loss of curtains for such a long time was unacceptable. Any furnishings sent for cleaning should be returned within an acceptable time frame to maintain an appropriate environment for patients.

### **Intensive Support and Intervention Services (ISIS)**

The ward environment was bright and airy with an open plan lounge and dining area. However, the chairs on the ward were dirty and stained. The nurses' station was situated in the lounge area and a board in the office displaying patient information could be seen by other patients. We were informed at the time of our visit that patients had consented to this. However, it is essential that personal information is not displayed for others to see. All patient information should be treated as confidential. There was access to a secure outside ground space for the purpose of exercise and fresh air for patients.

## Heddfan Ward

Heddfan ward was a mixed sex ward caring for older persons with dementia. The ward had a large open plan lounge and dining area. The dining area situated opposite the lounge had room dividers that separated it from the lounge. The dining area was decorated like a café and had plenty of tables and chairs. Adjacent to this area was more seating which was used for activities.

There was a smoking room next to the lounge which led to a small outside courtyard area. The courtyard area relies upon the goodwill of staff to maintain the space. At the time of our visit the courtyard required some general maintenance, such as weeding which would improve its appearance. The paving was uneven which for this patient group is unacceptable. It is recommended that maintenance/estates assist staff to maintain a pleasant outside space for the patients.

The ward had dormitory style bedrooms, with three rooms in total, each containing four beds. Curtains provided privacy around each bed and there was a wardrobe and locker to store clothes and belongings. There were no call bells in the dormitories, although every bed had sensor sheets which would activate an alarm to notify staff.

The ward had no en-suite facilities, but provided designated toilet and shower facilities. An assisted bath was also available for patients if they required this option. At the time of our visit one toilet was out of order and had been for some time. As a result of our visit and intervention, the toilet was fixed.

The ward had a designated laundry room, however, we were told that the washing machine was broken and had been for two years. Not having essential, working facilities on the ward is unacceptable, impacting on both the physical and mental health of the patients. This must be addressed as a matter of urgency.

Storage of equipment was messy, with bed rails observed on the floor and across unused beds. Appropriate storage spaces are required to house equipment to ensure no damage to patients or equipment.

#### Ward 4

Ward 4 is a female acute admission ward with fourteen beds. The lounge had a challenging layout with some areas without curtains, including patient bedrooms. Washing facilities for patients were poor including only two basic showers and a bath for all fourteen patients. One of the showers had standing water and was in need of maintenance. Patients and staff reported this issue had been on-going for several months. The temperature of the water from both the showers and hot taps was variable and we were told that it could often take considerable periods of time to run hot baths. Patients also reported experiencing difficulties accessing the bath due to there being no hand rails available for use. This would make bathing difficult or impossible for patients with limited levels of mobility. There were no curtains on some bedroom windows and other patient areas. The environment was not conducive to the overall wellbeing of patients, meeting only very basic needs. We were also told by staff and patients that the water urn in the kitchen was out of order as was the tea/coffee machine.

We were told that sometimes there are not enough beds and that new patients have been accommodated on the sofa temporarily until a bed becomes available. We noted that the ward was at nearly 200% occupancy levels during our visit as there were a considerable number of patients on extended periods of leave. Should patients be recalled or wish to return to the ward this could cause significant issues for the ward team. We were told that on some

occasions patients had been housed on the lounge sofas overnight when a bed was not available. We were also told that patients had previously slept in the dining room, with paper being used to obscure the view into the dining room. This is clearly not appropriate. The Health Board confirmed that it is common practice within the Health Board to consider making use of leave beds if, following risk assessment, this is thought to be necessary in order to provide a service for patients in need.

#### Gwelfor Ward

Gwelfor Ward is a locked rehabilitation ward for male patients. The unit was built in 2010 and appeared bright and airy. All bedrooms are single occupancy, with storage facilities for clothing and personal possessions. The bedrooms all had en-suite facilities.

The ward has its own garden for patients to use when they want fresh air. There was no smoking shelter available which both staff and patients expressed as a desire for the ward.

The dining room was a large space that was also used to provide patient activities. The dining room at the time of our visit did not have enough chairs available should all 18 patients want to eat together. This was a missed opportunity to allow the patients to socialise together.

There was no payphone available on the ward. If patients want to contact family and friends the office phone is used.

The environment in general requires some redecoration because some walls had been written on by patients. The occupational therapy kitchen required a thorough clean, especially the cooker.

#### **Recommendations**

***Numerous environmental issues were identified throughout our visit and need to be addressed. The wards that are proposed to be decommissioned in the future require urgent attention to ensure that the environments are fit for purpose for the needs of people accessing and using the service. Any future decommissioning plans should not result in current services users having to endure a poor environment.***

***The health board is required to provide HIW with an improvement plan. It should set out clearly how the points raised in this report regarding the environment will be made fit for purpose for the wellbeing of people accessing the service at the present time.***

## **Safety**

The staffing levels across all the wards we visited were a concern, with insufficient numbers being identified. During our night visit, Heddfan Ward had one registered nurse and one health care support worker on duty for eleven patients. Many of the patients were awake and sitting in the lounge area. However, during medication times, the registered nurse would be busy and therefore unavailable to support the health care support worker should assistance be required. It was unacceptable to have two members of staff for eleven patients, all of whom were older adults with both physical and mental health needs.

Staffing levels across the hospital were poor, with no capacity built into the system for support to be provided from other wards in the event of an incident in another area, staff requiring assistance for patient care, or issues with staff safety in the event of unpredictable incidents. As a result of the current poor staffing levels, few breaks were taken by staff. Significant good will was shown by staff in attempting to provide some cover. Working on minimum numbers with no extra support available compromises both staff and patient safety. It was also reported that at times of sickness, or when a patient was on enhanced observation levels, a member of the ward staff was required to try and identify cover for that shift. This meant one staff member was then taken away from the ward while they made telephone enquiries about possible cover, further diminishing staff capacity.

The range of patient ages on Ward 4 was raised as a potential concern. The ward had a mix of patient ages from 18 years to over 70 years of age. This was raised as a possible safety issue for older, frailer patients. Staff had recently been attacked by a younger patient and there were concerns that the older patients on the ward could be victims of such attacks.

HIW requested immediate action from the Health Board to undertake a review of staffing levels to resolve the current unsafe staffing levels and ensure that staffing levels are adequate to provide safe care.

We noted there was a lack of staff wearing personal alarms whilst on duty. On Tegfan Ward there was a lack of alarms made available to staff. At the time of our visit, only one out of four staff members had a personal alarm.

On Gwelfor Ward staff personal alarms were not being worn and we were told staff hadn't used them since the ward opened. We were informed staff required two alarms, with the nurse in charge requiring three, an alarm to tell you where the alarm is going off and an alarm to turn it off. This new system was complex and staff told us that the old system was far better.

We were informed on Ward 4 that personal alarms for staff were also not readily available. We were told some staff had been required to purchase their own personal alarms.

In addition, there was no security on the hospital site during the night. Staff told us of their fear of being asked to go to another ward, especially wards not attached to the main building. In addition, members of the general public have been seen walking through the hospital site, some late at night.

### ***Recommendations***

***The health board is required to undertake a staffing review to ensure patient and staff safety on all wards and adequate care is provided.***

***Staff/personal alarms need to be provided by the health board for all staff on duty. Regular maintenance of the alarms is required to ensure they are working.***

***A review of hospital security is required to ensure staff safety is maintained throughout the hospital and grounds.***

### **The multi-disciplinary team**

Discussions with staff across all wards indicated that multi disciplinary team working does take place and works in a professional and collaborative way. The staff we spoke to who commented positively on multi disciplinary team working stated all members are listened to regarding their professional opinion and everyone has an input. A number of doctors we spoke to commented positively on the multi disciplinary working relationships and the commitment to the patient group.

Some concerns were raised regarding a lack of occupational therapists at some multi disciplinary team meetings and this was because there was a lack of occupational therapists to some wards.

Staff on some wards did complain of a past culture of dismissive and derogatory behaviour by some disciplines against others. However, through interventions with staff from different disciplines, staff spoke of the great improvement in attitudes and relationships resulting in an all-inclusive multi disciplinary team meeting necessary for patient outcomes.

### ***Recommendation***

***Patients require a multi-professional approach to their care and treatment plans. Multi disciplinary team meetings require an attendance and input from all necessary disciplines, including care coordinators. The meetings***

***need to obtain a holistic view of a patients care and treatment, therefore the health board should put arrangements in place to ensure this.***

### **Privacy and dignity**

Issues of privacy and dignity were evident throughout the older parts of the hospital, where the environment is poor and unsuitable for the overall wellbeing of people accessing and using the service. Concerns were raised by the doctors and nursing staff regarding Heddfan Ward. The facilities were not suitable for care in the present time with no single rooms or en-suite facilities. Privacy and dignity was clearly compromised in these facilities.

Similar issues were raised by both staff and patients from Ward 4 and Tegfan Ward, where there were no curtains on some bedroom windows, therefore compromising patients' dignity and respect. Patients told us that since their arrival on Tegfan Ward the door to the bedroom keeps opening with the wind. To stop the door opening, one patient has to put a towel behind it to stop it from opening. The observation panel to the bedroom was also broken. The panel was covered with paper to maintain some privacy and dignity. Patients on ward 4 told us they were unable to lock their own bedroom doors and were sometimes concerned about their personal possessions.

### ***Recommendation***

***The areas identified in this section require urgent attention. No patients should have their privacy and dignity compromised. Regular scrutiny is required to ensure improvement in this area is promoted and effective.***

### **Patient therapies and activities**

The activities and therapies available for patients varied greatly across all the wards we visited. At the time of our visit we observed patients on Heddfan Ward engaged in an arts and craft session. One patient was having a one to one session with a staff member and other patients were using the sensory equipment available on the ward. Staff told us that activities take place every day, usually three sessions per day. There was no occupational therapist or activities co-ordinator on the ward, therefore all activities were delivered by the staff. Patient activities were scheduled on a four week rota and are reviewed every six months to ensure they are relevant to the patient group.

Ward F also had an extensive activities and therapy programme for patients. Occupational therapists and community workers were available, although they had specific allocated days for being on the ward. Occupational therapists spend approximately two and a half days per week on the ward, assessing

patients, report writing and helping out with patients' healthcare appointments. The occupational therapists undertake assessments and support patients in all daily living activities which included shopping and cooking. Occupational therapists also maintain contact with patients when they return to the community.

Staff and patients told us of the variety of activities available on Ward F, including trips out for ice-cream and meals. Everyone we spoke to said there were enough activities for the patient group. Occupational therapy staff were also looking at alternative therapies and activities for patients. There were a lot of craft materials, books, newspapers and DVDs on the ward. A patient told us that she participates in lots of activities on the ward and had recently started making Christmas decorations. She also enjoyed knitting, cooking and going out.

In contrast, we observed no activity taking place on Celyn Ward at the time of our visit apart from some patients listening to music. Discussions with staff highlighted that there was no occupational therapy or psychological input. A befriending service was in place and staff stated that patients do receive visitors to the ward. Two patients are taken out by their families, while other patients were offered activities including jigsaws, ball catching games, singing, watching TV and beauty treatments. A hairdresser visits the ward on a regular basis.

Tegfan patients complained of being bored with not enough activities available to them. One patient complained of not being able to go out because of staff shortages.

Patients on Ward 4 reported there was good Occupational Therapy input to the ward. Some patients reported not all the sessions offered were beneficial and engaging to all. Patients also reported they can experience boredom due to a lack of activities being available at weekends.

### ***Recommendation***

***The allocation of occupational therapy across all wards is required to ensure patients receive activity and therapies that will assist in their recovery and help patients achieve personally meaningful outcomes.***

### **General healthcare**

A review of the clinic on Celyn Ward was undertaken and we noted some issues regarding controlled drugs. Some controlled drugs in the register had been administered but not signed for. The health board needs to address the issues around the clinic.

## ***Recommendation***

***A review of the controlled drugs register is required to ensure all administered drugs are signed for.***

## **Food and nutrition**

Our observations combined with feedback from patients and staff regarding the quality, variety and choice of food being served to patients was varied and inconsistent across all wards.

Few patients and staff commented favourably on the food served at the hospital. Some patients and staff interviewed from Heddfan said portion sizes were good and quite generous. Specific dietary and religious choices were catered for. Observations undertaken during our visit did highlight patients enjoying the meal at the time, specifically on Heddfan Ward.

Our observations on Heddfan Ward during a lunch time were positive. It was good to note that the meal time was calmly maintained without interruptions to the patients. Tables were set and the dining chairs were appropriate for the tables. The meal was served by a registered nurse and patients had a choice of three dishes to choose from. Those patients requiring assistance at the meal time were supported by a nurse, who sat with the patient. Patients told us they enjoyed the food that was served and our observations noted the food was warm and looked tasty.

Lack of choice and variation were big issues from patient and staff feedback, with wards, including Celyn and Ward 4 complaining of the same or similar foods being served regularly. Staff stated that mince with vegetables was served a lot on Celyn Ward. In addition, patients and staff told us that the same dish is regularly served for lunch and dinner. Patients also reported on Ward 4 that food such as salad could often be delivered with meat within the same dish, therefore the food would be mixed with meat. This would not be appropriate for patients who were vegetarian. Patients also stated the halal option was curry at every meal time. Patients and staff on Ward F stated how many pork dishes are sent to the ward, despite patients expressing their dislike of them. Patients also commented on the lack of vegetarian options and salads being served.

Where choices were being made, we were told they rarely receive the dish they ordered. Tegfan Ward experiences a lot of waste because patients do not receive the food ordered and decline the alternative choice/s. The disposal of untouched dishes was observed during our visit. Ward F patients and Celyn Ward staff also complained they do not receive the food they had ordered from the menu.

We were informed that the menu is the same every week. Food is pre-prepared and delivered pre-packed from Singleton Hospital. The food arrives at Cefn Coed and is reheated and transported to wards in food trolleys. Staff told us that they have to read the labels on the pre-packed food to determine what the dish is. Many complaints were received from patients and staff regarding the temperature of the food. Some said it arrived warm but goes cold very quickly. The overall feeling from patients and staff is that food has deteriorated since the on-site catering facilities closed.

Drinks and snacks were readily available on the wards, with squash, fruit, bread and spreads freely available to patients. There were exceptions however, with the tea and coffee making facilities being out of order on Ward 4 at the time of our visit. Staff were boiling water in saucepans pending a maintenance visit to fix the facilities. Celyn Ward had no bread available on the ward to provide patients with a snack during our night visit. Tegfan Ward has a time table in place to serve hot drinks and the water dispenser had been moved to the locked kitchen because one patient was drinking too much, because of this the other patients did not have free access to water.

Access to dieticians was poor, with little or no input. Staff stated that messages had been left at Singleton hospital, but the wait for a return call was too long. Access to the necessary disciplines to support patients' diet and nutritional care is essential and needs to be readily available for them.

We observed a meal time on Celyn ward and concluded that staffing levels during meal times needs evaluating. At the time of our visit 13 out of 17 patients required assistance with their food. The ward was fortunate to have three student nurses on duty to assist with these patients. Without the student nurses and with staffing levels at the very minimum level, the staff were very hard-pressed.

### ***Recommendations***

***A review of the food provided to patients is required. The quality, variety, choice, temperature and dining experience for patients was variable and needs addressing.***

***A review of the hot water facilities, particularly on Ward 4 is required to ensure staff and patients have a safe way of making hot drinks.***

***Access to dieticians needs to be reviewed and improved to ensure patients have the necessary diet and nutritional care.***

***Patients that require assistance at mealtimes must be fully supported.  
The hospital must ensure sufficient staff are available to support patients at mealtimes.***

## **Training**

It was pleasing to note that the mandatory training programme in place for staff had good attendance rates across all the wards we visited. Statistics produced from the Performance Scorecard demonstrated that mandatory training since 2012 had increased considerably, with the lowest statistic in 2012 being 12% compared to 80% in 2014. Each ward manager has responsibility for monitoring and placing staff onto the necessary training session. The training is delivered to staff via e-learning programmes and/or class room style training, depending on the course.

Staff told us of the difficulties of getting staff onto the life support mandatory training and the training records we examined confirmed a high number of staff out of date for this particular training. The issues cited causing delays included lack of trainers and spaces on the course. Manual handling training was also mentioned by a lot of staff as training that was once in place but has stopped due to financial constraints. This is an area of training that staff believe is essential to their role. It is essential the health board resolves the life support training issue and consider the manual handling training as soon as possible to ensure all staff can deliver safe and effective patient care.

Opportunities for staff to undertake additional/external training was noted. All health care support workers on Heddfan ward had an opportunity to undertake an eleven week dementia course. Staff who had attended the course spoke favourably of the content and its relevance to their role. Heddfan staff also deliver their own evidenced based training centred around current thinking and practises in dementia care. This innovative approach is to be commended, with the possibility of rolling this out to other wards.

The vast majority of staff we spoke to, and the files we examined, confirmed an annual appraisal had taken place. However, there was little or no evidence of supervision taking place. Some nursing staff told us that they would seek supervision for themselves and document their own notes from discussions. Other staff told us that they had received no supervision at all since working at the hospital, with some staff achieving over 15 years service. Some wards undertake group reflective practice which they use as a form of supervision. However, there was no formal supervision practice in place and all the staff we spoke to stated how much this is needed.

We reviewed ten staff employment files covering two wards and we noted the inconsistencies in the information contained on files. Some files contained comprehensive employment information including application forms, job descriptions, interview notes, references and a contract, while other files were very sparse with little or no information. In particular one file reviewed had no contract, references or application forms.

The files reviewed were difficult to navigate. Information was generally scattered throughout the file and usually added on top of the last piece of correspondence, therefore making it difficult to locate the information required. The staff files require an audit to ensure all employment information is contained on file and filed using dividers to ensure necessary information is contained altogether.

The system in place for renewing disclosure barring service (DBS) checks for existing employees was not evidenced. We were told that due to financial constraints the health board will only regularly renew DBS checks for those staff working with children. As the patient group at Cefn Coed was very vulnerable it was disappointing to find limited renewals of these checks. Whilst any new member of staff, or any staff moving post will have a DBS check, staff who remain in a role for a length of time do not get renewed on a regular basis. This practice needs to be reviewed and the health board needs to provide assurances that all staff caring for mental health patients are safe to do so.

Morale amongst staff was particularly low in some areas of the hospital. Staff complained about the lack of information and communication, specifically around forthcoming ward closures and moves. Discussions with staff suggested that messages and decisions from senior management change on a regular basis. Staff felt they were not valued and supported.

### ***Recommendations***

***The difficulty of staff attending the mandatory life support course needs to be addressed as a matter of urgency.***

***For those staff who regularly are involved in lifting and moving patients, manual handling training needs to be provided to ensure safe and effective care.***

***Regular staff supervision needs to be implemented, recorded and embedded for all staff.***

***An audit of all staff files is required to ensure all information contained is consistent with ABMUs recruitment and retention policies. In addition,***

***consideration needs to be given to the layout of staff files to provide improved accessibility to information.***

***The health board needs to provide assurances that all staff working with a vulnerable patient group are subjected to the necessary checks that enable the health board to be satisfied of robust safeguarding procedures.***

***The reasons for low morale amongst staff must be explored and a strategy and improvement plan put in place.***

## **Governance**

Our visit highlighted concerns regarding the quality and safety governance arrangements and audit processes of Abertawe Bro Morgannwg University health board, specifically in relation to staffing and maintenance. The report highlights our concerns regarding the number of staff on duty at the time of our visit. To ensure patient and staff safety, the board must have in place robust arrangements for the proactive and responsive reporting and escalation of concerns regarding staffing levels.

In addition, issues which can impact on the safe and effective delivery of care need to be better identified. Our visit highlighted significant maintenance and personal safety issues including a locked fire door and lack of staff safety alarms. There is a need for the health board to move to a more proactive approach to manage and monitor the time taken to rectify these issues, ensuring staff and patient safety is not compromised.

The health board must ensure it provides clarity in relation to the future of Cefn Coed hospital and the relocation of its services. Staff spoke of the frequency of changes to any future plans resulting in misunderstanding and lack of confidence in the communications. A strategy for the service needs to be developed and the board must take action to fully communicate, integrate and deliver service and workforce plans.

A particular concern identified from our visit was regarding the decommissioning of beds. We were told when a patient goes on leave, their bed can be utilised by a newly admitted patient. As a result, if the patient on leave returns to the hospital their bed would not be available, resulting in patients sleeping in lounge areas or on another ward. This practise has been on occasions a regular issue for staff and patients and is totally unacceptable. The health board is required to develop a strategy for addressing this issue.

## ***Recommendations***

***To ensure patient and staff safety the board must have in place robust arrangements for the proactive and responsive reporting and escalation of concerns regarding staffing levels.***

***There is a need for the health board to move to a more proactive approach to manage and monitor the time taken to rectify maintenance issues to ensure staff and patient safety is not compromised.***

***A strategy for the service needs to be developed and the board must take action to fully communicate, integrate and deliver service and workforce plans.***

***The health board must introduce and implement robust governance and audit processes to deal with the issues highlighted in the report.***

## ***Application of the Mental Health Act***

We reviewed the statutory detention documents of seven of the detained patients being cared for on four of the wards at the time of our visit. The following noteworthy issues were identified:

- The files examined generally had good evidence of medical and administrative scrutiny
- Files were generally well organised, assisting ward staff in accessing information about the detention status of a patient.

### **Patient assessment**

We found, in some patient files we reviewed, that it was not immediately clear as to the patients current detention status under the Mental Health Act.

### **Section 17 leave**

Section 17 leave was generally well managed. However, we did see instances of old forms being present on patient records. This could make it difficult for ward based staff to identify which period of leave was the most recent and had valid authorisation.

### ***Recommendations***

***Ward based patient files should clearly state the patient's current status under the Mental Health Act so staff have accurate and easily accessible information available to them.***

***Old, out of date and cancelled section 17 leave papers should be clearly marked as cancelled in the patient's ward notes.***

## ***Monitoring the Mental Health Measure***

We reviewed care planning documentation and we noted the following specific omissions:

- On Celyn and Ward 4, the standard of the Mental Health (Wales) Measure was not detailed nor embedded. It was not routinely updated and staff demonstrated confusion regarding its use
- There was a lack of care co-ordinators at multi disciplinary team meetings
- Some wards (Ward 4 and Tegfan) had a lack of information on display for advocacy services
- Patient documentation on Ward 4 had retrospective completion of observational levels and lack of staff signatures on paperwork
- Care plans on Celyn Ward had a lack of detail, specifically describing wounds and the present situation with deprivation of liberty safeguards (DoLS)
- On Ward 4, the status of detention and section 17 leave outcomes was unclear.

### ***Recommendations***

***A review of care planning documentation is required, with specific attention given to:***

***The Mental Health (Wales) Measure to ensure it is routinely updated and staff knowledge is increased regarding its use***

***Care co-ordinators to be invited to multi disciplinary team meetings***

***Advocacy services must be clearly displayed in patient areas***

***Observational paperwork needs to be completed in a timely manner and not retrospectively.***

***Staff signatures must be present on all necessary and where applicable paperwork.***

***Care plans must provide sufficient details to ensure comprehensive information is available.***

## 6. Next Steps

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

The health board's Improvement Plan should clearly state when and how the findings identified at Cefn Coed Hospital will be addressed, including timescales.

The health board's Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the ongoing mental health/learning disability inspection process.

## Appendix A

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

**Health Board: Abertawe Bro Morgannwg**

**Practice: Cefn Coed Hospital**

**Date of Inspection: 17 - 20 November 2014**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
11	Numerous environmental issues were identified throughout our visit and need to be addressed. The wards that are proposed to be decommissioned in the future require urgent attention to ensure that the environments are fit for purpose for the needs of people accessing and using the service. Any future decommissioning plans should not result in current services users having to endure a poor environment.	The Health Board, as part of its modernisation agenda, has been supportive of the need to provide modern purpose-built facilities, particularly in place of the old Edwardian accommodation in Cefn Coed Hospital. The Hospital Manager, in conjunction with senior representation from both the Directorate and the Health Board has formulated a proposal that considers the utilisation of the most appropriate clinical space in line with the decommissioning process. A Service Improvement Steering Group and Decommissioning Project Team has been established in order to make the necessary	General Manager Hospital Manager	Ongoing, in line with proposals linked to the decommissioning process (estimated commencement of April 2015).

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		decisions and approve those changes relating to the physical transfer process and the associated operational issues. (A copy of the Terms of Reference are attached as Appendix 1)		
13	The health board is required to provide HIW with an improvement plan. It should set out clearly how the points raised in this report regarding the environment will be made fit for purpose for the wellbeing of people accessing the service at the present time.	<p>The Hospital Manager has prepared a Clinical Decommissioning Paper, which is regularly refreshed <b>(A copy of this document is attached as Appendix 2).</b></p> <p>A maintenance improvement plan addressing the issues raised within the HIW report is attached <b>(Appendix 3)</b></p>	<p>General Manager</p> <p>General Manager</p>	<p>Estimated Commencement 2015</p> <p>March 2015</p>
13	The health board is required to undertake a staffing review to ensure patient and staff safety on all wards and adequate care is provided.	<p>In terms of Older Peoples Services, Improvements to staffing levels have been progressed over the last 2 years as a result of investment released from service reconfiguration.</p> <p>The Health Board is accelerating these plans by progressing the recruitment of 17 whole time equivalents (wte) Band 5 staff across the Older People Mental Health Service which will provide additional qualified nurses across clusters of 2 -3 wards. These posts were advertised from 8<sup>th</sup> Dec 2014. To date recruitment has taken place of 8.9wte overall. The Mental Health Directorate expect to recruit the full number of staff following the next cohort of newly qualified staff becoming</p>	<p>Older People Services Manager</p> <p>Older Peoples MH Service Manager</p>	<p>8<sup>th</sup> December 2014 – end March 2015</p> <p>Dec 2014 – May 2015</p> <p>I</p>



Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>In regards to Adult Services, The Mental Health Adult Services Manager has advised that they will be undertaking a Directorate-wide review of nursing establishments within the Acute Inpatient service, throughout the Mental Health Directorate. Full Directorate Wide reviews have identified that currently Adult Services Benchmarked staffing levels for the NHS are midpoint across the 66 organisations within the audit. The MH Directorates is also participating in a National Pilot on behalf of CNO's Office regarding Nursing Acuity and Workload within in-patient services as a whole. This work is being led through the All Wales Senior Nurse Advisory Group. Report submitted to ABMU Health Board Nursing &amp; Midwifery Board. Paper to CNO being prepared by AWSNAG for March / April meeting for national decision making.</p>	Head of Nursing	<p>March 2015</p> <p>April 2015 onwards</p>
13	Staff/personal alarms need to be provided by the health board for all staff on duty. Regular maintenance of the alarms is required to ensure they are working.	The correct number of personal alarms have now been distributed to the ward staff and the Ward Managers have been informed to regularly monitor their functionality. In terms of the Gwelfor and Step Down Units, both daily and weekly alarm system operational checks are carried out	Ward Manager	Immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		by the designated unit security coordinator or deputy.		
13	A review of hospital security is required to ensure staff safety is maintained throughout the hospital and grounds.	A review of site security to be undertaken. This will involve consideration of any incidents and the impact of withdrawing the switchboard “out of hours”. The review will also consider practice in other such establishments and any financial consequences.	Head of Support Services	
13	Patients require a multi-professional approach to their care and treatment plans. Multi disciplinary team meetings require an attendance and input from all necessary disciplines, including care coordinators. The meetings need to obtain a holistic view of a patients care and treatment, therefore the health board should put arrangements in place to ensure this.	Recovery and outcome focussed care planning is an integral part of the philosophy of care. An essential component of this is multi disciplinary working. All clinical disciplines are committed to and engage in this process.  All unscheduled care wards across the Directorate, operate a weekly Multidisciplinary Discharge Planning Meeting (MDT), which considers the discharge pathway for all patients. Attendance at these meetings includes the Integrated Team Managers and representation from the Local Authority, which ensures a collaborative approach to patient discharge.	Ward Managers Clinical Service Managers	Ongoing
14	The areas identified in this section require urgent attention. No patients should have	There is an environmental section within the quality assurance audits which address any	Ward Managers Clinical Service	Immediate and ongoing

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>their privacy and dignity compromised. Regular scrutiny is required to ensure improvement in this area is promoted and effective.</p>	<p>environmental risks to dignity. The results of which are considered weekly by the Service Groups.</p> <p>Following the decommissioning of Tegfan Ward at the end of March 2015, patients will be relocated to more suitable accommodation at the PICU Ward at the Princess of Wales Hospital</p>	<p>Managers</p>	<p>31<sup>st</sup> March 2015</p>
<p>15</p>	<p>The allocation of occupational therapy across all wards is required to ensure patients receive activity and therapies that will assist in their recovery and help patients achieve personally meaningful outcomes.</p>	<p>In ward settings that have been resourced adequately the Occupational Therapy provision is embedded within the care and has a positive impact upon the outcomes for the patients as well as enhancing the skills and capacities of the multi-disciplinary teams. Therapeutic activities are integrated within the everyday life of the ward and occupations are utilised as a means to recovery. These are namely. ISIS, Gwelfor, Ward F, Wards 4 and 6. In these areas the presence of both Occupational therapy and occupational therapy support level staff means that people who have occupational needs are identified early and input provided to good effect.</p> <p>Within the other ward areas, the Head of Occupational Therapy is finalising a paper which identifies the additional Occupational Therapy staff required to improve the service to the Older</p>	<p>Head of Occupational Therapy</p>	<p>April 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		People's Wards at Cefn Coed Hospital.		
16	A review of the controlled drugs register is required to ensure all administered drugs are signed for.	The Clinical Service Manager has conducted a review in conjunction with the Ward Managers to ensure that all controlled medication are appropriated documented once administered, in line with process and policy. Spot – check audits are conducted across this site which pick up any medication administration errors, as does the MH POINT Review (MH Nursing Quality Assurance Framework). Each administration error is reported via DATIX then flagged to the appropriate Clinical Service Manager and the Assistant Head of Nursing for full discussion at the Directorate's Medication Safety Meeting. Immediate action is taken including feedback, reflection and if necessary disciplinary action.	Service Manager OPMHS  Assistant Head of Nursing	
17	A review of the food provided to patients is required. The quality, variety, choice, temperature and dining experience for patients was variable and needs addressing. Many patients have long stays and a more local means of providing the catering service to a small site may be more appropriate than bulk pre-cooked systems with little local	A Food Support Officer has been appointed at Cefn Coed Hospital with the responsibility of ensuring food quality is maintained. Moreover, colleagues from the Catering Department visit the wards on a fortnightly basis to conduct food tasting and speak to both patients and staff for feedback on food quality. Should ward staff require an alternative choice to that on the	Ward Manager Catering Services Manager  Food Support	31 <sup>st</sup> May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	control of variety and individual choice.	existing menu, then the catering department can be contacted to arrange. All food is nutritionally analysed by the Health Board Dietetic Department. A review of the catering service will be undertaken by the Food Support Officer.	Officer under the direction of the Head of Support Service	
17	A review of the hot water facilities, particularly on Ward 4 is required to ensure staff and patients have a safe way of making hot drinks.	The tea and coffee making facilities on Ward 4 have now been reinstated	Ward Manager Estates Department	Complete
17	Access to dieticians needs to be reviewed and improved to ensure patients have the necessary diet and nutritional care.	The Health Board is in the process of recruiting a Dietician for Mental Health Services	Head of Nutrition and Dietetics	30 <sup>th</sup> April 2015
18	Patients that require assistance at mealtimes must be fully supported. The hospital must ensure sufficient staff are available to support patients at mealtimes.	As previously reported, the Health Board is accelerating plans to progress the recruitment of additional qualified staff which will help address these issues	Service Manager	Ongoing, with some immediate action taken to address any staffing shortfalls
19	The difficulty of staff attending the mandatory	Due to the lack of corporate provision for	Service Managers	Current

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	life support course needs to be addressed as a matter of urgency.	<p>specialised ILS training; all MH in patient areas have been risk assessed in terms of ILS training necessity as opposed to Basic Life Support. A number of areas on DGH sites have access to full crash team facilities; others like Cefn Coed Hospital do not. Stand alone sites across the MH Directorate rely upon calling emergency services.</p> <p><b>Appendix 4</b></p> <p>The Director of Nursing &amp; Patient Experience has commissioned a review of the resuscitation team and training provision across the Health Board. In the meantime the MH Directorate has recommended that at least one ILS trained member of staff should be on duty at any one time. Training provision is monitored via the MH Nursing Indicators at ward level.</p>	Head of Nursing General Manager	<p>Health Board review of corporate resuscitation team &amp; training provision</p> <p>The MH Directorate monitor and record compliance via The Directorate Governance and Risk Management Committee</p>
19	For those staff who regularly are involved in lifting and moving patients, manual handling training needs to be provided to ensure safe and effective care.	The MH Compliance with mandatory Manual Handling Training currently stands at 93.87% which is fully compliant with Health Board expectation. This is monitored via the MH Nursing Metrics (indicators) and forms part of the Directorate monthly performance review with the Executive HB Team.	Older People Service Manager	31 <sup>st</sup> April 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
19	Regular staff supervision needs to be implemented, recorded and embedded for all staff.	The MH Directorate Policy of Practice Supervision & Governance ( <b>Appendix 5</b> ) is not fully embedded in all areas across the Directorate. Following the recent introduction of the HB Clinical Supervision Policy the Head of Nursing via the Professional Nursing Forum has highlighted the need to rejuvenate and implement this practice fully across the Directorate. A full database of supervisors is in place; with many staff making use of the process but not all. Additional efforts are being made to ensure full uptake is embedded in practice. The Ward Managers are to implement regular clinical supervision for their ward staff, which will be an addition to the Health Board's Personal Development Review Procedure, and a documented record held.	Head of Nursing & Training Lead  Ward Managers	Immediate  Immediate
19	An audit of all staff files is required to ensure all information contained is consistent with ABMUs recruitment and retention policies. In addition, consideration needs to be given to the layout of staff files to provide an easier location of information.	The layout of the nursing staff record will be reviewed via the Service Groups, following guidance from colleagues within the Workforce Department. The aim being to establish the principles of good practice for record keeping in ensuring continuity and that the contents of the	Service Manager	31 <sup>st</sup> April 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		personnel file are complete and maintained in an ordered way.		
19	The health board needs to provide assurances that all staff working with a vulnerable patient group are subjected to the necessary checks that enable the health board to be satisfied of robust safeguarding procedures.	<p>All newly appointed staff or those moving to a different role within the HB are required to undertake a satisfactory DBS check as a condition of offer of employment. All staff are required as part of their contract of employment to declare any issues or concerns regarding their conduct or behaviour both inside or outside of their work, to their line manager immediately. Failure to do so would be managed in line with the HB Disciplinary Policy and could result in disciplinary action, up to and including dismissal.</p> <p>The Health Board is committed to following NHS Wales policy regarding the three year renewal of DBS checks. This commitment is being managed on an all Wales basis due to the scale of the exercise and burden there would be on DBS services if there was no coordinated approach across NHS Wales and the costs associated with the renewal process. We are aware plans are being drawn up regarding this matter and will of course fully comply with any final decision on how this issue is resolved.</p>	<p>Current Practice</p> <p>All Wales</p>	<p>To be confirmed, awaiting update on All Wales basis</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
19	The reasons for low morale amongst staff must be explored and a strategy and improvement plan put in place.	Following the NHS Staff Survey 2013, the Mental Health Directorate established a programme of focus groups across the 3 localities to promote collaboration about improving staff satisfaction. As a process this was well received and appreciated by the attendees and the Mental Health Directorate has shared these findings with the relevant service groups. As a consequence, open staff forums, Question and Answer sessions and ward walk arounds by the Senior Directorate Team have been introduced within areas. <b>(A paper detailing the outcome of these sessions is attached as Appendix 6)</b>	Service Managers	Ongoing, to be reviewed end of April 2014.
20	To ensure patient and staff safety the board must have in place robust arrangements for the proactive and responsive reporting and escalating concerns regarding staffing levels.	The Health Board's Datix Incident Reporting System allows staff to raise immediate concerns should staffing levels fall below the required standard. The Ward Manager is able to escalate such issues via the Directorate Senior Managers as concerns around this area and additional temporary staff are allocated should this be required. The Mental Health Directorate fully endorse and promote the HB's Values & Behaviour Framework and as such seek to communicate and respond to all staff concerns related to patient care in a variety of methods whether verbal or written. Support is provided on	Service Managers	Immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		a 24/7 basis with senior on-call out of office hours contact if required.		
21	There is a need for the health board to move to a more proactive approach to manage and monitor the time taken to rectify maintenance issues to ensure staff and patient safety is not compromised.	All Ward staff have been reminded of the Health Board's fault reporting procedure, to include accessing the duty engineer on call when out of hours. Moreover, to follow up actively by the ward manager and escalated to senior management if necessary in order to have a repair undertaken within 48 hours.	Ward Managers	Ongoing. Outstanding maintenance requests are progressed via the Mental Health Directorate's monthly Maintenance Liaison Meetings
21	A strategy for the service needs to be developed and the board must take action to fully communicate, integrate and deliver service and workforce plans.	The Directorate and corporate colleagues are in the process of finalising a decommissioning plan for Cefn Coed Hospital that is building upon a long term plan identified within the Changing Mental Health Services for the Better for the replacement of outdated estate with modern fit for purpose facilities for adults and older people. This was reconfirmed in the 2013 Joint commitments for Mental Health agreed by the 3 local authorities for the ABMU Health Board area as well as the Health Board.	Senior Management Team and ABMU Executive Team	Agreed plan for final decommissioning of the site May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>With the finalisation of the decommissioning plan there will be a comprehensive communication strategy for service users, carers, staff and partner agencies.</p> <p>In terms of the plans for re-providing the Older People's Acute Assessment Services, the preferred site is Singleton Hospital which will allow co-location of physical and mental health services. This will provide fit for purpose therapeutic environments including the availability of single rooms and readily available access to diagnostics. The Health Board has already consulted on the proposal to centralise adult acute assessment services on the Neath Port Talbot Hospital site. The plans to develop these new two assessment services will be dependent on the successful submission of full business cases to the Welsh Government.</p>		
21	The health board must introduce and implement robust governance and audit processes to deal with the issues highlighted in the report.	Service groups will be required to regularly review their estate and to escalate any issues to the risk management group within the Directorate which is chaired by the General Manager.	Service Managers and General Manager	Immediate

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
22	Ward based Mental Health Act patient files should clearly state the patients current status under the Mental Health Act so staff have accurate and easily accessible information available to them.	An 'on ward' audit of patient files will be reinforced to ensure relevant Mental Health Act information is duly recorded. With the Ward Clerks to review files on a monthly basis.	Ward Manager	Immediate and ongoing
22	Old, out of date and cancelled section 17 leave papers should be clearly marked as cancelled in the patients ward notes.	The Ward Manager has stated that any Section 17 leave forms that have been either withdrawn or changed will be clearly annotated as 'cancelled'.	Ward Manager	Immediate and ongoing
23	<p>A review of care planning documentation is required, with specific attention given to:</p> <ul style="list-style-type: none"> <li>• The Mental Health (Wales) Measure to ensure it is routinely updated and staff knowledge is increased regarding its use</li> <li>• Care co-ordinators to be invited to multi disciplinary team meetings</li> <li>• Advocacy services must be clearly displayed in patient areas</li> <li>• Observational paperwork needs to be completed in a timely manner and not retrospectively.</li> </ul>	<p>The introduction of the Mental Health (Wales) Measure places a duty on the Health Board to ensure that all patients in receipt of secondary care Mental Health services have a valid care and treatment plan (CTP). This plan is outcome focussed and recovery based, developed in consultation with the service user.</p> <p>An audit checklist has been developed and is in place.</p> <p>Quality audits are undertaken by Ward/Team Managers on Care &amp; Treatment Planning. A central data base has been developed to record compliance. In addition, this criterion is measured as part of the Directorate's monthly performance</p>	Service Manager	Immediate and ongoing monitoring by service groups

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li>• Staff signatures must be present on all necessary and where applicable paperwork.</li> <li>• Care plans must provide sufficient details to ensure comprehensive information is available.</li> </ul>	<p>statement.</p> <p>The Mental Health Directorate's investment in recovery focused learning sets is helping to improve this essential component of care and treatment planning.</p>	General Manager	Ongoing