

Mental Health/ Learning Disability Inspection (Unannounced)

**Glan Clwyd: Ablett Unit: Betsi
Cadwaladr UHB**

6 – 8 July 2015

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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
Fax: 0300 062 8387
Website: 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 plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- 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)¹
- 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).

¹ 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.

3. Context and description of service

The Ablett Unit (the Unit) has four wards and is in a separate building on the Glan Clwyd site, situated in the rural surroundings of Bodelwyddan, four miles south of Rhyl. Cynnydd is an eight bedded locked adult rehabilitation ward. Dinas is a 20 bedded ward split into a male (ten beds) and female (ten beds) area. Tegid is a 10 bedded older persons ward. The fourth ward, Tawelfan, is a 17 bedded older persons ward, which is currently closed.

4. Summary

This was our second visit to the Ablett Unit (excluding specific Mental Health Act visits) and we appreciate that it was a difficult time for staff, patients and relatives following recent reports and press coverage. However, throughout the visit we observed a caring approach and a good rapport between staff and patients.

Our inspection took place across three wards and we found significant scope for improvement but were also pleased to reflect some positive findings; In particular the positive way staff embraced the inspection process and gave their time to talk and provide information to HIW.

Following our visit we issued an immediate assurance letter to the health board which asked for assurance on actions that have been or will be taken to mitigate a number of areas HIW had concerns about.

One of these concerns was the insufficient staffing numbers evident primarily on Tegid and Dinas wards. Our review of staff rotas and observations on these wards as well as the observations and admissions staff were involved in for the section 136 suite, identified staffing numbers were not adequate. The health board has identified action concerning this area following our immediate assurance letter and arrangements have been put in place to enable ward managers to provide their professional judgement for escalation to the matrons to enable staffing numbers to increase over and above the staffing template to meet the acuity needs of the patients.

Whilst some improvements had been made regarding the environment since our previous visit in June 2014, there continues to be significant environmental issues on the Unit, specifically on Tegid ward. The areas that require attention are listed under the Environment section of this report and we have asked the health board to put strategies in place to assure HIW that patients' dignity and essential care needs can be met. Longer term, the suitability of this environment for the patient group must be addressed.

There was a considerable pressure on in-patient beds and during our visit occupancy on the wards was 100%. As a result, in the event of an individual requiring a hospital in-patient bed, existing patients were frequently moved around wards and there had been occasions when patients had been on leave and their beds were utilised for new admissions. In the event that a patient needed to return to the hospital, there was not always a bed available for them. The health board has put actions in place to review this issue.

Audit and governance processes require development because a recent audit undertaken on Tegid ward failed to acknowledge the considerable

environmental issues on the ward. The health board has acknowledged this and started to develop robust audit and governance processes in order to identify issues and take appropriate action.

At the time of our visit, the food served to the patient group was on a one week cycle, which was repetitive for patients.

It was pleasing to note improvements to the system that captured statistics for mandatory training which included an entry for when staff were scheduled for specific training. However, some areas had poor completion rates and at the time of our visit were at 0%. The health board has put a number of initiatives in place to ensure staff attendance at training is improved and monitored closely to make sure staff have the necessary skills to deliver competent patient care.

Since our previous visit we were pleased to note the appointment of a psychologist for Tegid and Dinas wards. In addition, the recruitment of an activities co-ordinator had enhanced the social and recreational activities for patients on Tegid and Dinas wards.

Cynnydd ward offered patients a wide range of facilities and activities and staff and patients had made considerable effort to ensure the ward and its gardens were useable, well maintained and appropriate for the patient group.

5. Findings

Core Standards

Ward environment

The Ablett Unit is a separate building situated within the grounds of Glan Clwyd hospital. The Unit is a single storey building and on entering the unit you arrive at a reception area. There were a number of rooms situated off the reception area including staff offices, an Electroconvulsive Therapy (ECT) suite and access to the wards.

A long corridor leads to all wards within the Ablett unit. The corridor housed a number of rooms, including an arts and craft room and dining room used by patients from Dinas ward. The corridor displayed some art work on the walls as well as notice boards with patient information.

Tegid ward in general was an unsuitable environment to meet the full needs of older people with functional mental health problems. There were issues in both the functionality and décor of the ward, which was poor, bland, uninspiring and uninviting. Whilst some improvements had been made since our previous visit in June 2014, there remained many issues.

The ward provided ten beds for the patient group and was split into a male and female corridor. Occasionally, we were told male patients could be placed in beds on the female area due to the unavailability of a male bed. The male area had three individual bedrooms with a wash basin in each. There was one toilet that was incorporated into a bathroom with a static bath. Following our previous visit in June 2014, it was noted that the fixed bath was still inaccessible if a patient required a hoist to use the bath and the action plan from 2014 confirms this action has still not been resolved.

The female area had seven beds; five individual bedrooms with a wash hand basin in each and one shared room (two beds with a shared wash hand basin). The bedrooms had a bed, chair and bedside cabinet in each. The bedrooms appeared sparse and there was very little personalisation. The female corridor had two toilets; one individual toilet and wash basin and one that also had a shower/wet room. During our evening/night visit the individual toilet had toilet paper left on the floor. This was removed by staff when we asked why the paper was on the floor. In addition, we were told that the lack of showering/bathing facilities provided difficulties for patients and staff, especially when more than one patient requested a shower at the same time as another. Two toilets also became inaccessible when patients were using the shower or bath facilities.

A lounge area provided patients with chairs, a television and coffee tables. The lounge was small and there was not enough space for patients to place hot drinks on the tables when they were sat there. As there was only one television, we were told that this had caused friction between patients. The lounge was overlooked by patients from Dinas ward when they accessed their garden area. The dining room was a small, cramped space and did not provide sufficient space for patients with poor mobility/wheelchair users. The dining chairs were worn and dirty. From the dining room, patio doors opened onto a paved patio/garden area. The outside space had not improved since our visit in June 2014, despite the health board committing in their action plan to the recruitment of maintenance assistants. There were two wooden picnic benches that seemed unsuitable for older people to access. The garden was overgrown and not well maintained and the exposed thorn bushes could be a safety risk for the patient group.

Tegid ward had a kitchen which was narrow and cramped when more than one person was in there. This environment was not conducive for patients being able to make their own drinks because of the space.

The ward did not provide any private space for discussions to take place with patients and/or relatives. We were told that patient bedrooms had been used by staff to discuss personal information with patients and/or their relatives. The corridors were narrow and posed considerable difficulty for wheelchair users.

The dispensing room was inadequate to undertake nursing interventions and the room had no hand wash basin. There was an oxygen cylinder within the room but the mask and tubing was situated in an office off the ward. In the event that oxygen was required in an emergency, the fact that the equipment to administer oxygen was not with the oxygen cylinder could mean a significant delay in the availability of oxygen therapy. At the time of our visit, the sluice room was out of order because of a faulty lock. We were pleased to note that all bedrooms had been fitted with a nurse call alarm system.

Dinas ward is a 20 bedded ward split into male (ten beds) and female (ten beds) areas. The nurses/main office was situated on the male side of the ward. A kitchen provided patients with access to drinks. The lounge had a television, seating and board games and also access to a garden area. At the time of our visit only one light was working in the garden area therefore making it poorly lit. Notice boards provided patient information including café opening times, visiting times, advocate information and notes from patients' forums.

The female area mirrored the male area, however, the nurses office had been converted into a meeting room. Patients from both male and female areas

used the dining room which was situated off the ward and patients also had access to a room which was off the main corridor.

Patient bedrooms on Dinas had the same furnishings and fittings as those on Tegid and the patient bedroom viewed had no items of personalisation displayed.

Cynnydd ward was an eight bedded rehabilitation ward, which had sufficient space for the patient group. On entering the ward there was a large communal area with seating and bean bags. Patients had access to a dining room and to two lounges, which had a TV and seating. A large games room contained a table tennis table and pool table; patients also had access to a gym and a therapy kitchen.

At the time of our visit, the check sheet for the fridge in the therapy kitchen had not been completed for that day and items in the fridge were not dated to show when the item must be used by. A pack of sausages was stored in the fridge that was out of date according to the packs used by date which was dated 3rd July 2015.

The garden area was pleasant and well maintained which was due to effort from staff and patients. The ward was spacious and the decoration was bright and airy, a total contrast to Tegid and Dinas wards.

The section 136 suite was situated next to the games/therapy area on Cynnydd ward. The section 136 suite had its own assessment area with seating and a separate door enabling patients to access the suite without passing through Cynnydd ward.

Recommendations

The significant environmental issues identified on Tegid ward clearly highlighted that the ward was not fit for purpose and was unable to meet the needs of the patient group. The health board must review and address the concerns and provide assurance of long and short term provision.

The health board should ensure that actions identified in the 2014 action plan particularly for the recruitment of maintenance staff are delivered and ensure that garden areas are regularly maintained to ensure patient accessibility and maximum therapeutic benefit.

A review of food items stored in the practice kitchen fridge is required to ensure they are appropriately labelled and dated as to when the food item must be used by.

Safety

Insufficient staffing numbers were evident primarily on Tegid and Dinas wards. On Tegid ward we reviewed staffing rotas from January 2015 and noted that on a number of occasions there were insufficient staffing, on some occasions there were as few as four members of staff on duty. On the night of our visit, Dinas ward had only five members of staff after 22:00hrs. Two patients were on 1:1 observations and that left three members of staff for the remaining 18 patients. Given other levels of observations and the fact that Dinas ward is an acute admissions ward it was difficult to be reassured that the staffing levels available were adequate to ensure patient and staff safety. In addition, the section 136 suite did not have any identified additional staffing and staff would be taken from wards to ensure the admission was dealt with appropriately, therefore leaving wards with even less staff numbers.

There was clearly a considerable pressure on in-patient beds and during our visit the occupancy on the wards was 100%. Therefore in the event of an individual requiring a hospital in-patient bed, existing patients were frequently moved around wards. Staff told us of their frustration in relation to this, stating there had been an occasion where a patient had to sleep on a sofa because there were insufficient beds available. In addition, when patients were on leave their beds were utilised and in the event that they needed to return, there was not always a bed available. This was very unsettling for patients and created difficulties and frustrations for staff. In addition, there was a lack of psychiatric intensive care beds. We observed patients requiring 2:1 or more staff being nursed in the ward area.

The majority of patients we spoke to told us they felt safe at the Ablett unit and it was pleasing to note that Tegid ward had installed a nurse call alarm system in all bedrooms.

Recommendations

A review of staffing numbers on Tegid and Dinas wards is required to ensure adequate numbers of staff are provided.

Strategies must be developed to effectively manage beds.

A review of staffing on the Ablett unit is required to ensure that in the event of a section 136 admission, adequate staff are available.

The multi-disciplinary team

Generally staff commented positively on multi disciplinary team (MDT) working, citing a number of disciplines present at meetings, including, doctors, nurses, occupational therapy and psychology. Staff said that members of the

MDT work in a professional and collaborative way and professional views were sought and valued.

Staff said they regularly attend staff meetings and case reviews for their patient groups, which included morning and handover meetings. Some wards were also holding more staff meetings which staff said was a big improvement.

Weekly ward rounds were undertaken, however, nursing staff told us that their workloads were often interrupted to support doctors during this time. Tegid ward had three admitting doctors which all had their ward rounds on different days and times.

Some healthcare support workers said they felt they were talked down to and this left them feeling unvalued.

It was good to note that a Psychologist had been appointed for Tegid and Dinas wards which we recommended in our previous visit in June 2014. In addition, the appointment of an Activities Co-ordinator received positive feedback from both staff and patients.

Privacy and dignity

All the patients we spoke to had an individual room, however some patients were in a dormitory style room which had two beds. Patients said that, on the whole, staff treated them with dignity and respect and they would knock on their bedroom door before entering. However, a patient reported that on one occasion, although a staff member did knock before entering, they didn't wait for an answer to enter and the patient was in a state of undress. The majority of patients told us that when they were admitted, a member of staff showed them around the ward.

Facilities were available for patients to maintain contact with family and friends, including phone access and visitor rooms. Not all patients were aware of their named nurse because they said it changed every day and they didn't always get informed. White boards were displayed on the wards in which this information could be listed.

Shared facilities for bathing/showering were available, however, there had been occasions on Dinas ward when male patients had to use a shower on the female side of the ward because of maintenance issues. In addition, staff said that Dinas and Tegid wards did not provide sufficient space, privacy and dignity for the patient group.

Patient therapies and activities

Since our visit in June 2014 we were pleased to see the appointment of an Activities Co-ordinator. Staff confirmed that the appointment of the Activity Co-ordinator had really helped by enhancing the social and recreational activities for patients. During our visit we observed two sessions by the Activity Co-ordinator, including a daily Carers Corner Café session. The session was held off the wards and in the dining room. The session was for patients, visitors and staff who can have drinks and biscuits and indulge in chat. The café was set up with the help of patients and one discharged patient attends every Friday to help out. We observed good interactions from those that attended and there were plans to extend this café for all visiting times.

Cynnydd ward offered patients a wide range of facilities and activities, including a gym, table tennis, pool table, cycling, football, walking and gardening. All patients had an individual activity timetable and every morning patients attended a morning meeting to discuss what activities they wanted to do that day. The patients we spoke to on Cynnydd ward said they had enough things to do, however, after 5pm, some patients said there was very little to do and they felt bored.

Discussions with staff and patients across all wards confirmed that on weekends there were no activity leads, therefore many patients complained of being bored.

An Occupational Therapist undertook patient assessments which included a basic skills assessment. Psychology input on Cynnydd ward was only two sessions per week and this required a review to ensure all patients received adequate psychology services.

Staff told us that there had been occasions when section 17 leave had been cancelled due to staff shortages. In addition, staff said they had struggled to take some patients to appointments because it would have been unsafe for staff to leave some wards.

Access to dietician, podiatry and physiotherapy services from Glan Clwyd hospital had been problematic for staff on the Ablett unit, with some staff confirming they had mixed responses to requests for these services.

Recommendations

Inadequate staffing numbers has contributed to the cancelling of section 17 leave and other postponed appointments, staffing numbers need to be reviewed to eliminate these cancellations.

A review of weekend and evening activities is required to ensure patients are provided with appropriate activities to engage in.

Improved links and networks with podiatry, physiotherapy and dietetics need to be built to ensure appropriate access for patients.

A review of the psychology input, specifically on Cynnydd ward, is required to ensure patients receive adequate sessions.

General healthcare

A review of Tegid and Dinas clinical room identified the following:

- The medication fridge had a broken lock and the temperature reading at the time of our visit was 7.3 degrees. A review of the temperature recording sheet identified the medication fridge had been over 6 degrees for some time
- Diazepam liquid was stored alongside external products
- The clinical room was very hot
- There was an overstock of medication
- There was dried blood on the glucometer device
- There were discontinued controlled drugs in the cupboard
- There was no sink in the dispensing area on Tegid ward.

The areas identified were communicated to staff during our feedback session at the end of our visit to ensure they would be actioned.

Discussions with staff highlighted inconsistencies regarding home treatment provision. There were two divisions providing this service, however, for one division, if a patient with a functional illness is not known to the service and is over 65 years old, there was no home treatment team to work with that individual to prevent admission to hospital or facilitate an early discharge. This situation and circumstance was not the case in other areas of Betsi Cadwaladr health board and these inconsistencies need to be addressed.

The section 136 suite had admitted four patients under the age of 18 between January and June 2015. It was disappointing to learn that the children and adolescent mental health services (CAMHS) did not provide full support for staff. We were told that on some occasions, patients under 18 years of age had been in the 136 suite overnight because there were no appropriate beds available and that often, there was a limited CAMHS service after 5pm on a Friday. The CAMHS unit in Abergele only took planned admissions and CAMHS consultants offered a telephone out of hours service. In addition, the Section 136 suite was set up with minimum staffing requirements and any admissions to the suite would mean staff were pulled off wards to cover.

Recommendations

All the areas we identified in the clinic room of Tegid/Dinas ward need to be reviewed, including, the broken fridge door lock, the temperature of the fridge and room, the storage and stock of drugs and medicines, the lack of a sink and the Glucometer needs to be cleaned and kept clean after use.

The Health Board should review the provision of home treatment to ensure that the service meets the needs of patients and so that there is consistency in provision across the health board.

Food and nutrition

A significant number of patients and staff complained of the very repetitive nature of the food served. At the time of our visit, meals were on a weekly menu cycle. This was different to the main hospital, which were on a longer cycle.

Patients told us that they had a choice of two meal options and on the whole patients made these choices themselves. On occasions, staff said they would make choices on behalf of patients. One patient told us he now had a vegetarian diet but wasn't asked about dietary preferences when first admitted to the ward.

Patients based on Dinas ward had dining facilities situated away from the ward which for the majority of patients was not an issue, but there were limitations for those patients that couldn't or wouldn't go to this area.

During our visit, we observed a mealtime on Cynnydd ward. The food was delivered on a trolley and staff served the food to patients, who carried it to the dining room. The dining experience for patients could be improved because there were no tablecloths or placemats and no water on the tables. The quality of the food served that we observed was variable, with one option not considered appetising.

The majority of patients said they could have a drink and/or snack outside of meal times and staff confirmed this. Patients said that they were not provided with caffeinated drinks until after 6am and staff confirmed that patients were limited to one caffeinated drink per day. Patients told us that food can be cold when it arrived on the ward and sometimes portion sizes were not big enough.

Staff and patients on Cynnydd ward said they had take away food one night per week and will have BBQs and parties for patients for birthday celebrations.

Recommendations

A review of the menu should be undertaken to identify why patients at the Ablett Unit have a shorter menu cycle than those patients in Glan Clwyd hospital. Menus should be devised that offer patients variety and choice.

A review of patient mealtimes needs to be undertaken to ensure their dining experience is improved.

An assessment of the portion sizes served to patients needs to be undertaken to ensure they are appropriate and food temperatures need to be recorded to ensure they are correct for serving.

Arbitrary decisions regarding patients being allowed one caffeinated drink per day needs to be reviewed to ensure decisions are based on assessed needs.

Training

We reviewed seven staff files across three wards and identified inconsistencies with the information contained on file. All employment checks are undertaken by Human Resources and not staff on the wards. Some files had a personal file checklist on the front which documented when certain information had been received, while other files did not have a checklist and one file reviewed contained no employment information at all.

It was unclear what systems were in place to evidence that the professional registrations of staff were up to date. One file reviewed had a copy of their NMC certificate with an expiry date of March 2014. There was no up to date copy on file, or an electronic system, that could evidence a valid registration, despite staff confirming that registrations were up to date.

We were informed that delays in appointments of some staff still remain, despite this being raised during our previous visit in June 2014. In addition, there was evidence that the lack of appointment of junior doctors was still an on-going issue.

It was pleasing to note that the recording of staff training had improved and the system had additional columns to show when a member of staff was booked onto forthcoming training. However, there remained an issue regarding some mandatory training. Statistics provided showed that on Tegid and Dinas wards there was still 0% compliance in Mental Capacity Act 2005 training. This figure was identified in our previous visit in 2014. The action plan from our 2014 visit stated that Mental Capacity Act training had been identified as mandatory by the organisation but there was currently no training

programme in place, apart from two e-learning packages. Staff were being encouraged to undertake the e-learning module in the interim. It was disappointing that no improvement had been made since 2014.

Food hygiene training for Cynnydd and Tegid were at 0% compliance, despite staff serving and assisting with mealtimes. Other areas had better compliance percentages than those listed, however, a review of training compliance is required to ensure all staff receive appropriate training.

Systems were in place for staff to receive supervision and an annual appraisal, however, not all staff were receiving supervision on a regular basis. Staff said that supervision should be monthly but not all staff we spoke to were having regular sessions, citing every four to six months.

Recommendations

All pre-employment information submitted to ward managers needs to be consistent and in-keeping with HR policies and procedures of what information is required.

A system needs to be put in place that can evidence current professional registrations.

A review of the recruitment and appointment of staff needs to be undertaken to identify the continued delays in some staff being appointed.

Not all staff were receiving regular supervision and systems must be put in place to improve and record this.

An evaluation of the mandatory training statistics is required because some areas had 0% compliance rates. All staff require appropriate training to provide safe and effective care.

Governance

There was a lack of a robust process in terms of a recent audit that had been undertaken on Tegid ward. The report named 'Site Visit Observations' failed to acknowledge the considerable environmental issues on Tegid ward. Robust audit and governance processes will be critical so that the health board can identify issues and take appropriate action.

It was acknowledged that the Ablett Unit did not have one person responsible for the unit as a whole. At the time of our visit there were three locality managers in place, each having responsibility for particular wards and services, but no-one in overall charge of the Unit.

A review of the bed provision is required for the reasons highlighted under the Security section of this report. It is acknowledged from the response to our immediate assurance letter, that a number of processes have been put in place to address this issue and HIW have requested the most recent report regarding bed occupancy and patient movement analysis.

The arrangements for operating the section 136 suite needs to be reviewed taking into account the number of admissions the suite had under the age of 18 (see General Healthcare section for detail). Improved links with CAMHS is required to ensure the admission of patients under 18 years of age are appropriate.

Recommendations

A review of audit processes is required to ensure they are robust enough to advise and inform the health board, so that appropriate action can be undertaken.

Consideration should be given to the importance and significance of having one person responsible for the Ablett Unit as a whole.

A review of section 136 admissions that are under 18 years of age is required to ensure appropriate care and treatment is provided and improved links with CAMHS services is built.

Application of the Mental Health Act

We reviewed the statutory detention documents of five patients across Dinas and Cynnydd wards. The following observations were noted:

- The Mental Health Act pathways reviewed were not fully completed
- Therapeutic work for patients was limited from time to time when staff shortages and sickness prevailed
- The Training Matrix only offered mandatory training and there needs to be training developed around urgent therapeutic interventions
- Mental Health Act training was being undertaken and the recording of attendance should be maintained along with other training data
- Mental Capacity/Deprivation of Liberty Safeguards (DoLS) training needed to be urgently undertaken by all staff
- there were insufficient numbers of section 12 approved doctors available to the Unit.

The health board should ensure that Mental Health Act pathways are fully completed; staff are trained in Mental Capacity and DoLS and the appointment of independent section 12 approved doctors.

Monitoring the Mental Health Measure

We reviewed five sets of care planning documentation on Tegid ward and identified the following:

- Some of the care plans we reviewed were basic, lacked depth and detail and did not inform or drive care.
- Some patients did not have care plans outlining their needs or how these were being managed. For example those patients who had been assessed on admission to have specific needs such as urinary tract infections, diabetes or leg ulcers did not have care plans to accurately describe their required care. The care plan should also identify evidence of patient involvement.
- Falls assessments were not always completed.
- There was confusion around a patient's status in relation to deprivation of liberty safeguards (DoLS)

Recommendation

The health board should address issues around care plans lacking depth and detail, DoLS assessment and status, patient involvement in care planning and management of UTIs, falls, wounds and diabetes/blood glucose testing.

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 this 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 the Ablett Unit, Glan Clwyd 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 on-going mental health/learning disability inspection process.

Dignity and Essential Care: Improvement Plan

Hospital: Ysbyty Glan Clwyd

Ward/ Department: Ablett Unit

Date of Inspection: 6th, 7th and 8th July 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
11	<p>The significant environmental issues identified on Tegid ward clearly highlighted that the ward was not fit for purpose and was unable to meet the needs of the patient group. The health board must review and address the concerns and provide assurance of long and short term provision.</p> <p>(This was an action identified within the immediate assurance letter to the Health board)</p>	<p>MHLD environment related actions are being managed as part of the Mental Health Improvement Group. The Environment Group is leading on the priority action required within the 100 day plan.</p> <p>A review of the estate is being undertaken in order to determine best use of space and locations.</p> <p>The MHLD has Tegid ward environmental issues on its risk register. Professor Bob Woods (Professor of Clinical Psychology of Older People Bangor University & Honorary Consultant Clinical Psychologist Betsi Cadwaladr University Health Board) visited to review the ward environment. The MHLD Senior</p>	Interim Director of MH&LD	31/12/2015

		Management Team (SMT) will receive and action the report.		
11	The health board should ensure that actions identified in the 2014 action plan particularly for the recruitment of maintenance staff are delivered and ensure that garden areas are regularly maintained to ensure patient accessibility and maximum therapeutic benefit.	<p>MHLD environment related actions are being managed as part of the Mental Health Improvement Group. The Environment Group is leading on the priority action required within the 100 day plan.</p> <p>The MHLD Division will highlight the identified risks to the Executive Board who will be asked give full consideration of use of other clinical spaces available to the organisation.</p> <p>The MHLD Division are working jointly with Strategy and Planning and Estates and Facilities to review what interim arrangements can be considered to address the situation with this facility in the short and longer term.</p>	Director of Estates / Interim Director of MHLD	31/12/15
11	A review of food items stored in the practice kitchen fridge is required to ensure they are appropriately labelled and dated as to when the food item must be used by.	From September 2015, Ward Managers will be required to have audit processes in place to ensure food hygiene standards are being met and maintained. Spot checks are part of Matron visits to the wards.	Matrons - Adults / OPMH / Rehab	01/09/2015
12	A review of staffing numbers on Tegid and Dinas wards is required to ensure adequate numbers of staff are provided.	The MHLD Division have undertaken a review of the ward establishment for all services. This work has been based on the Hurst Model and will enable the HB	Divisional General Manager / Interim Head of Nursing	31/10/2015

12	<p>Strategies must be developed to effectively manage beds.</p> <p>(This was an action identified within the immediate assurance letter to the Health board)</p>	<p>As part of the Mental Health Improvement (100 day plan) a review of inpatient capacity will be commissioned.</p> <p>A report to Senior Management Team will be received monthly, which will include occupancy and patient movement analysis.</p> <p>New Locality based patient flow meetings have been set up in order to monitor and improve patient admissions and flow through the Health Board.</p> <p>There is also a “meaningful admission” task & finish group and an interdependency task & finish group which will support required improvements established as part of the 100 day plan.</p>	Divisional General Manager	31/10/15
12	<p>A review of staffing on the Ablett unit is required to ensure that in the event of a section 136 admission, adequate staff are available.</p>	<p>The MHL D Division have undertaken a review of the ward establishment for all services. This work has been based on the Hurst Model and will enable the HB to benchmark against the best performing Trusts in England with regards to staffing establishments compared with acuity and dependency levels. This work has now been completed and is now being costed. This will be presented to the Mental Health Improvement Group and Executive team by the 11TH September 2015.</p>	Divisional General Manager	11/09/2015

		The staffing requirements for section 136 requirements will be formally monitored through the Divisions Governance arrangements.	Divisional General Manager	Monthly review
14	Inadequate staffing numbers has contributed to the cancelling of section 17 leave and other postponed appointments, staffing numbers need to be reviewed to eliminate these cancellations.	<p>The MHLD Division have undertaken a review of the ward establishment for all services. This work has been based on the Hurst Model and will enable the HB to benchmark against the best performing Trusts in England with regards to staffing establishments compared with acuity and dependency levels. This work has now been completed and is being costed. This will be presented to the Mental Health Improvement Group and Executive team by the 11TH September 2015.</p> <p>The impact of staffing to support section 17 leave and appointments will be monitored through agreed Quality Indicators within the Divisions Governance arrangements.</p> <p>Ward Managers have been empowered to seek additional staff where necessary and to escalate concerns to Locality Managers / Matrons in order to ensure the safety of patients and staff.</p>	Divisional General Manager	11/09/2015

		The MHL D Division have agreed a shift by shift metric which was implemented across areas on 20/07/15.		
14	A review of weekend and evening activities is required to ensure patients are provided with appropriate activities to engage in.	Activity co-ordinators have been funded to support wards. Additional positions are to be considered to enable 7 day cover.	Locality Managers - Rehab, Adult & OPMH	31/10/2015
14	Improved links and networks with podiatry, physiotherapy and dietetics need to be built to ensure appropriate access for patients.	As part of the 100 day plan, an inter-dependencies task & finish group are working to secure equity of access to provision of therapy services.	Interim Director of MHL D	31/10/2015
14	A review of the psychology input, specifically on Cynnydd ward is required to ensure patients receive adequate sessions.	A psychologist has been appointed for the unit and has commenced employment August 2015. A review of Psychology Services has been undertaken by the Head of Psychology and a proposal for new delivery models has been put forward to Welsh Government, awaiting approval.	Head of Psychology	31/10/2015
15	All the areas we identified in the clinic room of Tegid/Dinas ward need to be reviewed, including, the broken fridge door lock, the temperature of the fridge and room, the storage and stock of drugs and medicines, the lack of a sink and the Glucometer needs to be cleaned and kept clean after use.	Actions have been taken to address the range of concerns raised and to ensure appropriate work through the Locality Managers/ Quality and Safety leads and the Estates group for replacement equipment and audits are undertaken daily. The 100 day Task and Finish group are monitoring this work against a priority work programme.	Matrons - Adults & OPMH	30/09/2015

15	The Health Board should review the provision of home treatment to ensure that the service meets the needs of patients and so that there is consistency in provision across the health board.	A Mental Health Strategy is being developed to ensure a cohesive and appropriate modern Mental Health service is available across North Wales	Interim Director of MHL D	31/12/2015
16	A review of the menu should be undertaken to identify why patients at the Ablett Unit have a shorter menu cycle than those patients in Glan Clwyd hospital. Menus should be devised that offer patient's variety and choice.	A Nutritional group established within the Division will undertake a formal review of all of the issues raised with regard to Nutrition, hydration including menu choice.	Matrons - Adults / OPMH / Rehab	31/10/2015
16	A review of patient mealtimes needs to be undertaken to ensure their dining experience is improved	A Nutritional group established within the Division will undertake a formal review of all of the issues raised with regard to Nutrition, hydration including menu choice.	Matrons - Adults / OPMH / Rehab	31/10/2015
16	An assessment of the portion sizes served to patients needs to be undertaken to ensure they are appropriate and food temperatures need to be recorded to ensure they are correct for serving.	A Nutritional group established within the Division will undertake a formal review of all of the issues raised with regard to Nutrition, hydration including menu choice.	Matrons - Adults / OPMH / Rehab	31/10/2015
16	Arbitrary decisions regarding patients allowed one caffeinated drink per day needs to be reviewed to ensure decisions are based on assessed needs.	Decisions regarding food and beverages will be based on nutritional requirements and appropriate risk assessments.	Rehab Matron	31/08/2015
17	All pre-employment information submitted to ward managers needs to be consistent and in-keeping	Ward managers have been provided with a checklist to be included in files which details all appropriate documents.	Business Manager / Divisional General Manager	30/09/2015

	with HR policies and procedures of what information is required.	Checks will be made as part of the scheduled review visits.		
18	A system needs to be put in place that can evidence current professional registrations.	A system is in place. Reminders of the correct implementation of the system have been sent to all wards and services in order to ensure homogeneity and ease of access to files.	Business Manager/ Divisional General Manager	30/09/2015
18	A review of the recruitment and appointment of staff needs to be undertaken to identify the continued delays in some staff being appointed	A monthly report is provided to locality/ service managers to identify the issues related to delays in recruitment. This has been provided from July 2015. The shift by shift metric supports prospective escalation if delays are impacting on care delivery.	Business Manager/ Divisional General Manager	Complete 30/7/15
18	Not all staff were receiving regular supervision and systems must be put in place to improve and record this.	The supervision policy has been reviewed and updated. Monitoring of the application of the process is part of the revised policy.	Interim Divisional Head of Governance	complete 30/10/2015
18	An evaluation of the mandatory training statistics is required because some areas had 0% compliance rates. All staff require appropriate training to provide safe and effective care. (This was an action identified within the immediate assurance letter to the Health board)	A monthly report is provided to locality/ service managers to identify the issues related to compliance with mandatory training. This has been provided from July 2015. Locality and Service Managers have been advised that all staff must be assigned to attend outstanding training by the end of October 2015	Business Manager/ Divisional General Manager	30/10/2015
18	A review of the audit processes is required to ensure they are robust enough to advise and inform the	The Quality Assurance Process has been developed and tested in June '15 and has been refined prior to roll out at	Interim Divisional Head of Governance	30/10/2015

	<p>health board so appropriate action can be undertaken.</p> <p>(This was an action identified within the immediate assurance letter to the Health board)</p>	<p>the end of July 2015. The tool has been developed alongside staff to engage them in this process and will be formally evaluated after two months of utilising the tool.</p> <p>The process will provide an opportunity for staff and patients on wards to talk to a senior manager and other support leads in the Division.</p> <p>It also provides an opportunity for any improvements required or made to be highlighted before formal reports into the Divisions governance arrangements for Assurance.</p>		
18	<p>Consideration should be given to the importance and significance of having one person responsible for the Ablett unit as a whole</p>	<p>Proposals for a revised Divisional structure are being considered currently.</p>	<p>Interim Director of MHL D</p>	<p>31/12/15</p>
19	<p>A review of section 136 admissions that are under 18 years of age is required to ensure appropriate care and treatment is provided and improved links with CAMHS services is built.</p>	<p>The interdependencies task and finish group will address such issues and conversations now take place between the two Divisions in order to ensure smooth transitions take place.</p>	<p>Interim Director of MHL D / Divisional Clinical Director</p>	<p>31/12/15</p>
20	<p>The health board should ensure that Mental Health Act pathways are fully completed; staff are trained in Mental Capacity and DoLS and the appointment of independent section 12 approved doctors.</p>	<p>DoLS and Mental Health Act Training is provided as part of divisional mandatory training.</p> <p>Mandatory training compliance action plans are being completed by all teams to ensure that the Division is able demonstrate compliance.</p>	<p>Interim Head of Nursing</p>	<p>31/10/2015</p>

