

## **NHS Mental Health Service Inspection (Unannounced)**

Cefn Coed Hospital

Tawe Clinic – Clyne & Fendrod wards

Swansea Bay University Health Board

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Tawe Clinic, Cefn Coed Hospital within Swansea Bay University Health Board on the evening of 19 August 2019 and following days of 20 and 21 August. The following sites and wards were visited during this inspection:

- Clyne – Adult Mental Health (Female)
- Fendrod – Adult Mental Health (Male)

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

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

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

We previously inspected this setting in June 2018<sup>1</sup>.

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

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<sup>1</sup> <https://hiw.org.uk/sites/default/files/2019-06/180924cefncoeden.pdf>

## 2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

We found that the out-dated design of Cefn Coed Hospital impacts negatively upon the patient experience and provides difficulties for staff working in this environment.

The health board must review its mental health service provision to ensure the environments of care are developed, to reflect current and future provision of mental health care.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Patients were provided with a good range of therapies and activities
- Good team working and motivated staff
- Established governance arrangements.

This is what we recommend the service could improve:

- The environment of care that impacts upon patient privacy and dignity
- The environment of care for staff to manage the safety of the wards
- The layout of the clinic rooms and storage of medication
- Record keeping and the completion of clinical documentation.

## 3. What we found

### Background of the service

Tawe Clinic provides NHS mental health services at Cefn Coed Hospital, Cockett, Swansea, SA2 0GH, within Swansea Bay University Health Board. Cefn Coed Hospital<sup>2</sup> is a typical large early 20<sup>th</sup> Century mental health hospital that first opened in the 1930s. A large proportion of the original hospital has been decommissioned with the remaining wards being restructured and refurbished in an attempt to modernise the environment.

The Tawe Clinic provides assessment, therapeutic interventions and support for individuals experiencing an acute mental health episode where inpatient care is necessary. There are two wards, Fendrod providing care for men (20 beds) and Clyne providing care for women (14 beds). At the time of our inspection there were 14 patients on each ward.

Each ward and its multidisciplinary team work closely with associated community mental health teams, and particularly with the crisis resolution and home treatment team for the Swansea area.

Other patient services at Cefn Coed Hospital include:

- Gwelfor provides a slow stream<sup>3</sup> rehabilitation service and a step down service.
- Ysbryd y Coed is a purpose-built service that provides extended assessment, treatment and a range of therapeutic intervention for patients who for one reason or another cannot be managed in any other setting at that time in their illness.

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<sup>2</sup> <http://www.wales.nhs.uk/sitesplus/863/page/39265>

<sup>3</sup> A slow stream mental health rehabilitation service gives patients the opportunity to achieve goals, increase their independence and makes sure that they do not lose any of the gains they have already made before returning into the wider community. Step down units provide people with the support and care they need before going back into the wider community.

## Quality of patient experience

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

We observed that staff interacted and engaged with patients appropriately, and treated patients with dignity and respect.

Patients were provided with the opportunity to maintain and develop skills through varied activity and therapy programmes.

The environment of care at Cefn Coed Hospital is out-dated and impacts negatively upon the patient experience.

### Staying healthy

There was strong emphasis on both wards to provide patients with a wide range of activities to help support their independence and aid recovery.

Throughout the inspection, on both wards, we observed patients to be regularly engaged in activities and therapies. Each ward had a designated activity co-ordinator, both of whom also included some weekend shifts. There is input to both wards from an occupational therapist and occupational therapy technician.

The input from occupational therapy and the activity co-ordinators help provide an appropriate range of assessments activities, within the hospital and the community. These included cinema and bowling trips, as well as attending local coffee shops and restaurants. There were strong links with voluntary and charitable organisations that provided additional activities such as dog therapy and walking, manicures, and also a music group.

Both wards had an occupational therapy kitchen that provided patients with an easily accessible facility to practice and develop their skills. No regular temperature checks were being completed for the occupational therapy fridges on either ward, these need to be completed to ensure that produce is stored at the correct temperature.

At the time of the inspection the kitchen on Fendrod was also being used as a meeting room for clinical discussions, and therefore not accessible during these times and restricting the availability for patients. It was confirmed by the health

board that an additional room on the ward had been refurbished for meetings that will mean the kitchen will no longer be used for clinical meetings.

Both wards had designated times for providing patients with drinks throughout the day. In addition, on Clyde we observed patients accessing hot and cold drinks from the kitchen throughout the inspection. Fendrod patients weren't able to freely access their kitchen, and therefore had to use a payment vending machine within the dining room for warm drinks. This meant that there was no equitability between the two wards, with Fendrod patients requiring to pay for additional hot drinks. We brought this to the attention of senior managers within the health board, who agreed that patients should not be expected to pay for their drinks and that they would review this situation.

Both wards had their own designated garden area, both of which provided a pleasant outdoor space. Significant efforts had been made by one of the Fendrod health care support workers to develop the ward's garden area. This included substantial time and effort in their own time to regenerate the outside space in to a greatly appreciated therapeutic space for patients. In recognition the staff member was nominated for the health board's Chairman's Award.

Access to the garden area from the wards was restricted due to poor visibility of the patients by staff. Garden access was dependent on restricted on staff availability to accompany to maintain the safety of patients. This impacts negatively upon patients' freedom into these areas, as a result of the out-dated design of Cefn Coed hospital.

During our conversation with senior managers, they expressed their wish to develop the outside areas of the hospital further, to include outdoor exercise equipment. This would provide patients with the opportunity to take part in some physical exercise whilst in hospital. At present the design of Cefn Coed Hospital means that there is limited space to give patients the opportunity on the wards or garden areas to undertake physical exercise.

#### Improvement needed

The health board must:

- Ensure that the temperature of fridges in the occupational therapy kitchens are monitored
- Confirm that clinical meetings do not take place in occupational therapy kitchen on Fendrod
- Ensure that patients are not charged for ward drinks

- Ensure that patients have the opportunity to take part in physical exercise whilst in hospital.

## **Dignified care**

Throughout the hospital, all the staff we observed interacted and engaged with patients appropriately, and treated patients with dignity and respect.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection, and observed staff being respectful toward patients. When patients approached staff members, they were met with polite and responsive caring attitudes. There was clear mutual respect and strong relationship security between staff and patients.

The ward environments did not meet current standards<sup>4</sup> for adult acute mental health units in Wales. This presented challenges around aspects of dignified care.

Both wards provided single gender accommodation. Each patient on Clyne Ward had their own individual bedroom that they could use. Most patients on Fendrod Ward had their own individual bedroom (there were two shared bedrooms, each with two beds). Beds within the shared bedroom had curtains between them, however, these only afford the basic level of privacy for patients, and do not reflect modern mental health care provision.

Patient bedrooms did not have en suite facilities; there were shared toilets, shower and bath facilities on each ward, with three showers and a bath on Clyne and two showers and a bath on Fendrod. This is insufficient provision for the

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<sup>4</sup>Welsh Health Building Note (WHBN) 03-01 - Adult Acute Mental Health Units  
<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHBN%2003-01%20Adult%20Acute%20Mental%20Health%20Units%20-%20final.pdf>

number of patients on each ward. Also, one shower on Clyne was out-of-order which limited the facilities further. On Fendrod, the bath plug was missing, as a result toilet paper was being used by patients to fill the plughole; this is not appropriate. We spoke with staff who said that the bath plugs go missing on a regular occurrence, senior managers confirmed that they were looking for an alternative plughole-stopper to prevent this issue occurring.

Since our previous inspection, five bedrooms on each ward had been refurbished as part of anti-ligature improvements to the ward environments. The new bedroom furniture, fixtures and fittings reduced the stark appearance of these bedrooms. However, the remaining bedrooms on the wards were still less welcoming. Senior managers confirmed that the remaining rooms were part of the second phase of the anti-ligature refurbishment.

#### Improvement needed

The health board must ensure that there are appropriate arrangements in place for the use of bath plugs.

#### Patient information

We saw information was available to help patients and their families understand their care, as well as details about organisations that can provide help and support to patients affected by mental health conditions. Information on advocacy was prominently displayed.

Information was displayed on how patients and their families can provide feedback about their experiences of the care provided on the wards. There was also information displayed about how patients could raise a concern about their care which included NHS Wales Putting Things Right<sup>5</sup> arrangements.

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<sup>5</sup> Putting Things Right is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

There was no information available on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales<sup>6</sup>.

There was limited information on health promotion displayed, senior managers at the inspection feedback session confirmed that this was being reviewed as part of the health board's new, Go Home Healthy initiative; a range of information and activities to help promote healthy lifestyle choices.

It was positive to note that both wards had a board displaying photos of staff members, these assist patients and visitors in identifying individual staff members.

#### Improvement needed

The health board must ensure that information is displayed on:

- The role of HIW and how to contact the organisation
- Health promotion.

#### Communicating effectively

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

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

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<sup>6</sup> Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. <https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>

## Individual care

### People's rights

We reviewed a sample of care records for patients detained under the Mental Health Act (the Act). We saw that documentation required by legislation was in place. This demonstrated that patients' rights had been promoted and protected as required by the Act

Patients could also use their mobile phones to keep in contact with their friends and family. Patients who did not have a mobile phone had access to the ward phones.

Neither ward had a designated meeting room where patients could meet with visitors in private. In general the practice on Fendrod was to use the patient dining room, and on Clyne there was a space at the entrance to the ward. Neither of these areas afforded adequate privacy.

There was a designated area for child visiting which was off ward. This meant that patients could meet with younger family members away from the ward environment.

#### Improvement needed

The health board must ensure that there are suitable facilities available for patients to meet with visitors in private.

### Listening and learning from feedback

As previously highlighted, the health board had arrangements in place for patients and their families to provide feedback about their experiences and to raise a concern.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. Where this was not possible, they were aware that patients could escalate their concern via the health board's procedure.

## Delivery of safe and effective care

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

The ward environments impact negatively upon the staff's ability to maintain patient safety. The health board has introduced improvements since our previous inspection, however, these remain inadequate to meet all appropriate standards for in-patient services.

Improvements are required in the layout of the clinic rooms on both wards, along with ensuring that medication is stored at the correct temperature.

Whilst patient records were systematically filed, improvements are required to ensure that clinical documentation is complete, and that care plans reflect the needs and risks of the individual patient.

### Safe care

#### Managing risk and promoting health and safety

The Tawe Clinic is located in the original Cefn Coed Hospital building, and consists of two wards, Clyne Ward and Fendrod Ward.

There is level access to the main entrance of the building and Clyne Ward. This makes access to the ward easier for patients and visitors with mobility difficulties. We saw that noteworthy considerable efforts had been made, to clearly identify the main entrance, and make the approach pleasant and welcoming for patients and visitors to the hospital.

Fendrod Ward is located on the first floor of the building and can only be accessed via stairs. This means patients who may have limited mobility are unable to access this ward. It was explained that if such care and intervention was required, then the patient would typically be cared for on Ward F at Neath Port Talbot Hospital.

The out-dated structural design of the wards does not allow for ease of observation of patients. There are a number of corridors and recesses out of easy view of staff. The health board have tried to mitigate this by including observation

mirrors; however the wards remain poorly laid out for ease of observation to maintain the safety of patients, staff and visitors at all times.

Call points were available in patient bedrooms, bathrooms and toilets. These allowed for patients to notify staff if they required assistance.

It was noted that staff carried personal alarms, which is an improvement since our previous inspection. Previously, some staff did not wear alarms, as they perceived there was no risk or the risk to their safety was low. However, the alarm system was audio only and internal to each ward, and was not an integrated alarm system, to provide a visual display to identify the staff member requiring immediate assistance, or assistance from the other wards. If required, staff had to phone the other ward, thus causing a delay in assistance (or no contact at all), particularly during the night when there are fewer staff on the wards.

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was giving cause for concern. Senior staff confirmed that the physical restraint of patients was used, but this was rare and only used as a last resort. Neither ward had a specific area where staff could use to re-direct patients to manage challenging behaviours, or areas available for seclusion<sup>7</sup>.

Both wards lacked space to easily allow for staff to talk with patients in a quiet area of the ward, away from other patients. If verbal de-escalation was unsuccessful, then staff may undertake physical intervention techniques; whilst arrangements were described to protect the patient's privacy and dignity, these interventions would generally be within communal areas where other patients may be present. Not only does this impact upon the dignity of the patient who requires the support of staff, but can also be unsettling for other patients within the area at the time.

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<sup>7</sup> The supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. (The Mental Health Act 1983 Code of Practice for Wales (2016))

There was no Psychiatric Intensive Care Unit<sup>8</sup> (PICU) at Cefn Coed Hospital. If required a PICU is accessed at Princess of Wales Hospital<sup>9</sup>, Bridgend. Senior managers confirmed that arrangements were in place for ongoing access to PICU beds at Princess of Wales Hospital. However, managing patients and transferring them from one hospital to another when they require care within a PICU provides significant challenges for staff, and impacts upon the patient's well-being during this period. Staff we spoke with felt that not having appropriate areas for de-escalation and no rapid access to a PICU, was detrimental for patient's well-being, and this also provided additional challenges for staff at Cefn Coed Hospital.

There was an admission assessment area, where professionals would consider whether a person required admission in to hospital. This area was not an appropriate safe room for undertaking assessments, due to potential risks of self-harm or harm to others. There were numerous ligature points within the room, glass window panes (that were not toughened glass), and an electrical box on the wall with a danger sign attached to it. In addition, the room was poorly furnished with items that could be easily thrown or used as a weapon, and there were no toilet facilities within the area.

We were also informed that conversations could be overheard from outside the assessment room where others may be sat. Whilst there was additional seating further away from the admission assessment area, this was in a less private area which meant that a person awaiting assessment could be seen by people entering the hospital.

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<sup>8</sup> A Psychiatric Intensive Care Unit is an in-patient mental health ward that provides greater support and lower risk for patients with a more restrictive environment and increased staffing levels than an acute ward. PICUs are designed to look after patients who cannot be managed on acute psychiatric wards due to the level of risk the patient poses to themselves or others. The aim is for the patient's length of stay to be as short as possible to manage the increased challenging behaviours and then returned to an acute ward as soon as their mental state has stabilised to what can be safely managed there.

<sup>9</sup> Princess of Wales Hospital was part of Abertawe Bro Morgannwg University Health Board up until 31 March 2019. Changes to health board boundaries on 1 April 2019 saw the creation of Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board of which includes Princess of Wales Hospital.

The admission assessment area, whilst close to the entrance to both wards, was isolated down a corridor, therefore there was the potential for a lack of support for staff assessing patients or managing an incident in that area.

As stated earlier, the ward had been refurbished as part of anti-ligature improvements to the ward environments. In relation to the ligature points, risk assessments had been completed within the last year and we saw that controls had been identified to mitigate the risk.

Ligature cutters were readily available on both wards. There was a variety of ligature cutters available on Clyne for different types of ligatures, however, there was only one type of ligature cutter on Fendrod. This means staff may not have access to the most effective ligature cutter for all situations. Senior managers provided assurance that the full range of ligature cutters would be implemented across each ward.

On reviewing the maintenance request records, it was evident that upkeep of the environment was hindered by the aged building, notably regular requests had been made in respect of electrical and plumbing works.

There were also areas of maintenance, which required addressing trip hazards. On Clyne there were areas of ward flooring that had softened, and also areas of broken floor seals that had been taped; these require repairing. There was also a hole on Fendrod at the exit in to the garden; this had not been reported, but staff actioned this request during the inspection.

There remained a patients' smoking room located on Fendrod Ward. We saw that this was ventilated to remove smoke and the door was observed to be closed when patients were using the room. However, a smell of smoke was still apparent on the ward. The health board was in the process of decommissioning the smoking room, with alternative arrangements being made for the ward garden, which was the smoking point for Clyne patients. The removal of the smoking room will provide additional on-ward space for Fendrod.

#### Improvement needed

The health board must:

- Review the personal alarm system, to identify improvements that can be made to alerting staff (including other wards)
- Consider what improvements can be made to the layout of each ward, to support staff in managing challenging behaviours

- Ensure that a suitable admission assessment area is identified, to maintain the safety of the person being assessed, staff and others present
- Ensure that all mental health wards have a range of ligature cutters for different types of ligatures
- Ensure that damage to ward flooring is repaired
- Ensure that the floor hole on access to the garden on Fendrod is repaired
- Update HIW on the remove of the smoking room on Fendrod.

### Infection prevention and control

There were established infection, prevention and control arrangements in place on both wards. However, the out-dated building hindered the efforts of staff to continuously maintain effective infection, prevention and control. There was also limited storage space on each ward, which resulted in items not being stored appropriately.

Housekeeping cleaning equipment was stored and organised appropriately. Schedules of cleaning were completed by the housekeeping staff, and staff described the audits that were completed.

As detailed earlier, there were limited numbers of toilet and shower facilities on each ward, these were in high use throughout the day and therefore difficult to maintain the cleanliness of these areas. This was commented upon by patients, housekeeping and ward staff. It was also noted that recurring problems with these facilities, also limited their availability.

Hand washing and drying facilities, along with hand sanitising gel, were available on both wards. Posters providing instructions on effective hand washing were also displayed. Effective hand washing is important to reduce cross infection.

We saw that appropriate personal protective equipment such as disposable gloves and aprons were readily available for staff use, and we saw that cleaning chemicals and equipment were stored safely when not being used.

We saw that arrangements were in place for the safe disposal of medical sharps (needles) into appropriately coloured bins. However, it was noted that safety lids were not always closed on the bins when not in use. This may increase the risk of injury to staff from disposed sharps.

## Improvement needed

The health board must:

- Consider what improvements can be made to improve storage on both wards
- Consider what improvements can be made to increase the number of toilets and showers on each ward
- Ensure lids are used appropriately on sharp bins.

## Nutrition and hydration

We found that patients were provided with a choice of food and drink. Outside of the main mealtimes, snacks and drinks were available throughout the day. Main meals were prepared off site and delivered in pre-packed containers to the wards. These were then heated by hostess staff, before being served.

We observed meals being served on both wards. Patients appeared to enjoy the meals provided, although some patient's expressed some dissatisfaction for the food. However, there was no consistent theme, and some views contradicted each other.

Dining rooms on both wards were clean and tidy, and provided suitable environments for patients to eat their meals.

Both wards had kitchens that patients could use. The level of supervision of patients by staff when using the kitchens, was determined using a risk based approach.

A breakfast club ran on both wards, two days per week. This provided opportunities for social interaction where patients could help prepare, cook and eat breakfast together as part of their recovery. This formed part of the activities programme.

## Medicines management

On both wards the clinic room was secured to prevent unauthorised entry. During our review of the clinic, the medication cupboards and fridges were locked.

Both clinic rooms were small, cramped and lacked storage. There was only a stable door<sup>10</sup> on the entrance to the Clyne clinic, however this opened outwards and could not be secured. Therefore, there was a risk of injury on both opening the door out in to the ward area and whilst open as it could be shut on someone stood at the opening such as at a time when a patient is collecting their medication. Fendrod clinic did not have a stable door, therefore a staff member had to leave the clinic with the medication to give to the patient.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse.

There was evidence that there were regular temperature checks of the medication fridge to monitor that medication was stored at the manufacturer's advised temperature. However, we saw that on Clyne the fridge temperature was recorded outside the required range on numerous occasions with no action being taken as a result.

There was no regular ambient temperature checks of the clinic rooms, there was a thermometer within the Clyne clinic that was displaying a temperature of 25 degrees Celsius. This is typically the advisable upper temperature range from medication that does not require to be refrigerated. There was no facility to reduce the temperature of the clinic rooms if they raised above this limit.

Therefore we were not assured that appropriate systems were in place to ensure that medication is stored at the correct temperature both within clinic rooms and fridges.

The Medication Administration Records (MAR Charts)<sup>11</sup> reviewed were not always fully completed by staff on both wards. There were omissions in fully completing the patient details on the front and subsequent pages. This included not recording the full patient's name, their Mental Health Act legal status or

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<sup>10</sup> A door with separate upper and lower sections, to allow only the upper section to be opened inside the treatment room. This enables staff to give patients medication from within the clinic room, whilst the lower section is secured to deter attempts of unauthorised access.

<sup>11</sup> A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

physical health measurements, such as body mass index, weight or height. There were also occasional omissions on recording of the administration of medication, or the reason why it had not been given.

Following the discovery of illicit drugs on Fendrod, these were held within the clinic room awaiting disposal. It was evident that ward staff had followed the health board's policy, but there had been delays with the pharmacy department disposing of the illicit drugs. However, staff spoke positively regarding the health board pharmacy arrangements, and stated that they were well supported by the department.

There was emergency resuscitation equipment available which was easily accessible to staff and there was evidence that nightly checks were completed. However, on Fendrod there were items that were out of date and required to be replaced; this was actioned during the inspection. It was noteworthy that on Clyne the expiry dates had been highlighted to aid staff in checking these; the health board should consider expanding this practice.

#### Improvement needed

The health board must:

- Consider what improvements can be made to improve the clinic rooms on both wards
- Ensure that immediate action is taken to implement a process to ensure that reporting of unsatisfactory medication fridge temperature is addressed immediately, and record any actions taken when identified
- Ensure that ambient temperature of the clinic rooms is recorded remain within acceptable range
- Ensure that patient details are fully completed on MAR charts
- Ensure that that illicit drugs are disposed of within the required timescales.

#### Safeguarding children and adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Both wards provided care to adults only. Ward staff had access to the health board's safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern.

## **Effective care**

### **Safe and clinically effective care**

Staff on both wards demonstrated they were knowledgeable about the care needs of the patients. During the course of our inspection, we saw staff supporting patients to promote their safety and well-being.

Whilst policies and systems were in place to assist staff deliver safe and clinically effective care, the out-dated environment impacts upon patient care and experience. Throughout the report we have highlighted areas of the Health and Care Standards (2015) that are impacted upon by the environment of Cefn Coed Hospital, despite the refurbishment of ward areas.

The out-dated environment of care also impacts upon the ward staff's ability to deliver individualised care. The ward environments restricts staff's ability to move away from institutionalised practice to maintain patient safety, for example, locking shared facilities, such as toilets, showers and kitchens (which was identified on Fendrod), along with having designated times to access gardens to enable supervision to maintain safety of patients.

We also found improvement was needed, to demonstrate that care and treatment was planned and being delivered in accordance with the Mental Health (Wales) Measure 2010 as highlighted in the section Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision.

Whilst the health board has set out its actions in Appendix C in relation to areas requiring improvement, it must review its mental health service provision to ensure the environments of care are developed, to reflect current and future provision of mental health care.

### **Record keeping**

The patient records we reviewed were systematically filed. However, staff did not always move forward the most recent volume of record in use. Therefore, accessing this information was difficult, particularly if most recent volume of the patient's record had been archived away from the ward.

Staff completed entries that were factual. On the whole entries regarding patient daily routine was written in detail, which provided clear information regarding each patient's care. However, it was noted that staff were not always fully identifying their entries with their printed name, job role and signature. Therefore, it was not always clear who had entered the information in to the patient record.

#### Improvement needed

The health board must ensure that:

- The current volume of patient files includes all relevant information
- Staff identifying their entries with their printed name, job role and signature

### **Mental Health Act Monitoring**

We reviewed the statutory detention documents of three patients across both wards.

We found that applications for detentions had been made in accordance with the Act. These demonstrated that the patients' rights had been maintained as required by the Act. The files were being held securely on the unit, but were easily accessible by those staff requiring access to them.

During our review of MAR Charts, we identified one case where an intra-muscular medication had been prescribed, but this route of administration had not been authorised on the accompanying consent to treatment certificate. It was confirmed that no medication had been administered by intra-muscular injection, and the MAR Chart was updated to remove this route of administration.

#### Improvement needed

The health board must ensure that medication is prescribed in line with consent to treatment provisions of the Act, to ensure that any medication administered is lawful.

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

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

There was a range of standardised physical health documentation with inpatient records, such as, MUST<sup>12</sup>, Abbey Pain Scale<sup>13</sup> and Waterlow<sup>14</sup>. On the whole the documents we reviewed were detailed and well completed, and also evidenced that patients' physical health was being monitored and cared for, whilst in hospital.

To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them. However, on Clyne we found an example where there were no care plans in place for the management of the patient's risk and history in relation to absconding.

On Clyne we also identified that there was no associated care plan in place for a patient who had been prescribed medication for rapid tranquilisation. Therefore, there was no clear multidisciplinary record for the reason why rapid tranquilisation was considered as an option for managing behaviours, and no patient specific documentation to direct staff practice.

The unmet needs of patients were not identified within their care and treatment plan. It is important that any unmet needs are documented, so that these can be regularly reviewed by the multidisciplinary team. It is important to consider options for meeting all needs, as this may result in identifying an alternative placement.

During our review of patient records, we observed that two patients, one on each ward, had been transferred to Cefn Coed from another hospital, with limited

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<sup>12</sup> MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

<sup>13</sup> The Abbey Pain Scale is an instrument designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs.

<sup>14</sup> The tool is to assess risk of a patient/client developing a pressure ulcer. The Waterlow consists of seven items: build/weight, height, visual assessment of the skin, sex/age, continence, mobility, and appetite, and special risk factors, divided into tissue malnutrition, neurological deficit, major surgery/trauma, and medication. The tool identifies three 'at risk' categories: a score of 10-14 indicates 'at risk', a score of 15-19 indicates 'high risk', and a score of 20 and above indicates very high risk.

assessment documentation regarding the patient's original admission at the previous hospital. In the case of the patient on Fendrod, it was documented by ward staff that they had contacted the previous hospital to urgently request the outstanding clinical documentation. However on Clyne, where the patient had been present for over two weeks, there was no record to evidence that staff had requested the outstanding clinical documentation. In addition, staff had not completed their own assessment documentation.

#### Improvement needed

The health board must ensure that:

- Risk assessments and care plans are reviewed regularly to accurately reflect the risk posed by the individual patient
- Care plans accurately contain the individual patient's medication regime
- Patient's unmet needs are documented
- Staff act promptly to address any outstanding clinical documentation.

## Quality of management and leadership

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

Both wards had effective processes and audit arrangements to support staff in maintaining safe and effective care.

There was conscientious leadership, strong team working and motivated staff, who provided dedicated care for patients. Staff were also positive about the support they received from their colleagues and management.

However, as highlighted throughout the report, the out-dated design of Cefn Coed Hospital is no longer suitable, and the health board should consider how to provide a service that reflects current and future standards to provide appropriate mental health care.

## Governance, leadership and accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. These arrangements were clearly defined during the day, with senior management and doctor on-call arrangements in place for the night shift.

Overall, there were systems and processes in place to ensure both Fendrod and Clyne wards, focused on providing safe and effective care. However, we saw evidence that the environment of care within Cefn Coed Hospital is out-dated, which has been detailed earlier in the report. This impacts upon the care that can be provided to patients on these wards.

Senior managers of the health board engaged openly during the inspection, and reciprocated our views on the limitations of the out-dated Cefn Coed Hospital environment. They provided details of improvements that had been made and planned to make best use of the wards. They spoke of potential options for future service provision, however, there was no clear decision made about future in-patient provision by the health board.

The ward environments at Cefn Coed Hospital are below the environmental standard of other mental health wards within the health board. Therefore, patients who are admitted in to either Clyne or Fendrod are not receiving the same standard of care environments to those on other mental health wards within the health board. The health board must ensure its mental health service provision reflects current standards and future provision of mental health care.

There was dedicated and conscientious leadership from the ward managers, who were supported by committed ward multidisciplinary teams. We found that staff were committed to providing patient care to high standards despite the limitations of the ward environments.

Staff spoke positively about the leadership and support provided by the ward managers on both wards. Staff also commented that team-working and staff morale on the wards was good.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisational level, so that the occurrence of incidents could be reviewed and analysed and any learning shared.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Throughout the inspection, all staff engaged openly and were receptive to our views, findings and recommendations.

#### Improvement needed

The health board must review its mental health service provision to ensure the environments of care are developed, to reflect current and future provision of mental health care.

## Staff and resources

### Workforce

Staff evidenced strong team working and appeared motivated to provide dedicated care for patients. Staff we spoke with were positive about the support they received from the colleagues, and leadership by their managers.

Staff stated that recruitment to any vacancies were authorised promptly, which helped in maintaining ward teams. However, on Clyne there was one registered nurse vacancy along with three registered nurses being absent long term. Therefore, additional resources were required to fulfil staff rotas. Where possible the ward utilised its own staff and regular registered nurses from the health board's bank staff.

It was positive to note that staff were undertaking additional shifts to assist in fulfilling rotas to maintain continuity of care. However, we noted that there were occasions when registered and unregistered staff, worked excessive hours; typically by working a double shift<sup>15</sup>. This may lead to fatigue and could potentially affect their well-being and/or compromise their professional judgements and impact on patient safety.

Training information provided by senior staff showed that staff were expected to complete mandatory training on a range of topics relevant to their roles. Mandatory training compliance was regularly monitored and overall was in excess of 80 percent, and there were clear actions evident for addressing any outstanding training requirements. Staff also commented favourably on the opportunities to attend additional training and conferences relevant to their roles.

Staff completed annual performance appraisals and these were documented to evidence that these had been completed. Staff members confirmed that they were able to access clinical supervision through the health board. Neither ward had regular managerial supervision sessions, however, this was an area that the wards were in the process of establishing.

There was a lack of staff break facilities on both wards, and those available were small and cluttered. In addition, due to limited storage across the hospital, staff rooms for both wards included items that should be stored elsewhere on the wards. This meant that there were limited suitable places where staff could take their breaks.

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<sup>15</sup> Double shift refers to a staff member working the early day and late day shifts, this is a 14 hours period from 7am through to 9pm.

### Improvement needed

The health board must:

- Ensure that staff do not work excessive hours
- Ensure there are appropriate areas where staff can take their breaks.

## 4. What next?

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

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

The improvement plans should:

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

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

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

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

## 5. How we inspect NHS mental health services

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

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

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

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

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

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

## Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There was emergency resuscitation equipment on Fendrod that were out of date and required to be replaced.	Potential patient harm due to unusable equipment in case of an emergency.	Notified Ward Manager.	Items replaced during the inspection.

## Appendix B – Immediate improvement plan

**Service:** Cefn Coed Hospital – Tawe Clinic

**Wards:** Clyne & Fendrod

**Date of inspection:** 19 – 21 August 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns identified during the inspection.	Not applicable	Not applicable	Not applicable	Not applicable

## Appendix C – Improvement plan

**Service:** Cefn Coed Hospital – Tawe Clinic

**Wards:** Clyne & Fendrod

**Date of inspection:** 19 – 21 August 2019

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The health board must ensure that the temperature of fridges in the occupational therapy kitchens are monitored.	1.1 Health promotion, protection and improvement	A new fridge has been ordered and once in situ the ward hostess will monitor the temperature	Ward manager	1 December 2019
The health board must confirm that clinical meetings do not take place in occupational therapy kitchen on Fendrod.	1.1 Health promotion, protection and improvement	A new office has been created at the front of the ward and all future meetings will be held in this area	Service manager	Completed

<b>Improvement needed</b>	<b>Standard</b>	<b>Service action</b>	<b>Responsible officer</b>	<b>Timescale</b>
The health board must ensure that patients are not charged for ward drinks.	1.1 Health promotion, protection and improvement	Vending machine has been switched to free vend	Service manager	Completed
The health board must ensure that patients have the opportunity to take part in some physical exercise whilst in hospital.	1.1 Health promotion, protection and improvement	Activity co-ordinator and Occupational Therapy team are in place and co-ordinate and support access to physical exercise. Physiotherapy will also provide support to the ward.	Service manager	completed
The health board must ensure that there are appropriate arrangements in place for plugging baths.	4.1 Dignified Care	New plugs have been ordered	Service manager	Completed
The health board must ensure that information is displayed on the role of HIW and how to contact us.	4.2 Patient Information	HIW leaflets on display on the patient information board	Ward manager	completed
The health board must ensure that information is displayed on health promotion.	4.2 Patient Information	Health promotion leaflets on display on the patient information board	Ward manager	completed
The health board must ensure that there are suitable facilities available for patients to meet with visitors in private.	6.2 Peoples rights	All patients and visitors have access to a family visiting room. There is also	Service manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		provision adjacent to the reception area.		
<b>Delivery of safe and effective care</b>				
The health board must review the personal alarm system to identify improvements that can be made to alerting staff (including on other wards) that assistance is required.	2.1 Managing risk and promoting health and safety	All staff have personal alarms. If assistance is required a voice-call system is in place across the hospital.	Service manager	completed
The health board must consider what improvements can be made to the layout of each ward to support staff in managing challenging behaviours.	2.1 Managing risk and promoting health and safety	There is limited scope to improve the ward layout in its current location but a further review will be undertaken with Estates colleagues. The outcome of this will be reported to Quality & Safety Committee and documented on the Risk Register.	Service Manager	30 November 2019
The health board must ensure that there is a suitable admission assessment area that maintains the safety of the individual being assessed and those present.	2.1 Managing risk and promoting health and safety	There is limited scope to improve the layout of the assessment area in its current location but a further review will be undertaken with Estates colleagues. The outcome of this will be reported to the Quality & Safety	Service manager	30 November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Committee and documented on the Risk Register.		
The health board must ensure that mental health wards have a range of ligature cutters for different types of ligatures.	2.1 Managing risk and promoting health and safety	Additional ligature cutters have been ordered	Service manager	Completed
The health board must ensure that damage to ward flooring is repaired.	2.1 Managing risk and promoting health and safety	Ward flooring repaired	Estates manager	Completed
The health board must ensure that the hole on the exit to garden on Fendrod is repaired.	2.1 Managing risk and promoting health and safety	Repaired by Estates Department	Service manager/Estates manager	Completed
The health board must update HIW on the remove of the smoking room on Fendrod.	2.1 Managing risk and promoting health and safety	Smoking cessation scheme is underway and the removal of the internal ward smoking room is an integral part of this initiative. External smoking shelter and ciglow (igniters) have been ordered.	Service manager	March 2020
The health board must consider what improvements can be made to improve storage on both wards.	2.4 Infection Prevention and	Storage has been reviewed and areas have been identified for additional storage	Ward manager	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Control (IPC) and Decontamination			
The health board must consider what improvements can be made to increase the number of toilets and showers on each ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	There is limited scope to increase the number of toilets and showers on each ward in their current location. A further review will be undertaken with Estates colleagues to explore any possible options	Service Manager	30 November 2019
The health board must ensure lids are used on sharp bins.	2.4 Infection Prevention and Control (IPC) and Decontamination	Sharps bins are provided with lids and the ward manager will check and monitor.	Ward manager	Completed
The health board must consider what improvements can be made to improve the clinic rooms on both wards.	2.6 Medicines Management	Both wards will have new stable-doors fitted	Estates manager	January 2020
The health board must ensure that action is taken when medication fridge temperature readings are outside the permissible range.	2.6 Medicines Management	Pharmacy have been reminded on their responsibilities in fridge temperature monitoring. Pharmacy will alert the ward staff if there are any issues	Pharmacy manager / ward managers	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that ambient temperature of the clinic rooms remain within the permissible range.	2.6 Medicines Management	All ward room temperatures are monitored by estates and adjusted accordingly	Estates manager	Completed
The health board must ensure that patient details are fully completed on MAR charts.	2.6 Medicines Management	All staff have been instructed to complete the MAR charts in full. This is audited by pharmacy.	Ward manager	completed
The health board must ensure that that illicit drugs are disposed of within the required timescales.	2.6 Medicines Management	When illicit drugs are discovered they are disposed of by pharmacy	Pharmacy manager	completed
The health board must ensure that the current volume of patient files includes all relevant information.	3.5 Record keeping	In conjunction with the health records manager all relevant information will move from volume to volume. This will be audited.	Ward manager/ Health records manager	completed
The health board must ensure that staff identifying their entries with their full name, job role and signature.	3.5 Record keeping	All professionals have been instructed to sign all entries as per the Health Boards documentation policy. Head of Nursing will provide assurance via audit	Ward manager / Head of Nursing	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that medication is prescribed in line with consent to treatment provisions of the Act to ensure that any medication administered is lawful.	Application of the Mental Health Act	All staff will be reminded of the need to ensure accurate recording in patient notes. Ward Manager / Pharmacy Manager to audit.	Service Manager	1 December 2019
The health board must ensure that risk assessments and care plans are reviewed regularly to accurately reflect the risk posed by the individual patient.	Monitoring the Mental Health Measure	There is a process in place to ensure regular review of CTPs (Care & Treatment Plans) and risk assessments. The Head of Nursing will audit at regular intervals to provide assurance	Ward manager / Head of Nursing	completed
The health board must ensure that care plans accurately document the individual patient's medication regime.	Monitoring the Mental Health Measure	All CTPs have a section for medication management; staff have been reminded to complete in full all CTPs. The Head of Nursing will audit at regular intervals to provide assurance.	Ward manager / Head of Nursing	Completed
The health board must ensure that patient's unmet needs are documented.	Monitoring the Mental Health Measure	Unmet needs can be captured in the CTP and on PARIS (patient admin system)	Ward manager	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staff act promptly to address any outstanding clinical documentation.	Monitoring the Mental Health Measure	Staff have been reminded of the importance of requesting clinical documentation from admissions to other hospitals in a timely manner	Ward Manager	completed
<b>Quality of management and leadership</b>				
The health board must review its mental health service provision to ensure the environments of care are developed, to reflect current and future provision of mental health care.	Governance, Leadership and Accountability	The Health Board has developed an adult mental health capital group that is leading on the re-provision of the adult in-patient facilities currently on the Cefn Coed Hospital site.	Director of Strategy	2022
The health board must ensure that staff do not work excessive hours.	7.1 Workforce	All staff have been reminded of their duty to comply with European Working Time Directive. The soon to be introduced E-roster system will assist in the monitoring and management of shift patterns and hours worked	Service manager	Jan 2020
The health board must ensure that there are sufficient suitable places where staff could take their breaks.	7.1 Workforce	The Health Board as part of the de-commissioning of Cefn Coed Hospital	Locality manager	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		have re-provided a staff canteen and rest room.		

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

### Service representative

**Name (print):** Malcolm Jones  
**Job role:** Locality Manager  
**Date:** 10.10.2019