

## **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 14 March 2022 and following days of 15 and 16 March. The following sites and wards were visited during this inspection:

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

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

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

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

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

## 2. Summary of our inspection

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.

Care plans drew on individual patient strengths with balanced input from all members of the multi-disciplinary team. However, patient records were disorganised and inconsistencies of recordkeeping across the hospital provided a challenge for staff accessing the most up-to-date and completed documentation.

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.

This is what we found the service did well:

- All staff were observed to interact and engage with patients respectfully
- Provided multidisciplinary patient-centred care
- A good range of health promotion and therapeutic activities
- Established governance arrangements that assisted safe and clinically effective care.

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 structure and consistency of documentation used within patient records.

## 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 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 Strategic Outline Case (SOC) for the re-provision of adult mental health wards in the health board has been approved by Welsh Government. This will lead to the decommissioning of Clyne and Fendrod Wards and replacement with modern, purpose built facilities.

The Tawe Clinic provides therapeutic interventions and support for individuals experiencing an acute mental health episode where inpatient care is necessary. This is typically following a short period of assessment (typically up to 14 days) at the health board's assessment ward at Neath Port Talbot Hospital.

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 both wards were fully occupied. Each ward and its multidisciplinary team work closely with the health board's community mental health services.

Other patient services at Cefn Coed Hospital include:

- Gwelfor provides a slow stream<sup>1</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

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<sup>1</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.

patients who for one reason or another cannot be managed in any other setting at that time in their illness.

## 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.

There was a good range of health promotion and therapeutic activities at the hospital.

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

## Staying healthy

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

There was a wide range of patient information displayed on both wards, it was positive to note that on Clyne ward there was specific information around female health promotion and services. Our conversations with staff and patients, along with reviewing patient records evidenced that there was a clear drive to support the patients on Clyne ward with their physical health and screenings. Whilst on Fendrod there was evidence of physical health being reviewed and monitored by staff, there was less gender specific information relating to male healthcare.

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 assessment activities, within the hospital and the community. Staff spoke of re-connecting links with community organisations that were suspended as a result of the restrictions put in place during of the Covid-19 pandemic.

Whilst there is an understandable emphasis on supporting patients within the community, some patients are required to stay within the hospital and are unable

to access community services. The health board need to consider how to improve the range of exercise facilities available at Cefn Coed Hospital, whilst there was a designated gym area with equipment, this is not routinely accessed by patients. Therefore there was limited opportunities for patients to take part in structured exercise routines in the hospital.

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.

As was the case during our previous inspection in 2019, the kitchen on Fendrod was also being used as a meeting room for clinical discussions, and was therefore inaccessible during these times and restricting the availability for patients. During our previous inspection the health board stated 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. However, throughout this inspection, we observed this room to be regularly used by staff for meetings and therefore significantly limited the opportunity for patients to utilise the facilities within in this room.

Both wards had their own designated garden areas and patients on Clyne could access the garden area through an unlocked door. This was not the case with Fendrod due to the greater difficulty in staff observing the garden area from the ward, which is located on the first floor of the hospital. Therefore garden access for the male patients was dependent on staff availability to accompany them, to maintain their safety. This impacts negatively on freedom of patients into the outside area, as a result of the out-dated design of Cefn Coed Hospital.

#### Improvement needed

The health board must ensure that a range of male specific health promotion is displayed on Fendrod ward.

The health board must review the provision of physical exercise, therapeutic and social activities that are on offer, both within the hospital and in the community.

The health board must ensure that there is a designated occupational therapy kitchen on Fendrod

The health board must ensure the ease of garden access for patients on Fendrod.

## **Dignified care**

We observed staff interact and engage with patients appropriately and treating patients with dignity and respect. The staff we spoke to were committed to provide dignified care for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. When patients approached staff members they were met with polite and responsive caring attitudes. We observed staff being respectful toward patients including prompt and appropriate interaction, in an attempt to prevent patient behaviours escalating.

The ward environments did not meet current standards<sup>2</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. It was also noted that in two bedrooms on Fendrod the window blinds were missing and had not been replaced, this will impact upon the privacy of the patients in each of the bedrooms and their sleep routine.

Patient bedrooms did not have ensuite facilities; there were shared toilets, shower and bath facilities on each ward, with three showers and a bath on Clyne

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<sup>2</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>

and two showers and a bath on Fendrod. This is insufficient provision for the number of patients on each ward.

Despite the outdated hospital construction the health board had modified the environment which included ongoing anti-ligature works and decoration to the wards to improve the aesthetics of the patient areas. It was noted however that Clyne ward had a more pleasant feel to the ward than Fendrod.

Throughout both wards there was damage and markings to furniture, fixtures and fittings that need to be repaired or replaced. These areas detracted from the ward appearance and also prevented appropriate cleaning of these surfaces which impacts upon infection prevention and control.

There were a number of restrictions and practices in place on Fendrod ward that were not the case on Clyne ward. As already mentioned this included that patients had open access to garden area and patient kitchen on Clyne but this was not the case on Fendrod. Clyne ward also had its own laundry room which patients could access or be supported to complete their own laundry, however on Fendrod the patient had to use the health board external laundry service because there was no on ward facility for the male patients. This impacts upon the dignity and the maintaining and learning of skills of the male patients. Some male patients also raised the concerns that items of laundry had been lost and not returned when using the health board's laundry service.

In addition, there remained a patients' smoking room located on Fendrod Ward. The smoking room was very unkempt and heavily stained and marked, it was a very unpleasant area of the ward and undignified for patients. The smoking room also lacked any seating for patients to use, we observed patients sitting on the floor or squatting whilst using this room which further reduced the dignity of those individuals wishing to smoke.

Whilst there was ventilation to remove smoke and the door was observed to be closed when patients were using the room, the smell of smoke was still apparent on the ward and impacted upon all patients and staff. During our previous inspection in 2019, the health board informed us that they were 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. With changes to smoking legislation in 2022 the health board must ensure that the smoking room is removed. The health board also need to ensure that if patients are able to smoke that this is enabled in a dignified manner and does not impact upon other patients or staff.

### Improvement needed

The health board must ensure that the programme of works to modernise the environment of care at Cefn Coed Hospital is progressed in a timely manner.

The health board must ensure that environmental damages is rectified in a timely manner.

The health board must ensure that all patient have the facility to obscure their bedroom window from external light and maintain their privacy.

The health board must review the smoking arrangement for patients on Fendrod Ward.

### 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>3</sup> arrangements.

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>4</sup>.

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<sup>3</sup> Putting Things Right is the process for managing concerns in NHS Wales. [Health in Wales | Putting Things Right](#)

<sup>4</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

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.

### Communicating effectively

Through our observations of staff and 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.

### 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.

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families and carers. <https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>

Neither ward had a designated meeting room where patients could meet with visitors in private. There was a pleasant seating area at the entrance to Clyne which we were informed is used for that ward. However this area did not afford adequate privacy as patients and staff would regularly walk through this area.

#### Improvement needed

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

## Delivery of safe and effective care

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

There were established processes and audits in place to manage risk, health and safety and infection control. Whilst this enabled staff to continue to provide safe and clinically effective care, the out-dated environment of the hospital impacted upon the efficiency and effectiveness of staff.

Care plan documentation reflected the domains of the Welsh Measure. Care plans drew on individual patient's strengths, and it was evident that patients' views were considered with balanced input from all members of the multi-disciplinary team. However, patient records were disorganised, and inconsistencies of recordkeeping across the hospital provided a challenge for staff accessing the most up-to-date and completed documentation.

### 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 was a pleasant and well maintained outside space at the entrance of the Tawe clinic, which included outside seating and raised flower beds.

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. 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.

There was continued improvements being made to the ward environment as part of anti-ligature work. Where ligature points remained these were risk assessed with mitigating actions identified. Ligature cutters were readily available on both wards.

Call points were available in patient bedrooms, bathrooms and toilets. These allowed for patients to notify staff if they required assistance. There were personal alarms that were available to staff. We saw that staff were wearing alarms on Fendrod Ward, but this was not always the case on Clyne. Some staff on Clyne stated that they didn't feel the need to wear an alarm as they had a positive relationship with patients and that during the inspection they did not expect to require urgent assistance from other staff. However, there is great unpredictability with the provision of mental health care that may result in unforeseen assistance being required, including medical emergency. The health board need to ensure that staff are able to alert for assistance without delay when required.

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort.

There was an established electronic system in place for recording, reviewing and monitoring incidents and any use of restraint was documented and reviewed. There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner.

#### Improvement needed

The health board must ensure that there is clarity around the reasons when and why staff wear personal alarms.

#### 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.

Cleaning schedules were in place to promote regular and effective cleaning of the wards. All staff were aware of their responsibilities around infection prevention and control, including wiping telephones and computers with cleaning products between and after use to reduce the risk of cross contamination.

The health board had conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. There was COVID-19 documentation to support staff and ensure that staff remained compliant with policies and procedures.

There was access to hand washing and drying facilities throughout the hospital. During our discussions no issues were highlighted in relation to access to Personal Protection Equipment (PPE), including masks and gloves. Staff were observed to be wearing masks throughout the inspection.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items.

As we identified on our previous inspection there were limited numbers of toilet and shower facilities on each ward, these were in high use throughout the day and it was 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 such as toilet blockages, 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.

#### Improvement needed

The health board must ensure that any reoccurring problems with the toilet facilities are addressed.

#### 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 due to the repetitive menu options that were on offer for patients that had been at the hospital for longer periods.

#### Improvement needed

The health board must review the patient menu options to provide a wide range of choices at Cefn Coed hospital.

### Medicines management

All clinic rooms were locked to prevent unauthorised access. All medication trolleys were locked and secured to prevent them being removed from the clinic room. However we observed that the medication fridge on Fendrod ward was left unlocked on the first evening. It was noted that the fridge on Fendrod and Clyne was locked at all other times during the inspection.

The temperatures of medication fridges were being monitored and recorded, to check that medication was stored within the appropriate temperature range. However, whilst there was clinic room ambient temperature checks being completed on Fendrod Ward, this was not in place on Clyne Ward. Therefore we are not assured that medication that did not require refrigeration was being stored within the temperature range advised by the manufactures.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records viewed evidenced that checks were conducted with the appropriate nursing signatures.

Through our review of medication records it appeared that medication is being used proportionately to the needs of individuals, and where appropriate, other alternatives being considered first.

The Medication Administration Records (MAR Charts)<sup>5</sup> reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages. Each patient's Mental Health Act legal status was recorded on the MAR Chart, however copies of consent to treatment certificates were not always accompanying the relevant MAR Chart. Therefore we are not assured that registered nurses are always checking the consent to treatment certificates to assure themselves that medication is legally authorised.

On both wards there was an individual patient medication folder in place to aid the management of medication. However, it was noted that there was no standardised format to the files and therefore there inconsistencies of filing with in each file. The individual folders were also in poor condition, with loose documents, there was a risk that information could be lost from the individual folders.

#### Improvement needed

The health board must ensure that medication fridges remain locked when not being accessed by staff.

The health board must ensure that ambient room temperature of clinic rooms are recorded and arrangements are in place to adequately manage the temperature of clinic rooms to enable medication to be stored within the temperature range advised by the manufactures.

The health board must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.

The health board must ensure that registered nurses refer to the consent to treatment certificate when administering medication.

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<sup>5</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.

## Safeguarding children and adults at risk

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

The health board monitored the training completion rates with regards to safeguarding children and safeguarding vulnerable adults to ensure staff compliance with mandatory training.

## Effective care

### Record keeping

We found that records held at the unit were kept securely when not being used.

Within each ward's office there were Patient Status at a Glance (PSAG) Boards, this provided key information regarding each individual patient. Whilst all confidential information was recorded behind the PSAG boards closing sections, whilst open and being reviewed by staff this information could be read through the windows of each nursing office. Staff were conscious of this and made the best efforts to ensure that information was not being read by on looking patients outside the room. The health board should consider if there are any further precautions they can take to maintain the confidentiality of information recorded on the PSAG Boards.

We reviewed the care records of five patients. This included care and treatment plans and statutory detention documentation. Paper records were being used on both wards for directing patient care. Whilst we saw efforts had been made to organise the information using dividers, patient records were difficult to navigate due to information being filed inconsistently.

The majority of paper documentation was being drafted electronically and with the intention to print and include within the paper records, however this had not always been included in paper records. Therefore we were unable to easily identify within each patient's record the most up-to-date risk assessments, care plan and other associated documentation.

Our specific findings around the quality of care records are described in the following sections.

## Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across the two wards inspected. We also spoke with the mental health act team to discuss the monitoring and audit arrangements in place for the hospital.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available to ward staff at the hospital. It was also evident that those patients' detentions were reviewed by the Mental Health Review Tribunal and at Hospital Manager Hearings<sup>6</sup>, when applicable or required.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. However there was no record of patients signing their leave form or a reason stated why this had not occurred.

There was also a lack of evidence that patients had been routinely informed of their rights under the Act and whether the patient had understood these.

The Mental Health Act documentation stored on the wards were disorganised and difficult to navigate. The records did not include all required documentation in a systematic order; therefore we were not assured that all required documentation was available to ward staff.

### Improvement needed

The health board must ensure that there is a clear record of patient receiving a copy of their leave form or the reason why this has not occurred.

The health board must ensure that there is a clear record of patient being informed of their rights and the outcome of the discussion, or the reason why this has not occurred.

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<sup>6</sup> The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

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

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

Whilst we found that paper records were disorganised there was evidence of developed multidisciplinary team care planning in place on both wards. Care plan documentation reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. However there were inconsistencies between the two ward on the documentation and standardised templates used on each ward. Staff we spoke with who raised their concerns regarding the differences in paperwork, however we were informed that this was already being reviewed with the aim of consolidating the paperwork being used.

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.

Individual care plans drew on patients' strengths and focused on recovery, rehabilitation and independence. Patient records evidenced the patient's view on their care plan, however it wasn't clear from reading the documentation whether the patient had been involved in the multidisciplinary team discussion or whether the plan had been discussed with the patient separately.

### Improvement needed

The health board must review the format of patient records and paperwork at Cefn Coed hospital.

## 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.*

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

We found that staff were committed to providing patient care to high standards.

The health board had established clear governance arrangements which focused on the improvement of patient care and clinical practice.

## Governance, leadership and accountability

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

We found that there were defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This is achieved through a rolling programme of audit and the establishment of governance structures, which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

The service had established a reducing restrictive practice group, to review and embed practices that enable staff to provide care in line with least restrictive principles.

During our time on the wards we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient groups.

There was dedicated and committed ward multidisciplinary teams and senior health board managers. It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings and recommendations.

## **Staff and resources**

### **Workforce**

The staffing levels appeared appropriate to maintain the safety of patients within the hospital at the time of our inspection. Staff reported that they felt able to keep patients safe but are unable to always undertake the therapeutic engagement with patients that they would like to which would aid and speed recovery.

Whilst there were a number of registered nurse vacancies, there was evidence that the health board was attempting to recruit into the vacancies. Where possible the ward utilised its own staff and regular staff from the health board's staff bank to fill these shortfalls.

Training records provided by senior ward staff showed there was close monitoring of staff training to ensure that health board standards for training were met. The information provided showed that most staff were up to date with mandatory training.

#### **Improvement needed**

The health board must ensure that wards are sufficiently staffed with appropriate skill mix to support therapeutic patient engagement.

## 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
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable

## Appendix B – Immediate improvement plan

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

**Ward/unit(s):** Clyne & Fendrod

**Date of inspection:** 14 – 16 March 2022

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
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

## Appendix C – Improvement plan

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

**Ward/unit(s):** Clyne & Fendrod

**Date of inspection:** 14 – 16 March 2022

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 a range of male specific health promotion is displayed on Fendrod ward.	1.1 Health promotion, protection and improvement	For the ward team to work with external agencies to provide and display male specific health promotion.  Health promotion will be a standing agenda item in patient community meetings.	Ward Manager and Lead OT	June 2022  July 2022
The health board must review the provision of physical exercise, therapeutic and social activities that are on offer, both within the hospital and in the community.	1.1 Health promotion, protection and improvement	Lead Nurse and Lead OT and Directorate Manager to review the accommodation available in order to support physical exercise, therapeutic and social activities	Lead Nurse and Lead OT and Directorate Manager	April 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>within the Cefn Coed Hospital Site. Completed.</p> <p>Space to be identified and decorated. Activities identified and donations to be encourage and charitable fund bids to be developed.</p> <p>Ward manager, OT and activity coordinator to review the provision and promotion of physical exercise, therapeutic and social activities and ensuring that these are available within the hospital and community settings. This will look to include a range of different activities. OT and activity coordinator to gather service user perspective in relation to choices and variety.</p>	<p>Lead Nurse and Lead OT and Directorate Manager</p> <p>Ward Manager, OT and activity coordinator.</p>	<p>September 2022</p> <p>June 2022</p>
<p>The health board must ensure that there is a designated occupational therapy kitchen on Fendrod.</p>	<p>1.1 Health promotion, protection and improvement</p>	<p>Lead Nurse, Lead OT and Directorate Manager to review the accommodation to provide a more appropriate meeting room space to enable the full use of the OT kitchen for the service users. Completed.</p>	<p>Lead Nurse and Lead OT and Directorate Manager</p>	<p>April 2022</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Space identified and full use of OT kitchen reinstated.		September 2022
The health board must ensure the ease of garden access for patients on Fendrod.	1.1 Health promotion, protection and improvement	<p>Review of access to the garden to be conducted by MDT and included on MDT template.</p> <p>Encouraging access through different activities including gardening groups.</p> <p>Lead Nurse and Fendrod MDT to complete risk assessments regarding the increase availability of garden access.</p>	<p>Fendrod MDT</p> <p>Fendrod Activities coordinator</p> <p>Lead Nurse and Fendrod MDT</p>	<p>June 2022</p> <p>April 2022</p> <p>July 2022</p>
The health board must ensure that the programme of works to modernise the environment of care at Cefn Coed Hospital is progressed in a timely manner.	4.1 Dignified Care	<p>Anti-ligature programme of work continues on Tawe Clinic which includes the refurbishment of bathrooms and new furniture in the bedrooms.</p> <p>The Strategic Outline Case (SOC) for the re-provision of adult mental health wards in the HB has been approved by WG. This will lead to the decommissioning of Clyne &amp; Fendrod Wards and</p>	<p>Directorate Manager</p> <p>Senior Management Team</p>	<p>July 2022</p> <p>Late 2025</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		replacement with modern, purpose built facilities.		
The health board must ensure that environmental damages is rectified in a timely manner.	4.1 Dignified Care	<p>Ward manager to conduct thorough inspection of the environment and escalated any damages and improvements required.</p> <p>Directorate Manager to review the process through which environmental work is raised and the effectiveness of this and the escalation process. Complete.</p>	<p>Ward manager, estates teams</p> <p>Directorate Manager</p>	<p>June 2022</p> <p>May 2022</p>
The health board must ensure that all patient have the facility to obscure their bedroom window from external light and maintain their privacy.	4.1 Dignified Care	<p>Ward managers to review the current facilities in place to ensure they are of a good standard and appropriate.</p> <p>Arrange replacements as required and ensure there is access to a stock should an immediate replacement be required.</p>	Ward managers	<p>June 2022</p> <p>July 2022</p>
The health board must review the smoking arrangement for patients on Fendrod Ward.	4.1 Dignified Care	Task and Finish group established to explore the options in order to remove the smoking room. An options appraisal will be created and will be informed	Lead Nurse, Ward Manager, Directorate	June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		through the MDT. Patient engagement will be paramount to feed into this group.  Engagement with Smoking Cessation Wales and Help to Quit Wales to continue encouraging both the Welsh Government and Health Board's Smoke free vision.	Manager and operations team	June 2022
The health board must ensure that information is displayed on the role of HIW and how to contact the organisation	4.2 Patient Information	Ward managers and ward clerks to display this information on the patient information boards.	Ward managers and ward clerks	June 2022
The health board must ensure that there are suitable facilities available for patients to meet with visitors in private	6.2 Peoples rights	Lead Nurse, Lead OT and Directorate Manager to review the accommodation to provide a more appropriate private space for patients to meet with visitors. Completed.	Lead Nurse, Lead OT and Directorate Manager	April 2022
		Scope out the facilities available for children and young people to attend.	Ward manager and ward team	August 2022
<b>Delivery of safe and effective care</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there is clarity around the reasons when and why staff wear personal alarms.	2.1 Managing risk and promoting health and safety	Ward managers to discuss with ward teams the importance of personal alarms in the event of a medical emergency to ensure the team are using the current resource.	Ward managers	June 2022
		Operations teams to undergo a review of the use of personal alarms and the systems used and to propose solutions to the senior management team.	Operations Team	August 2022
The health board must ensure that any reoccurring problems with the toilet facilities are addressed.	2.4 Infection Prevention and Control (IPC) and Decontamination	Fendrod Ward Manager to gain an understanding of the reoccurring problems and address immediately. Estates have undertaken a check of plumbing. Completed.	Ward manager	April 2022
The health board must review the patient menu options to provide a wide range of choices at Cefn Coed hospital.	2.5 Nutrition and Hydration	Lead Nurse and Ward Managers in collaboration with the catering department will discuss the menu options available.	Lead Nurse and Ward Managers	June 2022
		Lead Nurses across Mental Health Division to reflect and action upon recent Quality improvement projects in order to	Lead Nurses	June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		support a more varied range of menu options.		
The health board must ensure that medication fridges remain locked when not being accessed by staff.	2.6 Medicines Management	Ward managers to ensure reminders are sent to registered nurses, review notices and prompts and carry out spot checks for assurance. Completed.	Ward managers	April 2022
The health board must ensure that ambient room temperature of clinic rooms are recorded and arrangements are in place to adequately manage the temperature of clinic rooms to enable medication to be stored within the temperature range advised by the manufactures.	2.6 Medicines Management	Ward managers to devise process to monitor and manage the temperature in the clinic rooms, this will be carried out using a thermometer and daily checks.	Ward Managers	June 2022
The health board must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.	2.6 Medicines Management	<p>Ward manager to review the organisation of service users' folders to ensure the copies of consent are clearly marked and referenced in the MAR chart.</p> <p>Ward clerks to order clear-view folders to insert into service users folders to support checks to ensure copies of consent are included. Completed</p>	Ward manager and Ward clerk	April 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that registered nurses refer to the consent to treatment certificate when administering medication.	2.6 Medicines Management	<p>Information regarding this has been well communicated via email and handovers. Complete.</p> <p>Ward managers to ensure via appropriate training that nurses understand the requirement to refer to consent to treatment certificate when administering medication.</p> <p>Audit systems in place to monitor this going forward. Complete</p>	Ward managers	<p>April 2022</p> <p>July 2022</p> <p>April 2022</p>
The health board must ensure that there is a clear record of patient receiving a copy of their leave form or the reason why this has not occurred.	3.5 Record keeping Application of the Mental Health Act	Ward managers to develop process to ensure the ward staff provide a copy of the leave form.	Ward manager	June 2022
The health board must ensure that there is a clear record of patient being informed of their rights and the outcome of the discussion, or the reason why this has not occurred.	3.5 Record keeping Application of the Mental Health Act	Ward managers and clinical leads to develop process of audit for continuing assurance.	Ward manager and ward team	June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must review the format of patient records and paperwork at Cefn Coed hospital.	3.5 Record keeping  Monitoring the Mental Health Measure	Operations team and business improvement manager to engage with the medical records team to review the format of patient records.	Operations team and business improvement manager	September 2022
<b>Quality of management and leadership</b>				
The health board must ensure that wards are sufficiently staffed with appropriate skill mix to support therapeutic patient engagement	7.1 Workforce	<p>Ward managers to complete rosters and identify deficits in a timely manner and follow current process of escalation.</p> <p>Lead Nurse scrutinises the roster.</p> <p>Timely recruitment toward vacancies and review of skill mix to ensure appointment is appropriate which is carried out by the vacancy control process.</p> <p>Workforce meeting held monthly to discuss vacancies.</p> <p>Above actions completed.</p>	Ward managers	April 2022

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):** Janet Williams  
**Job role:** Service Group Director  
**Date:** 05/05/22