

# Hospital Inspection Report (Unannounced)

Ty Cyfannol and Annwylfan Wards,  
Ysbyty Ystrad Fawr Hospital, Aneurin  
Bevan 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 healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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## What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Ysbyty Ystrad Fawr Hospital, Aneurin Bevan University Health Board on 5, 6 and 7 September 2022. The following hospital wards were reviewed during this inspection:

- Ty Cyfannol - 23 beds, providing recovery focused care for patients with wide ranging mental health issues, between the ages of 18 and 65
- Annwylfan - 16 beds, providing assessment and treatment interventions for older people with dementia.

Our team for the inspection comprised of three HIW Inspectors, two clinical peer reviewers, one Mental Health Act reviewer and one expert by experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

# Summary of inspection

## Quality of Patient Experience

Overall summary:

We found a dedicated staff team that were committed to providing a high standard of patient care. We witnessed respectful interactions between staff and patients. Patients we spoke to told us they were happy and that they were receiving good care at the hospital. Patients had access to a mental health advocate who provided information and support with any issues they may have about their care. Staff demonstrated that they had a desire to improve the quality of services and care delivered to patients on both wards.

This is what we recommend the service can improve:

- Work must be undertaken to improve the appearance of the garden on Ty Cyfannol, and the broken shelter must be replaced
- The Annwylfan patient status at a glance board should be moved so it is not visible to other patients or visitors, to protect patient confidentiality
- Patients should have a wider range of therapeutic and physical activities and more opportunities to exercise for patients on Ty Cyfannol
- The security of the main and internal doors of Ty Cyfannol should be reviewed in light of recent patient breaches.

This is what the service did well:

- Staff demonstrated a good level of understanding of the patients they cared for
- Staff interacted and engaged with patients respectfully.

## Safe and Effective Care

Overall summary:

We found that staff were committed to providing safe and effective patient care. Patient care and treatment plans were adequately completed. However, some improvements are required in respect of document completion and record keeping. Patient care plans were regularly reviewed by staff and updated to reflect current needs and risks. Suitable protocols were in place to manage risk, health and safety

and infection control. The statutory documentation we saw verified that the patients were legally detained.

This is what we recommend the service can improve:

- All staff should be issued with access cards for the wards, to ensure the safety of staff, patients and visitors
- A structured policy must be put in place regarding the use of the Extra Care Area (ECA) for both wards.

This is what the service did well:

- Medication records were comprehensive and complete, and we saw evidence of audits taking place
- Patients received physical healthcare assessments that were regularly monitored.

## Quality of Management and Leadership

Overall summary:

The leadership team was approachable and supportive to staff and had a good understanding of patient needs. Established governance arrangements were in place to provide oversight of clinical and operational issues. Recent staff recruitment has improved working practices, but there is a high use of agency staff which puts pressure on regular staff members. Some staff members were found to be non-compliant with mandatory training. The health board has introduced a new fully electronic health record system and is working towards improving filing systems and processes, but some improvements are needed in this area.

Immediate assurances:

- We examined staff training records, staffing rotas and incident forms. We found that some staff were not compliant with their Prevention and Management of Violence and Aggression training (PMVA) but had engaged in incidents of restraint on the wards. Therefore, we were not assured that staff and patients were being fully protected and safeguarded against injury.

This is what we recommend the service can improve:

- The health board needs to improve the completion and filing of patient records during the transitional period to the new electronic health record system
- The Electronic Staff Record (ESR) system needs improvement so that an accurate staff training status can be obtained and reviewed to ensure all staff are up to date with their training in order to provide safe care and treatment to the patient group. This was also a recommendation during our previous inspection of the hospital in 2017
- The health board should take steps to reduce the high use of agency staff on Annwylfan, which is putting pressure on regular staff
- The health board must ensure that all staff mandatory training is completed and up to date.

Details of the concerns for patients' safety and the immediate improvements and remedial action required are provided in [Appendix A](#) and [Appendix B](#).



# What we found

## Quality of Patient Experience

### Staying Healthy

#### Health Protection and Improvement

We gave HIW questionnaires to patients during the inspection to obtain their views on the service provided at the hospital. In total, we received nine completed questionnaires. All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good. Almost all patients that completed a questionnaire told us that they felt safe while at the hospital.

Patients within both wards had access to their bedrooms, lounges and outside courtyards. Annwylfan had a pleasant therapeutic environment for patients in keeping with their needs. We saw that all occupied rooms displayed patient names outside and the room number in a large, raised font. The ward was bright and colourful with murals on the walls. There was an attractive outside garden with seating and an umbrella for patients.

On Ty Cyfannol, there were two outside spaces for patients. However, there was no outside shelter from rain or the sun in the garden. Staff advised that the existing shelter covering was damaged by patients over a year ago and had to be removed. We saw that the area directly outside the garden doors was littered with cigarette ends, and there were two small overflowing litter bins at its entrance. This made the area appear dirty and unattractive. Staff told us that it is the responsibility of nursing staff and patients to maintain. We recommend that the garden area of Ty Cyfannol should be cleaned, and individuals encouraged to maintain the area. This was also a recommendation during our previous inspection of the hospital in 2017.

Both wards were supported by occupational therapists (OTs) who undertook therapeutic activities with patients. Ty Cyfannol had an Activity Room with a range of activities including a piano, table football, a computer and board games. Patients could freely access the Activity Room between 9am and 5pm and could request access outside of these times.

We observed that patients on Ty Cyfannol had no exercise equipment, neither inside nor outside. Most patients that completed a questionnaire told us that they did not agree that there were sufficient and appropriate leisure facilities on the

wards and said that they would like more opportunities to exercise. Feedback from patients and some staff confirmed that very little recreational activity takes place during the evenings and at weekends. This issue was also noted during our previous inspection of the hospital in 2017.

We saw that patients had requested more recreational activities in the most recent Ty Cyfannol patient meeting, including gym activities and karaoke. We were told that the OT Technician was completing a teaching course to teach gym activities where equipment is not required, but this was not yet complete.

We observed that the communal patient facilities including laundry equipment were in working order, with some small elements requiring maintenance or updating.

## **Dignified care**

### **Dignified care**

The atmosphere appeared to be relaxed on both wards. Patients who completed questionnaires confirmed that staff were responsive, supportive, and kind. We observed respectful interactions between staff and patients on both wards.

On the wards, each patient had their own room with ensuite shower facilities which provided a good standard of privacy and dignity. Patient bedroom doors had a vision panel which enabled staff to undertake observations from the corridor without opening the door, to minimise any potential disruption to patients sleeping. During our time at the hospital, we saw that most of the vision panels on both wards were left open by default, which impacted on the privacy and dignity of patients. Staff told us that the patients could close the panels if they wished, but only from the outside of the door, in the communal corridor of the ward. The health board must ensure that appropriate measures are put in place to protect the privacy of patients by ensuring the patient bedroom vision panels are kept closed in between observation periods. This was a recommendation in our previous inspection in 2017.

Both wards provided mixed gender accommodation which can present challenges around aspects of dignified care. On Annwylfan, the allocation of bedrooms appeared to be random, with alternate male and female bedrooms along the main corridor. Ty Cyfannol was divided into male and female areas, but staff told us that this segregation was not always adhered to, depending on the number of male and female patients on the ward. The health board needs to consider gender segregation on the wards by ensuring that proper safeguards are put in place, and that care plans and risk assessments are completed accordingly.

It was positive to see that patients were able to personalise their rooms and store their own possessions. Patients had access to their own mobile phone where appropriate, but a telephone was also available on each ward for patients to use if required.

On Ty Cyfannol we saw that the assisted toilet was being used as storage area. We recommend that this be cleared for the use patients who may need it. Rooms 23 and 24 were dedicated as the Extra Care Area (ECA). Patients are monitored on a one-to-one basis in this area, which is separate to the main ward. We noted that the shower doors had been removed from the ECA on Ty Cyfannol and had been placed in the storage area. Staff told us they had been broken for “months,” but that the room had last been used by a patient two weeks ago. The shower doors should be replaced as soon as possible to protect the privacy and dignity of patients accessing the ECA.

During our inspection, we witnessed two occasions when patient privacy and confidentiality was breached on Ty Cyfannol. We witnessed staff speaking openly to a patient about their personal hygiene care in the presence and hearing of others. We also witnessed a confidentiality issue whereby members of staff discussed a serious patient incident within earshot of another patient and stated the full name of the patient concerned. The health board must ensure that staff always consider and respect the privacy and dignity of patients when discussing patient matters.

### **Communicating effectively**

We saw some good examples of effective and personalised communication between staff and patients. This included the use of notebooks and wipe clean boards to aid communication. However, we witnessed some staff interactions with patients on Ty Cyfannol to be limited in compassion. For example, we witnessed a discussion between staff and a patient who was refused leave because their section 17 leave form had expired. Staff explained to the patient that this was because the patient had declined to engage the day before, therefore the form was not completed. The staff response to the patient was correct in its reasoning, but we found that there was a lack of sensitivity shown by staff towards the patient during this interaction.

Daily handover meetings were held for nursing staff to share patient information and to update the multi-disciplinary team (MDT) on any concerns, issues or incidents that had taken place the day before. We attended an MDT meeting during the inspection and saw that staff demonstrated a good level of understanding of the individuals they were caring for, and that discussions focused on what was best for the patient.

It was positive to see that weekly patient meetings were held on Ty Cyfannol to discuss relevant information and upcoming activities, and to raise any issues they may have. We saw recent patient meeting feedback that “staff are not always easy to talk to”. Staff on Ty Cyfannol advised us that the patients had an allocated nurse every day, but this information was not shown on a notice board for individual patient awareness to aid communication. Staff told us that the nurses on duty were allocated a specific area of the ward for their tour of duty, so the named nurse for the patients could vary on different days. We recommend that the health board implement a more individualised care process for patients to ensure that patients know who their allocated nurse is on a daily basis.

We saw that there was an organisational board with pictures of the staff and their roles on Annwylfan, but it was not up to date. On Ty Cyfannol, we found that there was no staff organisational chart visible to patients.

### **Patient information**

We observed that all sensitive information regarding patients being cared for at the hospital was kept in appropriately secure areas. Patient status at a glance boards were located in the nursing offices. These displayed confidential information regarding each patient being cared for on the ward. We saw that there were facilities to hide the patient information on Ty Cyfannol to help protect confidentiality. However, on Annwylfan, the patient information board and private patient details could be seen through the clear glass panel of the nursing station door. The health board must ensure that patient personal details cannot be viewed from outside the nursing station on Annwylfan, to protect patient confidentiality.

On Annwylfan, the only patient information displayed on the ward was a laminated HIW poster regarding the role of HIW. We saw no leaflets or notices on how patients could make a complaint in the communal areas. However, in the foyer of the ward there was a large number of useful information leaflets available which were appropriate to the patient group. Some copies in Welsh were readily available, while others could be provided on request.

On Ty Cyfannol we saw that there was a notice board showing helpful organisations for patients, however, there was no patient information on advocacy displayed.

The health board should ensure that relevant patient information is displayed in the communal areas of the wards.

## Timely care

### Timely Access

The wards held daily shift handover meetings to establish bed occupancy levels and to discuss patients care needs. Staff also attended regular multidisciplinary meetings in which information was shared to ensure the timely care of patients. We observed that there were various meetings and processes that supported the effective care of patients. These included a ward round three times per week, senior staff meetings every month and a ward manager meeting once a month. We observed that patients were regularly monitored and received timely care in accordance with clinical need.

## Individual care

### Planning care to promote independence

During the inspection we reviewed the care and treatment plans of ten patients across both wards. On Annwylfan we found that the care and treatment plans were person centred. Each patient had their own programme of care that reflected the needs and risks of the individual patients. It was also evident that patients had been involved in the development of their care and treatment plans wherever possible. On Ty Cyfannol, we found that some care and treatment plans were completed well but there was limited evidence of patient involvement in the care planning process. More findings on the care plans can be found in the Monitoring the Mental Health (Wales) Measure 2010: care planning and provision section of this report.

### People's rights

We found that satisfactory arrangements were in place to promote and protect patient's rights. We observed that regular ward meetings were held to review and discuss practices to minimise the restrictions on patients based on individual patient risks. Patient care was consistent in accordance with the patient age group and requirements.

Both wards had visiting rooms for patients to see their families in private. Most patients who completed a questionnaire told us that they had met with friends or family within the last month at the hospital, and that they regularly keep in touch with family and friends by phone call. Arrangements were in place for patients to make telephone calls in private and many patients had access to their own mobile phones where appropriate. Rooms were also available for patients to spend time away from other patients according to their needs and wishes. In the child visit room on Ty Cyfannol, we saw that there was a broken cupboard which will need to be repaired.

During the inspection, we reviewed a sample of patient records of individuals that had been detained at the hospital under the Mental Health Act. We found that relevant documentation had been completed to correctly detain patients at the hospital. Further information on our findings on the legal documentation is detailed in the Mental Health Act Monitoring section of this report.

The hospital had established policies to help ensure that the patients' equality and diversity were respected, and their human rights maintained. However, we noted that the health board's Equality and Diversity Policy had expired in November 2021 and requires review.

We were told that all patients have access to a mental health advocate who can provide information and support to patients with any issues they may have regarding their care. The patients we spoke with on Ty Cyfannol told us that they were aware of their rights to seek advocacy services.

#### **Listening and learning from feedback**

Both wards had a 'you said, we did' board that highlighted evidence of communicating actions implemented in response to patient requests. However, we noted that the 'you said we did' board was blank on Annwylfan.

We saw minutes of meetings which showed that staff were keeping patients informed of what actions had been taken in response to issues that had been raised on Ty Cyfannol. There was also a patient suggestion box on Ty Cyfannol which invited patient feedback.

We were advised by Annwylfan staff that there was no specific process in place to survey patients and carers to obtain their feedback and ensure quality improvement. Staff told us that the ward have a future plan to implement a carer forum which will gain an insight into patient needs and improvements, but this is not yet in place. Staff advised us that since visiting restrictions were lifted for carers and families, they have regular verbal discussions with them regarding improvements in patient care. However, this was not formally documented.

It was positive to learn that staff have been having discussions about actions they can take to obtain feedback from patients and their families on Annwylfan ward, to improve patient care and satisfaction in the future. We recommend that the health board implement a process for gathering and obtaining feedback from patients, carers and families on Annwylfan.

Senior ward staff on both wards confirmed that wherever possible they would try to resolve complaints immediately and share learning from incidents appropriately.

The health board also had a process in place where patients could escalate concerns via the health board Putting Things Right complaints procedure.

# Delivery of Safe and Effective Care

## Safe Care

### Managing risk and promoting health and safety

We observed that the hospital had processes in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors at the hospital. The wards were secured from unauthorised access and all visitors would report to the reception area to gain access.

We saw that a range of up-to-date health and safety policies were in place and regular health and safety audits were being completed. However, we noted that the policy for the Assessment and Management of Environmental Ligature Risks within the Mental Health and Learning Disabilities Division was out of date. The policy should have been reviewed by 31 January 2020.

We saw evidence of various risk assessments that had been undertaken, including ligature point risk assessments and fire risk assessments. We noted that the broken shelter in the garden area of Ty Cyfannol was not included in the ligature risk assessment, despite it presenting as a ligature risk for patients. We spoke with staff regarding this, who assured us that this would be added to the ligature risk assessment in future. On Ty Cyfannol, we saw that ligature cutters were kept in a poly-pocket inside the patient property cupboard. Staff told us that this location was convenient as it was central to the ward for quick access when needed. We recommend that a more secure and appropriate container is arranged inside the patient property cupboard for the ligature cutters.

During the inspection, staff told us that the main the door of Ty Cyfannol was faulty and did not close properly. We were further advised that some patients had recently absconded from the ward by damaging the door of the nursing station. We saw that the designated fire exit doors where Ty Cyfannol connected to the unoccupied Ty Glas ward were blocked by an armchair. Staff told us that this exit door had been breached several times by a patient kicking the door. To prevent this, staff had placed the chair in front of the door and were also using the chair for patient observations. We were told that that this exit was not the designated fire escape for the ward, yet it was clearly signposted as an emergency exit which could cause confusion for visitors, staff and patients. We advised staff that the exit should be kept clear to allow access and exit in the event of an emergency. The chair was removed during our inspection.

On the evening of our inspection, we saw that the ward was at its minimum staffing establishment. We were told that if the level of patient care needs



increased, additional staff bank and agency staff would be recruited to assist with patient care and observations. We were told that staff are not shared between Annwylfan and Ty Cyfannol, as the category of care and the staff directorate are entirely different. Ty Cyfannol staff told us that they could not easily obtain assistance from any other ward in the event of a serious incident. The hospital no longer has a security presence that can assist with any serious incidents such as challenging patient behaviour. Some staff told us that patients had previously assaulted them and their only option was to contact the police. We were advised that the health board minimum requirement for patient restraint was three members of staff. Staff told us that if they were required to restrain a patient, there would not be enough additional staff to ensure adequate patient care and safety on the ward.

We were told that bank and agency staff are not provided with electronic swipe cards to access the secure areas of the wards including the ECAs. Staff advised us that when bank and agency staff conducted patient observations, or were working in the ECAs, they were locked in that area of the ward with the patient until regular staff came to release them. In the event of an emergency, staff without access cards had to use the emergency call bell to alert regular staff for assistance to exit the area. Regular staff told us that continuously letting bank and agency staff in and out of the ward areas with their own swipe cards distracted them from their duties. It was concerning to note that some staff members would be unable to escape from the ward in the event of an emergency such as a fire or challenging patient behaviours. They would also be unable to help others to do so, including patients, staff and visitors. The health board must ensure that all ward staff are issued with entry cards to access the ward, to ensure the safety of staff, patients and visitors.

On Annwylfan, we saw that some of the call bells in the patient bedrooms were not easily accessible for patients from their beds due to the layout of the bedrooms. The health board must ensure that all patient call bells can be reached by patients from their beds. We also observed that there were two stock trolleys outside room number eighteen that had been left in situ throughout our evening visit and were still present the following day. We recommended that staff moved the trolleys to keep the ward area clutter free and ensure patient safety.

### **Preventing pressure and tissue damage**

We looked at a sample of patient records on both wards and saw evidence that patients received appropriate physical assessments upon their admission, and ongoing physical health checks during their stay. The physical healthcare monitoring on Annwylfan was very comprehensive and included Waterlow scores to help staff assess the risk of patients developing pressure ulcers.

## **Falls prevention**

We saw that the physical healthcare monitoring of patients on Annwylfan included monitoring their risk of falls. We saw that many patients were under observation due to being a falls risk and that the risks were being managed effectively by staff. We witnessed one member of staff successfully prevent a patient fall during our inspection. The staff members that we spoke with understood their role and responsibility regarding falls prevention.

## **Infection prevention and control**

The majority of patients that completed a questionnaire agreed that the environment was clean and tidy and this was evidenced throughout our inspection. We found suitable infection prevention and control (IPC) arrangements in place at the hospital. A range of up-to-date policies were available that detailed the various infection control procedures to help keep staff and patients safe. Regular audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures. Cleaning equipment was stored and organised appropriately. There was evidence of easily available gloves and PPE. Staff we spoke to demonstrated a good knowledge of IPC.

We saw evidence of cleaning schedules. However, on Ty Cyfannol, the cleaning schedule showed several entry gaps and the last entry prior to our inspection had been made on 29 August 2022. We recommend that the Ty Cyfannol cleaning schedule should be kept up to date.

On Annwylfan, we witnessed an occasion when a staff member helped a patient to use the toilet and did not wash their hands after doing so. The health board needs to ensure that all staff understand and are fully compliant with IPC training.

## **Nutrition and hydration**

Patients were supported to meet their dietary needs. We saw examples of patient nutritional screening being completed and evidence of special diets adapted to patient needs including diabetic, vegetarian, and halal. Drinks and snacks were available throughout the day. Most patients who completed questionnaires told us that they enjoyed the food and felt that it was of good quality. Most patients who completed questionnaires told us that the food at the hospital met their dietary requirements, and they were able to access a drink when they need to.

On Ty Cyfannol, we saw that there were not enough seats in the dining room for all patients to eat together. The staff manage this by using the Activity Room as a dining area, or by having more than one sitting for meals. Staff on Ty Cyfannol told us that the patient food choices had remained the same for at least six months to a year. The patient menus have a two-week cycle and are quite predictable. Staff expressed that it would be good to have a variety of menus as they are repetitive

and unimaginative, and do not encourage reluctant eaters. On Ty Cyfannol, we saw that staff completed the Malnutrition Universal Screening Tool (MUST), food and or fluid charts, and undertook weekly weight measurements with patient consent. However, the MUST was not always completed for every patient, and there was no evidence of continued patient review if this process was declined by the patient on admission.

On Annwylfan, staff told us that mealtimes were protected but friends and family were welcome to assist patients at mealtimes. Patients did not have access to a kitchen to make their own meals and snacks, but they could request these outside of allocated mealtimes if required.

### **Medicines management**

We observed that relevant policies, such as medicines management and rapid tranquillisation, were in date and available to staff electronically on computers in the clinic rooms.

During our evening tour of the hospital, we inspected the clinic rooms on both wards. On Ty Cyfannol we found that the clinic room medication cupboard door had fallen off. Staff told us that that they had reported this to estates for repair within the last twenty-four hours. However, we saw that a wide range of medication including Diazepam was still inside. We raised this issue to staff who immediately removed the medication to an alternative cupboard.

During our inspection of Annwylfan, we noted that although the clinic room door was locked, the trolley and cupboards containing medication were left unlocked. We also observed one member of staff leaving a tray containing medication unattended on a patient's bedside table while she helped the patient to use the toilet. The health board must ensure that medication is always stored securely inside the clinic rooms, and never left unattended on the wards.

On Ty Cyfannol, we saw that the Medication Administration Record (MAR) charts were completed to a good standard by medical and nursing staff. There was evidence of pharmacy oversight and we saw no evidence of overly excessive prescription or administration of medication. Controlled drugs were generally administered correctly, according to legislation and guidance. However, we saw four instances where the controlled drugs had not been countersigned or not signed for at all. We also noted that the last stock check of controlled drugs was completed on 14 August 2022. We recommend that the health board ensure that controlled drugs are administered correctly, and that the frequency of stock checks is aligned with health board policy.

On examination of the MAR charts, we found no evidence of consent to treatment forms. These forms were eventually found in the patient notes. We recommend that a copy of patient consent forms should be attached to MAR charts to assist in medication administration and ensure that medication is being legally prescribed to patients. We also saw that the patients' legal status had been recorded in only six of the twenty-two patient MAR charts we viewed. We did not see evidence of patient consent being recorded after a three-month period.

On Annwylfan, MAR charts were viewed to be comprehensive and complete, and we saw evidence of audits taking place. We saw evidence of staff ensuring that patients had individualised medication management plans and that patients had been involved in these plans wherever possible. Medication documentation was completed to a good standard. Consent to treatment forms were filed with the medication charts and every omission was coded in accordance with policy. We saw fully compliant governance around controlled drugs. Minimal and least restrictive prescribing of medications was observed. The patient medicines were regularly reviewed on every ward round, to ensure they continued to be appropriate, and patients were involved in the process where possible.

We noted that photographs of patients were not kept on record on Annwylfan, though some patients were dementia sufferers and unable to communicate with staff. We observed that patients did not wear identity wrist bands on the ward. This highlighted a potential risk in relation to the administration of medication on the ward. Annwylfan had a high usage of agency staff who would not be familiar with patients. This could result in medication errors by unfamiliar staff.

### **Safeguarding children and safeguarding adults at risk**

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

Staff had access to the health board's safeguarding procedures via its intranet. Senior staff on both wards confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During our discussions with staff, they were able to show knowledge of the process of making a safeguarding referral to the safeguarding lead.

However, we identified a recent safeguarding concern on Ty Cyfannol that had not been referred to the safeguarding lead. This was discussed with staff and the matter was then referred appropriately.

## Effective care

### Safe and clinically effective care

During the inspection we looked at the systems and governance arrangements in place to help ensure that staff provided safe and clinically effective care for patients.

Physical health care was being monitored and recorded for all patients using the National Early Warning Score (NEWS). This type of monitoring helps staff recognise patients whose condition is deteriorating so they can benefit from being treated as quickly as possible. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that debriefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents were investigated and managed appropriately.

However, during our inspection we found that some staff on both wards were not compliant with mandatory restraint training. Staff informed us that there had been three incidents of restraint on Ty Cyfannol which had involved a member of staff who was not compliant with their PMVA training, and eight incidents of restraint on Annwylfan which had involved members of staff who were not compliant with their PMVA training. Furthermore, the health board's 'Use of Restrictive Physical Intervention' policy was out of date. Due to staff having engaged in incidents of restraint after their PMVA training had expired, we were not assured that staff and patients we are being fully protected and safeguarded against injury. Our concerns regarding this issue were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Further information on the improvements we identified, and the actions taken by the health board, are provided in [Appendix B](#).

We spoke to staff on both wards who showed understanding of restrictive practices available to them. However, some staff members displayed a lack of knowledge of appropriate preventative measures which can reduce the need for restrictive responses to challenging behaviour. We noted that some relevant health board policies had expired which included the ABUHB Use of Restrictive Physical Intervention Policy which had expired on 26 September 2019.

During the inspection we observed that one patient was under continuous observation and being nursed for prolonged periods in the extra care area (ECA) of Annwylfan Ward, due to the risks presented by the patient. This placement was supported by senior management to ensure the safety of the patient and other patients on the ward. The placement was deemed to be in the best interests of the

patient. We saw that the ECA was located adjacent to the main ward area and the patient being cared for in the ECA was locked inside when they were not spending time on the ward. We examined the care and treatment plan of the patient and observed that the patient was regularly spending time in the main ward and was not being continuously secluded from other patients. Nor was this patient ever left alone, being under constant staff observation. However, the exact amount of time spent on the ward by the patient was not clearly documented in the notes. We saw examples of entries which described the time spent on the ward as 'throughout the day' and 'a short time.' Staff advised us that the patient's bedroom in the ECA was one of the sixteen allocated patient beds on the ward and was not a seclusion area for the patient. We were advised that the health board had completed a draft policy regarding the use of ECAs which was under consultation at the time of our inspection. We noted that the use of the ECA at the time of the inspection was not strictly in line with the ECA policy which awaits publication. We recommend that an interim policy concerning the management of this patient in the ECA is completed, to ensure clarity and understanding.

On Ty Cyfannol, the ECA was utilised in situations where an increased risk to the patient or others justified their placement in the ECA, or for patients requiring a less stimulating environment. We inspected a recent patient care intervention period of placement in the ECA. We found that the justification for this placement was only briefly outlined in the patient care records, and staff could not find any specific ward care plan in respect of the patient's stay in the ECA. There was no evidence of a specific review process to suspend or end the care period for the patient concerned.

The ECA on Ty Cyfannol was also utilised as a 'holding bed' for Child and Adolescent Mental Health Services (CAMHS) patients aged 16-17, until they could be safely assessed for community or designated CAMHS ward care. It was anticipated that the ECA would be used for no longer than 72 hours for this purpose. However, staff told us that there had been occasions when the ECA had been used by CAMHS patients for weeks at a time with only occasional access to outside space, due to the lack of availability of CAMHS services.

We recommend that the health board draft a structured policy regarding use of the ECA on both wards. We further recommend improvement in the documentation and daily records entries for patients who spend time in the ECAs so that a clear picture of their time spent on the ECA can be established.

### **Quality improvement, research and innovation**

During our discussions with ward staff and senior managers, we were provided with many examples where they were reviewing the provision of service on the wards

and the wider health board. There were regular staff meetings in which information and learning was shared between staff. Both wards conducted a program of audit in order to identify issues, mistakes and training needs. We were advised that nursing and estates staff conducted quarterly 'walkarounds' to review the ward environment using the Hospital Environment Board (HEB) checklists.

We noted that there are plans in place for improvement of the working environment on Ty Cyfannol. Staff told us that a new nursing station was being developed on the ward. At the time of our inspection, it was still not ready for use, despite having been under refurbishment for the past two years. Staff told us that the new office would be a more convenient location for them to access the ward and provide patient care. We recommend that the health board ensures completion of the office for the benefit both staff and patients. This room will provide much needed extra office space for staff, given that the current nursing office has only three desks.

### **Record keeping**

During our inspection, it was positive to see that there were secure file storage arrangements in place to prevent unauthorised access and breaches in confidentiality. The hospital had recently adopted a new electronic health record system which had been operational for two weeks at the time of our visit. The mix of paper and electronic systems was causing duplication of work for staff, but we were assured that the new WCCIS system will improve working practices in the future. This demonstrates that the health board is working towards putting good systems and processes in place. However, we found that some improvements were required in respect of record keeping and file management.

On Ty Cyfannol, we found that the structure and layout of the patient records we reviewed was generally not well organized. The paper notes were untidy and liable to fall out of the folders. The notes were not ordered alphabetically and were not easy to find. They were often misfiled. There was some standardisation in the patient admission packs that we viewed, but these were generally not fully completed. We found that the electronic paper notes only included daily entries and there appeared to be a lack of connection between medical and nursing notes.

On Annwylfan, it was challenging to view patient records as the relevant information was stored in five separate sources, including the new WCCIS system and four other separate paper folders. We found that the details of the persons present on ward round summaries was not consistently recorded, nor whether they were present in person or online. It was not clear whether social workers or community care workers had been invited to participate in ward round meetings.

We recommend that the health board improve the structure of the ward round summary to ensure that this information is captured for every ward round.

It is hoped that the new health record system will improve some of the record keeping issues that we observed during our inspection. We recommend that the health board undertake further measures to improve the completion and filing of records during the transitional period to the new health record system.

### **Mental Health Act Monitoring**

We looked at five records for patients who were detained under the Mental Health Act and found that legal documentation to detain patients under the Act was compliant with the legislation. All the records we viewed were compliant with the Act and DOLS. Patients were legally detained, and the documentation supported this. Mental Health Act files were well organised, easy to navigate, and stored securely. Consent to treatment forms were completed but not filed with the patient MAR charts. There was good evidence of visible advocacy involvement in patient case work, and evidence of Independent Mental Capacity Advocate and Independent Mental Health Advocacy involvement.

We saw that Section 17 leave forms were up to date, however, very few patients had signed the forms, which could be seen as lack of patient involvement in the process. The forms identified risks and the conditions of the leave, but we found no evidence that patients had been provided or offered a copy. We observed that photographs were not kept on record of patients, including patients who were allocated section 17 leave. This was identified as a recommendation during our last inspection in 2017.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed a sample of care and treatment plans (CTP) and found that there was evidence that care coordinators had been identified for the patients and, where appropriate, family members were involved in care planning arrangements. There was evidence that advocacy services were available to patients. To support patient care plans, there were an extensive 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.

On Ty Cyfannol, we saw instances of good documentation and comprehensive assessment using an individualised approach. There were some examples of good form completion, particularly the patient admission packs. Some care plans were well completed, comprehensively assessed and regularly reviewed. However, the



patient care notes were generally not well completed. We saw daily records for every patient, but they did not often show evidence of one-to-one interventions. All patients had a Wales Applied Risk Research Network Assessment (WARRN) but these were often cursory and not always updated within the given timescale. The patient voice was rarely evident in the care and treatment process in the care plans we viewed. Care plans were not personalised to the patient and none of the care plans were signed by the patient, though some had received copies. We found evidence of daily progress reports for each shift, which briefly addressed the activities of the individual, but these were not detailed in describing the mental state of patients and observation status. The health board should take steps to improve the completion of patient care notes on the ward.

On Annwylfan, the care and treatment plans that we viewed were personalised and person-centred. The physical healthcare monitoring was comprehensive. The capacity assessments were detailed and described the areas of patient understanding. 'All about me' documents were completed for the patients in collaboration with carers. We found that the care plan content was thorough and holistic. The physical health assessment tools were relevant to the patient and evidence based. Care plans were reviewed regularly and updated to reflect current needs and risks. The patient voice was evident in the care and treatment process wherever possible.

# Quality of Management and Leadership

## Governance, Leadership and Accountability

We found that staff were committed to providing patients with a good standard of patient care. Staff from both wards told us that they felt supported by senior managers and described them as approachable.

There were systems and processes in place which evidenced that the hospital is focussed on continuously improving patient services. This was, in part, achieved through a rolling programme of audit, the results of which are reviewed by senior managers so that outcomes can be monitored and discussed regarding the delivery of patient care. Both wards had dedicated ward managers who were supported by committed ward and multi-disciplinary teams. Systems were in place for auditing and managing risk, reporting and monitoring of incidents and complaints via Datix. We noted that outcomes and points of learning were discussed during staff meetings and clinical governance meetings when necessary.

Systems were also in place to monitor compliance with mandatory training and appraisals for staff. However, we found there were deficiencies in mandatory training compliance and a lack of oversight in this area. Discussions with staff and senior managers highlighted that the Electronic Staff Record (ESR) system has a delay which means that it does not accurately reflect the current status of staff training. We were told that it can sometimes take up to six weeks for training records to update on the ESR system. Some training packages are recorded on the previous electronic system or by other methods, which can cause difficulty to obtain an accurate overall picture of staff training levels. The training matrix made available to us both wards highlighted significant training gaps. With a number of systems in place but none of them able to provide an accurate record of staff training, it was recommended that this issue be resolved as soon as possible to ensure that staff have the necessary skills and knowledge to care for the patient group. This was also a recommendation during our previous inspection in 2017.

During our discussions with staff, we were advised that training compliance of agency staff is not checked upon the commencement of their duties on the ward. Senior staff told us that they rely on the agency to ensure the training compliance of its staff. We were further advised that agency staff do not always have access to the ward computers. Therefore, they would not have ready access to relevant online information including clinical policies, procedures and professional guidelines. We recommend that the health board ensure that bank and agency staff are compliant with mandatory training and that they can access the relevant information to perform their role on the wards.

## Workforce

We saw good team working and motivated individuals providing dedicated care for patients. We observed good staff collaboration during morning meetings. Staff told us that they feel supported in their role by the MDT and directorate, but felt that they would like more support and involvement from divisional management in respect of their wellbeing and welfare. Staff described the leadership team as being approachable and supportive.

Staff on Annwylfan told us that they felt there were significant staffing issues relating to the ongoing high use of bank and agency staff on the ward. At the time of our inspection there were only two regular members of staff and nine agency staff caring for fourteen patients. We were told that agency staff are unfamiliar with the ward and patients, so they required additional instruction and attention from regular staff. This was putting added pressure on regular staff who had raised the issue with senior management. We were advised that there had been previous occasions when agency staff had fallen asleep on duty whilst conducting patient observations. Senior staff confirmed that concerns were raised and recorded appropriately in response to such incidents. The agency staff member in question was sent home and was not permitted to work on the ward again in future.

During our visit, we observed that staffing levels met the ward minimum staffing numbers on both wards. However, staff told us that they would like more support in the form of additional, substantive staff members. We were told that the recent appointment of a new ward manager on Ty Cyfannol had improved the working environment for staff. It was positive to learn that the ward has reduced the use of bank and agency staff by filling staff vacancies with new permanent staff members. We were told that in October 2022, Ty Cyfannol will recruit seven new Registered Nurses and will then be fully staffed.

In contrast, there was a high usage of agency staff on Annwylfan which was causing visible stress to staff. We learned that there were four permanent staff vacancies for Registered Nurses and two Health Care Assistants on the ward. We were advised that recent staff sickness and high ward acuity had resulted in an increased use of agency staff. Senior staff confirmed that maintaining adequate staffing became very challenging during the COVID-19 pandemic, when the high usage of agency staff became the normality on the ward. Owing to acuity levels on the ward at the time of our inspection, we were advised that even with a full staff roster, two additional staff were needed to effectively care for patients on the ward. Senior staff advised us that these issues had been raised at the monthly Older Adult Mental Health Assurance and QPS meetings. We were assured that senior staff were engaging with the health board recruitment team in respect of

this matter. We recommend that the health board undertake robust measures to address staffing issues and the high level of agency staff use in the hospital.

## Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

# 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
The designated fire exit doors where Ty Cyfannol connected to the unoccupied Ty Glas ward were blocked by an armchair.	We were not assured that visitors, staff and patients could exit the door in the event of an emergency.	We advised staff that the exit should be kept clear to allow access/exit in the event of an emergency.	The chair was removed during our inspection.
On Ty Cyfannol, the medication room cupboard door had fallen off its hinges and was insecure with medication still inside. The medication had been accessible for up to twenty-four hours and should	Unauthorized persons could have gained access to the insecure medication cupboard and the drugs inside.	We raised this issue with staff immediately.	Staff removed the medication to an alternative lockable cupboard.

<p>have been removed when the cupboard became insecure.</p>			
<p>On Annwylfan, the clinic room trolley containing patient medication was not attached to the wall and was unlocked and open, with no member of staff present in the room at the time. Cupboard 4 in the medication room was unlocked and open. However, the clinic room door was locked.</p>	<p>Unauthorised persons could have gained access to the insecure medication cupboard and the medication inside.</p>	<p>We raised this issue with staff immediately.</p>	<p>The medication room trolley and cupboard were secured by staff.</p>

## Appendix B - Immediate improvement plan

**Service:** Ysbyty Ystrad Fawr

**Date of inspection:** 05, 06 and 07 September 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The Health Board must: Ensure that all staff on Ty Cyfannol and Annwylfan are compliant with PMVA training		Training for staff on both wards has been expedited to ensure that staff will have completed a foundation or refresher course (according to their need) by the end of October 2022 (this excludes staff who are medically exempt/pregnant, or absent for a long/indefinite period e.g., long term sickness/ maternity leave).	Divisional Lead Nurse	End of October 2022
Provide assurance that staff and patients will be fully protected on both wards to ensure only staff that are compliant with their PMVA		Rosters have been revised for each ward to ensure that there are a minimum of three PMVA-compliant staff on duty for each shift.	Divisional Lead Nurse	Immediate - complete



<p>training are involved in incidents of restraint</p>		<p>When shifts are sent to agency for cover, restraint training is requested as a specialist skill. Agency staff will be asked if they are trained in PMVA or similar.</p> <p>Staff who are not compliant will not be involved in restraint unless absolutely necessary (e.g., self-defence).</p> <p>An email has been circulated to Ward Managers for the attention of all in-patient staff to this effect.</p>		
<p>Ensure the 'Use of Restrictive Physical Intervention' policy is reviewed as a matter of urgency to provide clear guidance to staff.</p>		<p>A draft of the updated Health Board policy will be completed by end of December 2022.</p> <p>In the interim, guidance for the Division of MH &amp; LD will be drafted and circulated.</p>	<p>Head of Health &amp; Safety</p>	<p>End of December 2022</p> <p>End October 2022</p>

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):** Michelle Forkings  
**Job role:** Divisional Nurse, MH & LD  
**Date:** 15 September 2022

## Appendix C - Improvement plan

**Service:** Ysbyty Ystrad Fawr

**Date of inspection:** 05, 06 and 07 September 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/ Regulation	Service action	Responsible officer	Timescale
The garden area of Ty Cyfannol should be cleaned, and individuals encouraged to maintain the area.	Health Protection and Improvement	Raised with Facilities Division. Meeting convened for w/c 14.11.2022 to clarify outdoor cleaning schedules for all MH & LD wards.	Senior Manager, Facilities	December 2022
The broken shelter in the garden area should be removed or replaced.	Health Protection and Improvement	The area has been visited by the Health Board's Fire Officer - the shelter cannot be removed until a replacement has been sourced, as patients must have access to a smoking shelter. To remove would create a fire risk.	Service Improvement Manager, AMH	COMPLETE

<p>The health board needs to provide a wider range of therapeutic and physical activities for patients on Ty Cyfannol, including activities outside of weekday working hours and opportunities to exercise. This issue was also a previous recommendation during our previous inspection of the ward in 2017.</p>	<p>Health Protection and Improvement</p>	<p>Prior to Covid, the ward had use of the Hydrotherapy Pool on the Hospital site. The Ward Manager has received confirmation that this can be reinstated in Dec/Jan, depending on the Covid situation.</p>	<p>Ward Manager</p>	<p>December 2022</p>
		<p>The Activities room on the ward is open 7 days a week until 9pm but can stay open longer depending on the demand and use. This is accessible to all patients.</p>	<p>Ward Manager</p>	<p>Ongoing from September 2022</p>
		<p>To liaise with the local Leisure Centre to enquire what is available for the patients on Ty Cyfannol throughout the 7-day week.</p>	<p>Ward Manager</p>	<p>November 2022</p>
		<p>Pet therapy to be re-instated once a month on the weekend.</p>	<p>Ward Manager</p>	<p>December 2022</p>
		<p>‘Growing Spaces’ (third sector organisation attends Ty Cyfannol three times per week to offer</p>	<p>Ward Manager</p>	<p>Ongoing</p>

		music, arts & crafts and gardening sessions on the ward.		
		The lead for OT is arranging 'Music and Hospitals' to attend the ward regularly.	Professional Lead for OT	November 2022
		Continue to bid for OT Technicians to work out of hours and weekends on the Ward to support activities outside of core hours.	Professional Lead for OT	Ongoing
The health board must ensure that appropriate measures are put in place to protect the privacy of patients, by ensuring the patient bedroom vision panels are kept closed between patient observations.	Dignified care	All staff have been reminded to keep vision panels closed.	Ward Manager	COMPLETE
		Ward HEB walkarounds will include this standard as a regular check to monitor and improve compliance.	Lead Nurse/ Senior Nurse	December 2022
The health board needs to consider gender segregation on the wards by ensuring that proper safeguards are put in place, and that care plans and risk assessments are completed accordingly.	Dignified care	Ty Cyfannol to continue to segregate corridors by sex, however mindful of supporting the needs of individuals who identify as gender-fluid/non-binary.	Ward Managers	Ongoing

		Annwylfan to continue to collocate males and females as best as possible. People who have more acute needs will be located in a bedroom nearer the nursing station to enable better observation.		
		Division to liaise with other Divisions to share practice.	Head of Q&I	November 2022
		Standards for mixed occupancy wards to be discussed and agreed at Divisional QPS meeting.	Head of Q&I	November 2022
On Ty Cyfannol, the assisted toilet being used as a storage area should be cleared for the use of any patients who may need it.	Dignified care	<p>This room officially changed use to a storage cupboard last year following correct Health Board procedures. The current sign to be replaced to reflect the change of use.</p> <p>There are a further 3 assisted toilets available on the ward for patients to use in addition to ensuite facilities in all bedrooms.</p>	Ward Manager	November 2022

The shower doors in the ECA of Ty Cyfannol should be replaced to ensure the privacy and dignity of patients.	Dignified care	The doors are magnetic and removable. They have now been re-connected to the door frame.	Ward Manager	COMPLETE
The health board must ensure that staff always consider and respect the privacy and dignity of patients when discussing patient matters.	Dignified care	All staff have been reminded that conversations involving patients must be held in private away from other patients and visitors to the unit.  This will be formally discussed and noted in the Team Meeting.	Ward Manager	COMPLETE
We recommend that the health board implement a more individualised care process for patients to ensure that patients know who their allocated nurse is on a daily basis.	Communicating effectively	All staff have been reminded to inform patients on admission who their Named Nurse is.	Ward Manager	COMPLETE
		Personalised person-centred information boards to be installed by each bed where this information and other specific details can be displayed.	Ward Manager	Costings to be requested by December 2022
Up-to-date staff organisational boards should be displayed on the	Communicating effectively	Ty Cyfannol ward has ordered a replacement display board - awaiting delivery.	Ward Managers	COMPLETE

wards, for patient and visitor awareness.		Induction processes for new staff to both wards will include adding a photo/name to the board.		November 2022
The health board must ensure that patient personal details cannot be viewed from outside the nursing station on Annwylfan, to protect patient confidentiality.	Patient information	A new PSAG board with closing 'wings' has been ordered.	Senior Nurse	COMPLETE
The health board should ensure that information on making a complaint is displayed for patients and visitors on the wards.	Patient information	A 'Putting Things Right' poster is now displayed on Ty Cyfannol. Posters are also displayed in the reception area.	Ward Manager	COMPLETE
		Information added to carer and patient wall displays and now included in carer pack for Annwylfan.	Ward manager	COMPLETE
The health board should ensure that information on advocacy services is displayed for patients and visitors on the wards.	Patient information	An Advocacy Poster is now displayed on Ty Cyfannol. Posters are also displayed in the reception area.  Information added to carer and patient wall displays and also	Ward Managers	COMPLETE



		now included in carer pack for Annwylfan.		
The broken cupboard in the child visit room on Ty Cyfannol needs to be repaired.	People's rights	Works order requested for this to be repaired.	Ward Manager	COMPLETE
The health board should ensure that relevant policies are reviewed and kept up to date prior to their expiration date. This includes the Equality and Diversity Policy which expired in November 2021.	People's rights	Policy is currently being updated.	Health Board Equality, Diversity & Inclusion Specialist	March 2023
The health board should implement a process for gathering and obtaining feedback from patients, carers and families on Annwylfan.	Listening and learning from feedback	The local Community Health Council conducts annual visits to the older adult mental health wards to independently seek feedback from patients and families. These are fed back with recommendations.	Lead Nurse OAMH	Ongoing
		Schedule and plan for obtaining feedback to be discussed at the next Directorate QPS meeting.	Lead Nurse, OAMH	December 2022

<p>The health board must review the policy for the Assessment and Management of Environmental Ligature Risks within the Mental Health and Learning Disabilities Division. The review date expired on 31 January 2020.</p>	<p>Managing risk and promoting health and safety</p>	<p>This policy is complete and awaiting ratification by the MH/LD Division's QPS meeting before being ratified by the Health Board.</p>	<p>Head of Q&amp;I</p>	<p>December 2022</p>
<p>The health board must remove or repair the Ty Cyfannol garden shelter which presents as a ligature risk, and include it in the ligature audit process.</p>	<p>Managing risk and promoting health and safety</p>	<p>Ligature Risk Assessment has been completed which states the area must be observed every 15 minutes to monitor ligature risk.</p>	<p>Works and Estates</p>	<p>March 2023</p>
		<p>The area has been visited by the Health Board's Fire Officer - the shelter cannot be removed until a replacement has been sourced, as patients must have access to</p>	<p>Service Improvement Manager, AMH</p>	<p>COMPLETE</p>

		a smoking shelter. To remove would create a fire risk.		
We recommend a more secure and appropriate container is arranged for the ligature cutters inside the patient property cupboard on Ty Cyfannol.	Managing risk and promoting health and safety	The ward now keeps all cutters in a 'grab bag' / secure container in various positions on the ward to allow emergency access.	Ward Manager	COMPLETE
		Siting of ligature cutters to be included in Assessment and Management of Environmental Ligature Risks within the Mental Health and Learning Disabilities Division.	Head of Q&I	December 2022
The health board should assess and undertake measures to improve the security of the doors on Ty Cyfannol, in light of recent patient breaches.	Managing risk and promoting health and safety	Re: second set of doors into the ward: This set of doors was installed recently to separate the ward from the Crisis Home Treatment Team corridor. They are an extra set of locked security doors built on top of underfloor heating, which restricts them from being made more secure at the bottom. There is a further, main set of robust doors leading into the	Service Improvement Manager (AMH)	December 2022

		<p>Home Treatment corridor and subsequently the ward.</p> <p>Signs are now displayed on the doors as a reminder, that they are securely closed before staff walk away.</p> <p>With regard to doors near the ECA, there is a green 'fire exit button' which opens the doors when pressed. The MH/LD Division is currently exploring potential solutions with Works &amp; Estates that allows swift access in case of fire but that maintains the security of the doors. Another mitigation being explored is the potential for the doors to be alarmed. Anyone nursed in the ECA is nursed on level 3 (within eyesight) observations as a minimum thus mitigating the risk of absconding when the ECA is in use.</p>		
The health board must provide entry cards for all staff working on	Managing risk and promoting health and safety	Spare access cards to be made available on Ty Cyfannol Ward and signed back in after use.	Ward Manager	December 2022

the wards, to ensure the safety of staff and patients				
		Annwylfan continue to ensure spare cards are available in the nursing office.		COMPLETE
The health board must ensure that all patient call bells can be reached by patients from their beds on Annwylfan.	Managing risk and promoting health and safety	Bed positioning in relation to bells to be reviewed in each bedroom.	Ward Manager/ Senior Nurse	December 2022
		Ward HEB walkarounds will include this standard as a regular check to monitor and improve compliance.		ONGOING
The Ty Cyfannol cleaning schedule should be kept up to date.	Infection prevention and control	Cleaning schedule is now being updated daily and the Clinical Band 6 Nurse is taking responsibility for compliance.	Band 6 Clinical Lead Nurse	COMPLETE
The health board needs to ensure that staff understand and are fully compliant with IPC training.	Infection prevention and control	Infection Prevention and Control training is mandatory for staff. Additionally, two staff members from Ty Cyfannol have completed additional IPC Training and are now IPC Champions on Ty Cyfannol.	Ward Manager	COMPLETE

<p>The health board should introduce a more varied menu rotation for patients on Ty Cyfannol.</p>	<p>Nutrition and hydration</p>	<p>Facilities Division recently completed a Health Board-wide review of catering. This feedback has been escalated to facilities colleagues.</p>	<p>Head of Q&amp;I</p>	<p>COMPLETE</p>
<p>The health board should ensure that the Malnutrition Universal Screening Tool is completed and regularly reviewed for all patients on Ty Cyfannol.</p>	<p>Nutrition and hydration</p>	<p>This is part of the admission pack and will be completed for each patient on admission.</p> <p>The Named Nurse will be responsible for reviewing and updating this as part of their checklist.</p> <p>If indicated, this will be included on the personalised person-centred information board to be installed by each patient bed.</p>	<p>Ward Manager</p>	<p>COMPLETE</p>
<p>The health board must ensure that medication is always stored securely inside the clinic room and never left unattended on the wards.</p>	<p>Medicines management</p>	<p>Senior Nurse has reminded all registered nurses of their responsibilities with regard to medicines management.</p>	<p>Senior Nurse</p>	<p>COMPLETE</p>
<p>The health board ensure that controlled drugs are administered correctly on Ty Cyfannol, and that</p>	<p>Medicines management</p>	<p>All staff have been reminded that the medication key and controlled drug keys must be</p>	<p>Ward Manager and Band 6</p>	<p>COMPLETE</p>

the frequency of stock checks is aligned with health board policy.		held securely by 2 separate RMNs on shift.		
		The Controlled Drug Checks are being carried out weekly and have been added to a weekly check list.	Clinical Lead Nurse	COMPLETE
A copy of patient consent forms should be attached to MAR charts to assist in medication administration and ensure that medication is being legally prescribed.	Medicines management	The prescription charts are now kept in a different folder to ensure the 'consent to treat forms' are kept with the prescription charts.	Ward Manager	COMPLETE
Patients' legal status should be recorded in MAR charts on TY Cyfannol.	Medicines management	Medical colleagues have been reminded that patients' legal status must be recorded on MAR charts.	Clinical Director	COMPLETE
Patient consent should be recorded after a three-month period on Ty Cyfannol MAR charts.	Medicines management	Medical Colleagues have been reminded that consent to treatment forms should be reviewed after a 3 month period.	Clinical Director	COMPLETE

Patient photos should be attached to the MAR records to prevent medication errors on Annwylfan.	Medicines management	Photos now attached to MAR charts.  This standard has been added to the ward weekly audit process.	Ward Manager	COMPLETE
The health board should ensure that staff fully understand the need for preventive measures before undertaking restrictive practices with patients.	Safe and clinically effective care	Understanding antecedents and de-escalation techniques is a significant part of PMVA training. PMVA compliance is now 100% for Ty Cyfannol and 94% for Annwylfan.	Ward Manager/ Training Department	COMPLETE
The health board should ensure that relevant policies are reviewed and kept up to date prior to their expiration date, including the Use of Restrictive Physical Intervention Policy which expired on 26 September 2019.	Safe and clinically effective care	This policy will be reviewed by the end of December 2022.	Head of Health & Safety	December 2022
		An interim guidance pertinent to Mental Health has been developed to be considered as an appendix for the Health Board's policy. To be considered at MH/LD Division's policy group of 17.11.2022 & QPSE meeting of 24.11.2022.	Head of Q&I	November 2022
The health board must draft a structured policy regarding use of the ECA on both wards. We further		Seclusion & Segregation policy currently being drafted.	Head of Q&I	December 2022



recommend improvement in the documentation and daily records entries for patients who spend time in the ECAs so that a clear picture of their time spent on the ECA can be established.	Safe and clinically effective care	ECA guidelines to be included as appendices, to include required documentation to record ECA stays.	Directorate Clinical Teams	December 2022
We recommend that the health board ensure completion of the new nursing office on Ty Cyfannol.	Quality improvement, research and innovation	This is now open and being used as a nursing office.	Ward Manager	COMPLETE
The health board needs to improve the completion and filing of records on the wards, and ensure records are stored correctly during the transitional period to the new electronic file system.	Record keeping	All clinical records are now kept on WCCIS.	Ward Manager	COMPLETE
The health board should improve the structure of the Annwylfan ward round summary to ensure that details of every person present are captured for every ward round.	Record keeping	Summary sheet to be developed by newly formed Annwylfan ward Development Group.	Caerphilly Borough Older Adult Senior Management team	December 2022

Consent to treatment forms should be filed with the patient MAR charts on Ty Cyfannol.	Mental Health Act Monitoring	The prescription charts are now kept in a different folder to ensure the 'consent to treat forms' are kept with the prescription charts.  This will be monitored appropriately as part of the weekly checks by the Clinical Lead Band 6.	Ward Manager and Band 6 Clinical Lead Nurse	COMPLETE
The health board should ensure that Section 17 leave forms are signed by the patients and that patients are offered a copy.	Mental Health Act Monitoring	The ward will continue to ensure that patients are asked to sign the form and offered a copy via Ward Round. This will be noted in the Ward Round minutes.	Link Nurse and Responsible Clinician	COMPLETE
Photographs of detained patients undertaking Section 17 Leave should be kept on record.	Mental Health Act Monitoring	This is not currently Health Board policy. This will be discussed at the MH/LD Division's QPS meeting for decision.	Head of Q&I	November 2022
The health board should take steps to improve the completion of patient care notes on Ty Cyfannol.	Monitoring the Mental Health (Wales) Measure 2010: Care	WCCIS is now the primary care record for all patients.		COMPLETE
		Division to consider standards for clinical recording and	Head of Q&I	November 2022

	planning and provision	training that might be required at Divisional QPS meeting.		
The Electronic Staff Record (ESR) system needs improvement so that an accurate staff training status can be obtained and reviewed, to ensure all staff are up to date with their training in order to provide safe care and treatment to the patient group. This was also a recommendation from our last inspection in 2017	Governance, Leadership and Accountability	This has been escalated to Workforce & Development within the HB for consideration at local and national level.  In addition, training opportunities and compliance is monitored via the annual PADR process and in managerial 1:1 sessions	Head of Workforce Information	COMPLETE
The health board must ensure that bank and agency staff are compliant with mandatory training and that they can access the relevant information to perform their role on the wards.	Governance, Leadership and Accountability	A protocol has been developed by the WCCIS team to support bank/agency and other temporary staff can access the system.	WCCIS Implementation Team	COMPLETE
The health board should undertake robust measures to address the high level of agency staff use on Annwylfan.	Workforce	The Division has developed an action plan with the Older Adult Directorate team and HR Business Partner to address recruitment and retention on the ward. This is subject to	Directorate Lead Nurse OAMH	COMPLETE

		monthly review with specific issues escalated when required.		
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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):** Michelle Forkings

**Job role:** Divisional Nurse for Mental Health and Learning Disabilities

**Date:** 15 November 2022