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Eich cyf / Your ref
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17 June 2010

Dear Mary

UNANNOUNCED DIGNITY AND RESPECT VISIT: GLAN TRAETH AND BRYN HESKETH UNITS

I write to advise you of the outcome and actions arising from the unannounced 'Dignity and Respect' visit made to Glan Traeth and Bryn Hesketh units between 18 and 19 November 2009 and to thank your staff for their positive and helpful contributions.

Background to Visit

As you may be aware we announced our intention to undertake such unannounced visits when we published our Three Year Programme for 2009-2012 in July of this year. The focus of these reviews is on the following four areas:

- Is consideration of dignity and respect evident in care and treatment?
- What processes are in operation to ensure that patients receive consistent quality and choice of food which meet their dietary requirements?
- How suitable is the environment of care?
- Are all appropriate services and individuals (including patients and carers) involved in care and treatment?

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As part of the review process we interview staff, patients and carers; examine patient records and observe the environment and the care and treatment being provided at the time of our visit.

We also consider other policy and operational areas that might impact on safety, privacy and dignity including:

- Protection of Vulnerable Adults (POVA) awareness, systems and processes.
- Child Protection (POCA) awareness, systems and processes.
- Staffing levels and skill mix

The outcomes of these visits will also be used to inform:

- Our review of the implementation of the Older Peoples National Service Framework (NSF) in Wales.
- Validation of Healthcare Standards self assessments.

Most importantly the visits will be valuable in providing assurance to patients and the public about the quality of healthcare service provision and all management letters produced as a result of the visits will be published on our website.

Our visit spanned a 24 hour period over Wednesday 18 and Thursday 19 November. This gave our reviewers the opportunity to consider the impact of ward routine and shift changes on patient dignity and to develop an understanding of the culture of the units visited. Our visit focused on the EMI ward at Glan Traeth and the EMI ward and day hospital at Bryn Hesketh.

Overall, we felt that the units provided a caring and supportive environment for both patients and staff. Particularly positive was the physical environment, which appeared clean and well organised and the substantial individual involvement which staff had with patients. Additionally, staff were aware of the necessity to preserve patient dignity and willingly shared responsibilities.

Was consideration of dignity and respect evident in care and treatment?

It was clear that despite the challenging behaviour exhibited by some patients, staff were focussed on maintaining the individual's dignity.

Both wards had mainly single rooms, making it easier to manage patient privacy. Bryn Hesketh ward did have two double rooms and the privacy and dignity of patients was maintained by the use of curtains whilst carrying out any care/ clinical examinations.

Areas for improvement

While capacity and consent issues are commented upon within the patients' clinical records they are not recorded on a recognised pro forma. Staff at Glan Traeth had a general view of what was meant by capacity and consent, however we felt that there was a lack of understanding as to the precise meaning of these terms. If staff are not

confident that they fully understand what is meant by 'capacity' and 'consent' then they are less likely to challenge any inappropriate behaviour of colleagues.

The staff at Bryn Hesketh demonstrated a good understanding of consent and capacity and this was evident in patient notes and at handovers, but again the recording of these decisions could be clearer.

What processes are in operation to ensure that patients receive consistent quality and choice of food which meet their dietary requirements?

Protected meal times are rigidly enforced at Glan Traeth and it is legitimately believed by staff that this is of considerable benefit to the well being of patients. The only slight area of concern was that this could lead to an inflexible approach which might dissuade relatives from offering their services to help at mealtimes. However, with this note of caution, it is recognised that help with feeding patients is readily available and all staff see this function as part of their responsibilities.

The quality of the food was commented on by one patient we spoke to as being 'as good as at home' and such feedback together with the availability of both food and drink outside of normal hours suggests that there are no concerns in this area at Glan Traeth.

Nutritional assessments and weight charts were used appropriately.

Areas for improvement

The only snacks available at Bryn Hesketh day hospital were biscuits, therefore service users who did not want a main meal at lunchtime or were hungry outside of this time, were unable to access lighter snacks such as sandwiches. Snacks outside meal times on the ward was not seen as an issue.

Bryn Hesketh ward has implemented protected meal times, however we were told by staff that other agencies/services do not adhere to the request. Ward staff should be given support by senior staff to help them enforce protected meal times.

How suitable is the environment of care?

Patients commented that cleanliness is of a high standard. The physical environment was clutter free and in Glan Traeth ward the toilet and washing facilities are adequate both in terms of number and single sex provision. Personal toiletries are well supervised to avoid accidental misuse on Glen Traeth ward.

The day hospital at Bryn Hesketh has good therapy support and there are planned activities and Occupational Therapy support on the Ward. The therapeutic approaches and inter-agency support provided on Bryn Hesketh is innovative.

Areas for improvement

There is a difficult balance to be struck between maintining privacy and facilitating observation of patients whilst in their bedrooms. There are no observation panels resulting in staff having to open patient's doors which can result in intrusion or disturbed

sleep. This is an issue that the organisation needs to consider and find an acceptable solution.

Provision of smoking facilities should be reviewed since there is a demand from some patients, but currently staff have to take patients outside where there is no protection from the elements.

There seemed to be a lack of accessible communication aids for patients with sensory impairments on both units, for example the absence of an induction loop at Bryn Hesketh reception and a lack of pictorial images throughout the units.

Signage to certain areas such as toilet/bathroom facilities and bedrooms did not seem adequate for patients with dementia. Larger signs and pictograms would be ideal especially for the gender specific toilets on Bryn Hesketh ward. There should also be appropriate means for patients to identify their own bedrooms.

Bryn Hesketh has lockable cupboards for personal toiletries, however not all cupboards were locked. There should be a clear policy around storing patient toiletries as according to the Control of Substances Hazardous to Health (COSHH) Regulations 2002[1], chemicals and dangerous substances must be stored and handled in a way that minimises the risks posed by those substances and which limits people's exposure to them. Whilst we recognise that items such as shampoos and conditioners would not necessarily be classed as a chemical or dangerous substance, we do feel that there is a risk of confused older people potentially ingesting such substances especially if they have a fruit like scent.

In Bryn Hesketh ward we found that bedrooms were very clinical and lacked personal items such as pictures of family, flowers, clocks etc. Patients, relatives and carers should be encouraged to make the patient's room as comfortable and individual as possible.

The presence of a cat on Glan Traeth ward clearly provides a significant emotional benefit to patients but nevertheless it potentially represents an infection source or dispersal agent. Cats are not seen as a high infection risk in EMI areas, as long as they are regularly vetted, de-wormed and de-flead and kept from areas such as clinical rooms, sluices and away from any patients who are known to have an infection. These relevant protocols involved in safely keeping a cat should be reviewed regularly.

A washing machine is available on Glan Traeth ward for the washing of patients' non-soiled clothing and it is clearly of benefit in reinforcing the characteristic of a caring environment. However, protocols for its use and the methods of monitoring correct use were not immediately apparent and so the operational procedure should be reviewed to address any potential infection control issues.

[1] The Control of Substances Hazardous to Health Regulations 2002.

Were all appropriate services and individuals (including patients and carers) involved in care and treatment?

Bryn Hesketh day hospital and ward patient notes, reflected good practice in carer and other agency involvement in care planning and discharge planning with Multi Disciplinary Team (MDT) meetings being well attended and recorded.

Staff believe that they are well informed as to any complaints from patients and are thus in a position to be able to react constructively. This is also helped by the fact that staff work in close knit teams and very much deal with patients on a one to one basis. This means that staff maintain a good awareness of patients' general views.

Our discussions with one patient demonstrated that she had a good understanding of the clinical nature of her health issues and was aware of her discharge plan. Nothing we heard led us to believe that this patient's view was atypical.

Areas for improvement

Patient records are inconsistent in terms of layout, content and the lack of formal documentation from social care which indicates a lack of integration. In particular, formal statements of consent are not readily apparent.

Risk assessment plays an important part in defining the care plan but because of the inconsistency of the patient records, deriving relevant information can be a non trivial task for any person not regularly associated with the unit, such as any locum clinicians, or any agency nursing staff.

The organisational structure at Glan Traeth inhibits the better use of available therapists and also a formal activities organiser would be a welcome addition.

Evidence of clinical audit activity was sparse and although staff had some knowledge of 'Fundamentals of Care' (FoC) it did not yet seem to be embedded within the staff culture. Bryn Hesketh staff had some knowledge of the FoC, but the audit was incomplete due to IT issues and the level of awareness was limited to some qualified staff.

Examination of patient records on Glan Traeth ward showed inconsistencies with regard to the actual involvement of patients or carers in transfer of care planning.
Transfer of care planning appears not to be started at admission but seems to be left until the decision timescales are dictated by events rather than as a rationally planned process.

Protection of Vulnerable Adults (POVA) awareness, systems and processes.
Child Protection (POCA) awareness, systems and processes.
Staffing levels and skill mix.

There is an emphasis on staff training which is based upon appraisal and personal development discussions. There was a high level of uptake of training with the staff we spoke to.

The escalation process in relation to POVA was articulated well and the willingness to challenge unacceptable colleague behaviour seemed embedded within the staff culture.

Mandatory training (including POCA) is well directed with the possible exception of elements such as equality, race relations and customer care. Due to appraisal activity being soundly managed, there is a good evidence basis for delivery of appropriate staff training.

Overall a strong message came through that the staff feel that they work in a supported environment.

Areas for improvement

We would expect hospitals where patients may be detained to have appropriate policies and procedures in place for children visiting, in line with the Mental Health Act Code of Practice[2].

Staff understanding of 'capacity' and 'consent' was limited although there was a good awareness of the differences between day to day and 'life' choices.

Night staff at Glan Traeth can feel quite vulnerable; especially during the tourist season when anti social behaviour sometimes occurs in streets and paths close to the unit. The security status of the building (notably the front door and windows) has been raised as an issue in the past and the uncertain future of the adjacent Royal Alexandra hospital reinforces the requirement for the unit's security to be examined.

I should be grateful if you would provide an action plan addressing the areas for improvement raised in this letter by 30 July 2010.

In the interim should you have any queries in relation to the content of this letter please do not hesitate to contact me or Tracey Jenkins on 02920 928913 or email tracey.jenkins@wales.gsi.gov.uk.

I am copying this letter to Richard Bowen and Wendy Chatham.

Yours sincerely

Mandy Collins
Deputy Chief Executive

[2] Mental Health Act 1983, Code of Practice for Wales, chapter 20: Visiting patients in Hospital, Children & Young People.