Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health / Learning Disability Inspection (Unannounced)

St David's Parc: Hafan Derwen – Cwm Seren Psychiatric Intensive Care Unit (PICU) & Cwm Seren Psychiatric Low Secure Unit (LSU)

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1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi–disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)[1]
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

[1] The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

3. Context and description of service

St David's Parc provides adult mental health services on the Hafan Derwen unit. The unit comprises:

- Cwm Seren Psychiatric Intensive Care Unit (PICU) - 6 beds
- Cwm Seren Psychiatric Low Secure Unit (LSU) - 14 beds in the ward and an additional 4 step-down beds.

4. Summary

Our inspection at St David's Parc took place across Cwm Seren PICU and Cwm Seren Low Secure Unit.

This is what we found the service did well:

- Collaborative team working across both wards to meet the needs of the patient groups.
- Strong leadership on both wards with well motivated teams.
- Staff caring for patients in a proactive manner and responding calmly and professionally to the challenges on their wards.
- Robust processes for monitoring the use of the Mental Health Act

This is what we recommend the service could improve:

- Capacity within it's mental health service to meet the needs of the population it serves
- An immediate improvement to the Section 136 facilities at St David's Parc hospital.
- An immediate improvement on the maintenance and upkeep of patient areas across the mental health unit.
- An improvement to the provision of on ward therapeutic activities.
- An improvement to clinical room policies and procedures

5. Findings

Core Standards

Ward environment

The mental health unit is a self contained unit located on St David's Parc hospital site. The mental health unit has its own entrance and reception, on entering the foyer, doors lead to each of the wards. On arrival and throughout the inspection it was noticed that in this area the windows, doors, frames and entrance shelter were dirty and heavily stained. It was evident that these areas had not been cleaned for a very long time.

This issue was escalated in an immediate assurance letter to the chief executive following the inspection. The health board have confirmed that a contractor has been organised to carry out high level cleaning of commencing 5th September 2016.This will cover the patio slabs, high level soffits, entrance canopy, window frames, doors, shelters and external walls. Window cleaners are booked to commence 19th September 2016 to clean the internal and external windows throughout the unit.

The ward doors were locked and accessed with a key fob or via an intercom system. The PICU was a mixed-gender ward with the Low Secure Unit being male only.

Whilst the PICU was designated a six bed ward, in total it had eight individual bedrooms. The PICU had a high dependence area which was used to provide additional support to a patient away from other patients on the PICU. There was also a Seclusion Room[2] in this area. On the first evening of the inspection the bed within the Seclusion Room had sheets that remained on the bed since the room was used by a patient prior to our inspection. Any bedding should be removed from the room after use.

Improvement Needed

The health board must ensure that Seclusion Room facilities are cleared and cleaned after used.

There was no clock available within the Seclusion Room for a patient to orientate themselves with the time of day or night; it is recommended that a clock is visible to patients while they are within the Seclusion Room.

There were no toilet facilities within the Seclusion Room itself; however there were toilet facilities available in a room opposite. This was not ideal because it

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may cause patient management issues in accessing the toilet facilities. it is recommended that the health board review the Seclusion Room toilet facilities.

An area of flooring in the high dependency area was waiting to be replaced, however at the time of the inspection there was no confirmation of date for the work to be undertaken.

Improvement Needed

The health board must ensure that the flooring within the high dependency area is repaired.

The LSU had 18 individual bedrooms. The LSU was split in to two areas with 14 beds on the main part of the LSU and four beds in the 'step-down' area where patients would be more independent from the main area of the LSU. The bedrooms on both wards were en-suite with a toilet and shower facilities.

However, the doors to the en-suites had been removed by the health board and a curtain put up in their place. Staff and patients complained that the curtains were not suitable as they would move setting off the sensors on the lights and disrupting patient sleep. Many of the en-suite toilets and showers were marked and stained from prolonged use and required refurbishment.

Improvement Needed

The health board must ensure that en-suite toilet and shower facilities are well maintained and fit for use.

In addition to the en-suite toilet and shower facilities available in the patient bedrooms, each ward had toilets and bath facilities.

The PICU had a lounge area in which patients could sit and socialise with each other. On the LSU there was a lounge-dining room, with dining tables and seating at one end and the lounge seating the other end. However there was only seating for six people in the lounge area and these were heavily worn and stained.

Improvement Needed

The health board must ensure that there is sufficient furniture in patient lounges and dining rooms and that it is well maintained and fit for use.

The main area of LSU had a small room known as the beverage bar where patients could freely access hot and cold drinks, and in the step-down area, for the patients in that area, there was a patient kitchen. Due to the potential

risky behaviours of patient on the PICU, there was a locked kitchen area where staff could provide patients with hot and cold drinks.

Each ward had meeting/visitor rooms in which patients could speak to staff or visitors in private.

There were a number of attractive pictures displayed on both wards. However, the decorative upkeep of patient areas throughout both wards was poor. Ward carpets were heavily stained, paintwork marked and furniture worn and the wards required refurbishment to improve the patient environment.

Improvement Needed

The health board must refurbish the environment to ensure that the patient areas are well maintained and fit for use.

Signage throughout the unit needs to be reviewed to ensure appropriate and correct signage is in place and suitable for the patient group. Throughout the PICU signage had been removed due to the risk posed with some patient behaviours. Signage was also noted to be incorrect on some of the rooms on the PICU and Low Secure Unit. Not all signage was bi-lingual; it would be of benefit to some patients whose first language was Welsh.

Improvement Needed

The health board must ensure that appropriate signage is displayed around the wards for patients, staff and visitors.

Further to signage there was little patient focus information displayed around the wards. We would expect to see information freely available for patients, such as advocacy, activities and menus.

Improvement Needed

The health board must ensure that information for patients is displayed on the wards.

Not all internal fire doors within the corridors of both wards had appropriate fixtures to keep them to stay open when required and to automatically close in the event of the fire alarm being activated. A number of doors were wedged open which is a potential safety risk for patients, staff and visitors.

Improvement Needed

The health board must ensure that holding and closing mechanisms on all internal fire doors are working.

The windows throughout the mental health unit were dirty. Staff had reported that the external windows had not been cleaned for a number of years since a contract with an external company had ceased.

Improvement Needed

The health board must ensure that there is a regular schedule of window cleaning undertaken.

Both wards had free access to enclosed garden areas between 9am and midnight. One garden area had a large wall mural which added to the garden environment, however on the whole the garden areas was unkempt and walls were dirty and heavily stained. Due to the build up of dirt on the paving stones these become slippery in wet weather therefore the ward closed the garden area during these periods to prevent accidents. The roofing fasciae were heavily stained and there was weeds growing from within the guttering. It was evident that these areas had also not been cleaned for a long time.

These issues were escalated in an immediate assurance to chief executive following the inspection. The health board have confirmed that Cwm Seren Low secure unit courtyard was cleaned on Friday 26th August 2016 and that the gardening contractor has visited and undertaken the grass cutting throughout the unit.

As stated above, a contractor has been organised to continue the high level cleaning of commencing 5th September 2016. This will cover the patio slabs, high level soffits, entrance canopy window frames, doors, shelters and external walls.

The Low Secure Unit (LSU) had a therapeutic patient garden which patients accessed when accompanied by staff; this was very pleasant and well maintained. Patients had been involved in the growing fruit, vegetables and flowers in this area along with the upkeep of the garden.

We also noted that some of the garden furniture was not secured in place. This jeopardised staff and patient safety as the unsecured garden furniture could be a potential object to cause damage or used to assist as a means of escape from the secure gardens.

Improvement Needed

The health board must ensure that all garden furniture is secured.

The hospital had a room by the main entrance of the unit used for admissions under Section 136 of the Mental Heath Act (the Act). The room was also used as a meeting room and only furnished with a meeting table and chairs. There was no suitably comfortable furniture available for persons admitted to this

area, where the person may be for up to 72 hours. The room was inappropriate for this use and could increase the distress to persons admitted to the hospital.

This issue was escalated in an immediate assurance to chief executive following the inspection. The health board have confirmed that the room remains in use for section 136 purposes at the present time as there is no immediately identifiable alternative space that can be used at the present time. The health board have committed to improve the facilities; a sofa has now been put into the designated room and the table and some of the chairs have been removed. A new sofa and soft furnishings have been ordered and were in the procurement process.

Improvement Needed

The health board must ensure that the Section 136 suite is appropriately furnished.

The Section 136 facility at the hospital was predominantly used for patients from Ceredigion as there is no in-patient provision in Ceredigion. Therefore, if admission is required following a S136 assessment it would be in Carmarthenshire not Ceredigion. As a result the S136 facility was not within the locality of the Ceredigion population it serves. This can increase the distress to persons admitted to the hospital due to the distance travelled.

This issue was escalated in an immediate assurance to chief executive following the inspection. The health board have confirmed that following a meeting between the Health Board, the Local Authority and Police in 2015, it was agreed that on a temporary basis the section 136 facility available at Cwm Seren would be used until a more suitable local option is available.

The service is currently reviewing its service model through the Transforming Mental Health programme. This review will include the development of section 136 facilities that are in line with the Mental Health Crisis Care Concordat.

Throughout the mental health wards the temperature was uncomfortably hot for patients and staff. Staff reported that this was an ongoing issue and not just during our inspection. Staff confirmed that they have raised this as an issue with the health board’s estates department but a solution has not been actioned. It is not appropriate for the temperature on the wards to be neither excessively hot nor very cold during winter months. The health board must find a solution for the temperature issue on the wards.

Improvement Needed

The health board must ensure that the ward temperature is appropriate and can be controlled by ward staff throughout the year.

Safety

Throughout our inspection it was evident that capacity of the health board's mental health in-patient service was stretched. Throughout the inspection health board colleagues were contacting the PICU to attempt to admit patients to the ward which would take the patient numbers above the designated number of six.

During the inspection the PICU provided care for seven patients, one patient above the designated numbers for the ward. Prior to our inspection, on one evening, nine patients had been cared for on the six bedded PICU with the additional two de-commissioned bedrooms being used and the bed in the Seclusion Room used so that all patients had a bed to sleep on. The Seclusion Room should not be used purely to meet the capacity needs of the health board's inpatient service.

Improvement Needed

The health board must ensure that there is sufficient bed capacity within its mental health service to meet the needs of the population it serves.

Due to the pressures on capacity of the health board's in patient service it was practice to provide care for patients on PICU who did not require the intensive support and restrictions of a PICU. This practice does not follow the Code of Practice least restrictive method of care principles and is an inappropriate environment for patients that do not require this level of care. Due to the additional patient numbers on the PICU during these periods it also reduces the intense therapeutic care available to those patients that require it on the PICU.

To facilitate the use of the additional beds on PICU the health board increased the staffing numbers for the shifts; however there was a reliance on agency staff and health board bank staff. Using bank or agency staff that were not dedicated PICU staff reduces the staff continuity and specialist skills required for providing care on the PICU

Improvement Needed

The health board must ensure that there are sufficient staffing resources within the health board to provide care for patients within its service.

Patients we spoke to told us they felt safe at the hospital and there was a nurse call alarm system in patient bedrooms or patient areas. Staff carried alarms should they need to raise an alert. However, we were informed that if the alarm was raised by a member of staff then only the Nurse in Charge's alarm would be activated and not the alarms of all staff.

Staff on the PICU had devised their own process in an attempt to ensuring that the alarm system would result in all staff members being notified that assistance was required. However, this is not appropriate as it relies on being familiar with these additional steps. The health board must ensure that the alarm system notifies all members of staff that assistance is required for the safety of patients and staff.

Improvement Needed

The health board must ensure that the staff alarm system notifies all members of staff when activated.

The multi-disciplinary team

The PICU and LSU had a ward manager each and were supported by established teams of nurses and healthcare assistants. It was positive to note that the morale of staff on both wards was observed and reported to be good with well motivated teams on both wards. It was evident that the two teams across the two wards worked very collaboratively together to meet the needs of the patient groups.

We observed staff on PICU throughout the inspection being proactive and responding calmly and professionally to the challenges on the ward. Patients on the PICU spoke positively of the care provided by the staff, particularly during times when patients were having difficulties.

There was no qualified occupational therapist for the mental health wards at St David's Parc; two full-time occupational therapy technicians that provided input to the wards through the week.

We were informed that the occupational therapist post had been vacant for over a year and that attempts by the health board to fill the vacant post had not resulted in anyone being appointed.

Whilst the health board had attempted to mitigate the lack of occupational therapy with support from other occupational therapists within the health board, their capacity only allowed for minimal input to the mental health wards at St David's Parc. The ongoing situation meant that patients at St David's Parc were having very limited occupational therapy input into their care.

Improvement Needed

The health board must ensure that sufficient occupational therapy input is provided to St David's Parc whilst the occupational therapist remains vacant.

The health board must ensure that a suitable candidate is recruited to the vacant occupational therapist post.

During 2012 there was a psychology restructure of the health board, which resulted in an increased input to acute mental health wards within the health board. However, during our inspection there was a lack of psychology input to the PICU and a psychology post vacant on LSU. It was evident from speaking to members of staff that the provision of care would benefit from an increase in the current level of psychology input to the mental health wards at St David's Parc.

Improvement Needed

The health board must ensure that sufficient psychology input is provided to St David's Parc whilst the psychology post on LSU remains vacant.

The health board must ensure that a suitable candidate is recruited to the vacant psychology post.

It was positive to note that there was a Peer Mentor for the patients on LSU, who was spoken highly of by staff. The Peer Mentor helped patients be involved with projects and activities on and off the ward.

Privacy and dignity

All patients had an en-suite bedroom, patients said that on the whole, staff would respect their privacy and dignity and knock on their bedroom door before entering.

Our review of the environment identified a number of privacy and dignity issues. The default position for bedroom vision panels was not closed; there were a number of vision panels that had been left open after staff observation. Through speaking to staff it was evident that it was not practice to keep visions panels in the closed position and only open to undertake an observation. Having the vision panels left open impacts on patient privacy whilst in their rooms.

Improvement Needed

The health board must ensure that the default position for observation panels is closed.

Some bedrooms on LSU had an integrated blind on the window area next to the doors for observation however not all of these worked and therefore the staff member undertaking observations had to open the bedroom door on every occasion which could disrupt the patient's sleep.

Improvement Needed

The health board must ensure that all observation integrated blind are working.

Patients had access to ward payphones to maintain contact with friends and family, patients on the LSU were able to use their mobile phones in the garden area or when on leave off the ward. However, the chord for the handset of the ward payphone on PICU was too short to use the telephone comfortably. Staff stated that it was short to prevent any attempts by patients of self harm; however this made it difficult for patients to use the payphone due to the length of handset chord.

Improvement Needed

The health board must ensure that the payphone handset is appropriate for use.

Each ward office had a *patient status at a glance board* displaying confidential information regarding each patient being cared for on the ward. It was positive to note that staff members covered the boards after use; therefore the confidential information could not be viewed on entering the office or through the office window.

Patient therapies and activities

The two occupational therapy assistants provided activities across both the wards; however the majority of their time was spent with patients on LSU. There was very limited therapeutic activity input for patients on PICU. Whilst the PICU philosophy is to be low stimulus, it was evident that patients being cared for on the PICU required a greater therapeutic activity input than they were receiving at the time of the inspection. Staff reported there was often little for patients to do on the PICU and the patients we spoke to stated they were often bored and looking for something to occupy their time. Patients reported that this boredom had a negative impact on how they were feeling and their recovery.

Improvement Needed

The health board must ensure that there is appropriate therapeutic activity input to the PICU.

The two occupational therapy assistants had a programme of activities, where possible, they would provide LSU patients with activities within the local community. Patients with Section 17 Leave could utilise their time and go outside to walk or go shopping in the local area. We spoke to a number of patients who confirmed that they were able to do this and found that leave from the wards was a positive experience for them.

The LSU had established a therapeutic garden, which had been developed by members of staff and some of the LSU patients. This area was very well maintained and provided patients with a relaxing outdoor space that they could utilise with staff.

Patients and staff said that an advocacy representative regularly visited to the wards and we noted their presence on both wards during our inspection.

Clinical Rooms and Medicine Management

There was a lack of governance around the management of medicines and clinical practices. Staff were unable to locate up-to-date relevant policies in relation to medicine management and clinical procedures. The Controlled Drug Policy available during the inspection was past the review date of March 2015. Staff also had a lack of up-to-date medicine information available; the copies of the British National Formulary[3] (BNF) available were dated 2012, 2014 and 2015.

Emergency equipment bag on LSU was very heavy and there was not a trolley to assist in transporting it in the event of an emergency. This issue was escalated in an immediate assurance to chief executive following the inspection. The health board have stated that the Resuscitation Officer has been engaged to look at the emergency equipment by 9th September 2016 and will advise on the solution required to be ordered for transportation of the emergency equipment. This will then be ordered immediately.

Improvement Needed

The health board must confirm that an appropriate solution for transporting the emergency equipment bag has been provided.

[3] The British National Formulary (BNF) is a United Kingdom (UK) pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology. Information within the BNF includes indication(s), contraindications, side effects, doses, legal classification, names and prices of available proprietary and generic formulations, and any other notable points.

The medication fridge on LSU was had been broken and therefore the LSU were sharing the fridge on PICU, this had been the situation for over two weeks. We noted that emergency medication boxes were on the windowsill in the LSU clinic room which could expose the medication to high temperatures and therefore affect the effectiveness of the medication.

Improvement Needed

The health board must ensure that both wards have a working medication fridge.

The health board must ensure that all medication is stored at the required temperatures.

Staff were unable to provide the policy for the management and recording of the emergency stock cupboards. This potentially put nurses at risk of discrepancies and non-compliance.

Improvement Needed

The Heath board must ensure that staff have access and knowledge of medicine management policies to safeguard their practice.

Food and nutrition

The majority of patients we spoke to told us that the food served at the hospital was adequate and had improved over recent months. Patients were offered four meals a day, including breakfast, lunch, tea and supper.

A menu was available for patients to choose what food they wanted. However, some patients complained that because they'd been at the hospital for a long time the meals available were repetitive.

Training

A system was in place for staff to receive an annual performance development review (PDR) and the majority of staff we spoke to confirmed they had an annual PDR.

Staff's training records were maintained on an electronic system which meant that compliance rates can be monitored easily. Staff were positive about the training opportunities they had received however, a number of staff felt that training could be more focused towards working on mental health wards.

There was a system of staff supervision was in place, with sessions held approximately every four weeks. The staff we spoke to said they were documented and discussions were meaningful.

Monitoring the Mental Health Act

We reviewed statutory documentation across the two wards at St David's Parc. It was evident that the Mental Health Act Administration team had strong monitoring systems in place to ensure compliance with the Act and the associated Code of Practice for Wales.

Patient Detention

Reviewing the statutory documentation, for each of the detentions under Section 2, *Admission for assessment*[4], or Section 3, *Admission for treatment*[5], at-least one of the doctors was Section 12 approved[6] and at-least one of the doctors had a previous acquaintance with the patient[7]. Clear reasons were given why detention under the Act was the most appropriate way of providing care and why informal admission was not appropriate. For the detention under Section 3 the statutory documentation stated that the appropriate medical treatment was available at the hospital.

On assessment of the patients for detention under Section 3 the Approved Mental Health Professional[8] (AMHP) involved for each case had identified the patient's nearest relative[9].

From reviewing the AMHP reports it was noted that the AMHP involved in the individual case had contacted the patient's nearest relative. Copies of an AMHP report were kept with the individual patient's detention documentation.

Where Section 4 emergency application[10] had been used, the reasons why this section was required was documented and the second recommendation was completed within the 72 hours time limit.

Ongoing detention

Where a patient had been subject to the renewal of detention the correct forms had been completed within the required timescales. The statutory documentation stated why detention under the Act was still the most appropriate way of providing care for the patient.

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[4] Section 2 - admission for assessment, patient detained under the Mental Health Act
[5] Section 3 - admission for treatment, patient detained under the Mental Health Act
[6] A doctor who has been approved by the Welsh Ministers (or the Secretary of State) under the Act as having special experience in the diagnosis or treatment of mental disorder. In practice, Local Health
Boards take these decisions on behalf of the Welsh Ministers.
[7] Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.
[8] A professional with training in the use of the Act, approved by a local social services authority to carry out a number of functions under the Act.
[9] A person defined by section 26 of the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative
[10] An application for detention for assessment of mental disorder made with only one supporting medical recommendation in cases of urgent necessity.

Section 132 provision of information[11]

Reviewing patients' notes it was evident that the patients had been informed regularly of their rights under Section 132 of the Act. There was a record in their notes stating whether the patient understood their rights or if the patient had refused to engage in the process.

Appealing against detention

It was evident that if patients wished to appeal to the Mental Health Review Tribunals that the process was followed.

Consent to treatment

Patient subject to Consent to Treatment provisions of Section 58[12] of the Act were correctly documented and authorised. A copy of the consent to treatment certificates were kept with the patients' Medication Administration Record (MAR Chart) where applicable.

Section 17 leave[13] of absence

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed.

Restricted patients

Where patients were detained under Part 3 of the Act, *Patients Concerned in Criminal Proceedings or Under Sentence,* copies of the documentation relating to their detention were available within their files.

[11] Section 132 of the Mental Health Act 1983 places a responsibility upon the hospital managers to take all practicable steps to ensure that all detained patients are given information about their rights.

[12] A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for mental disorder for detained patients after an initial three-month period

[13] Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for five patients at St David's Parc. There was a varied standard of completion with some documents failing to reach the standards required for the Care and Treatment Plan under the Mental Health Measure. Three sets where completed well with standards of the Measure being well documented, however two sets were missing significant areas of care planning.

General areas that were commonly omitted were the completion of key personal information such as the patient's ethnicity and their preferred language. There was commonly a lack of information recorded around patient strengths. There was also a lack of detail around who was responsible for the actions within the care plan and no details of timescales for the actions to be completed.

Improvement Needed

The health board must ensure that patient ethnicity is always recorded.

The health board must ensure that patient preferred language is always recorded.

The health board must ensure that actions within care plans specify who is responsible and within a given timescale.

There were no records in patient notes of capacity assessments being undertaken with regards to patient choices and options around their care and treatment.

Improvement Needed

The health board must ensure that responsible clinicians record their assessments of capacity and these are documented within patient notes.

We also identified the following areas of concern:

- A patient nutrition recording chart poorly completed with many omissions over a number of weeks.
- Patient risk assessments not updated following an incident
- Foot care in diabetic plan not considered.

Improvement Needed

The health board must ensure that documentation is completed in full and maintained up-to-date.

6. Next Steps

The health board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The health board's Improvement Plan should clearly state when and how the findings identified at St David's Parc will be addressed, including timescales.

The health board's Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability inspection process.

Appendix A

Mental Health: **Improvement Plan**

Health Board: **Hywel Dda University Health Board**

Hospital: **St David's Parc, Hafan Derwen - Cwm Seren PICU & Cwm Seren LSU**

Date of Inspection: **23 – 25 August 2016**

Improvement Needed	Health Board Action	Responsible Officer	Timescale
The health board must ensure that Seclusion Room facilities are cleared and cleaned after used.	**Immediate Action** Staff have been made aware of the requirement to ensure the seclusion room facilities are thoroughly cleaned and decontaminated after use. Seclusion Room Facilities were cleaned.		Complete

	Planned Actions Ward Manager to devise and implement a schedule of requirements for cleaning and decontaminating all bedrooms after discharge/use. To further strengthen spot checks by agreeing a schedule for all inpatient areas. These will be conducted by Senior Staff and reported through the Adult Mental Health Integrated Governance Meeting.	Ward Manager Head of Service	October 31st 2016 October 31st 2016
The health board must ensure that the flooring within the high dependency area is repaired.	**Immediate Actions** Urgent meeting was held between the Assistant Director of Mental Health and the Senior Estates Managers to establish a clear schedule of routine maintenance and external building cleaning.		Completed

The health board must ensure that en-suite toilet and shower facilities are well maintained and fit for use.	**Immediate Actions** Date identified to reduce bed capacity in LSU and PICU to allow a rolling programme of work to commence.		Completed and work has commenced.
	Planned Actions Rolling programme of work to be undertaken until refurbishment is complete. Estates Issues Works to be a standing agenda item on the Adult Mental Health Integrated Governance Meeting.	Head of Estates Head of Service	31st December 2016 31st October 2016
The health board must ensure that there is sufficient furniture in patient lounges and dining rooms and that it is well maintained and fit for use.	**Immediate Actions** Engaged with Service users to discuss furniture provision on LSU.		Complete

	Planned Actions Replace sofas in both LSU and PICU lounge. Order extra dining room chairs to ensure that there is sufficient should all service users wish to sit and eat together. Furniture provision to be a standing agenda item on the monthly Adult Mental Health Integrated Governance Meeting.	 Service Manager Service Manager Head of Service	 30th November 2016 30th November 2016 31st October 2016
The health board must refurbish the environment to ensure that the patient areas are well maintained and fit for use.	**Immediate Actions** Urgent meeting was held between the Assistant Director of Mental Health and the Senior Estates Managers to establish a clear and transparent schedule of routine maintenance, external building cleaning and decoration.		Complete

	Planned Actions Review and produce a schedule of completion for the maintenance required works as identified in the review.	Head of Estates	30th November 2016
The health board must ensure that appropriate signage is displayed around the wards for patients, staff and visitors.	**Planned Actions** Review and refresh the current signage in conjunction with Head of Speech & Language Therapy to ensure the work is compliant for people with protected characteristics.	Head of Service	30th November 2016
The health board must ensure that information for patients is displayed on the wards.	**Planned Actions** Review and refresh information for service users on both units. Identify a patient information champion and implement a schedule of monthly checks.	Ward Manager Ward Manager	31st October 2016 31st October 2016

The health board must ensure that holding and closing mechanisms on all internal fire doors are working.	**Immediate Actions** Fire Audit Undertaken. Fault identified and required parts are on order to rectify fault.		Complete
	Planned Actions All holding and closing mechanisms are under regular planned preventative maintenance checks. Estates Issues Works to be a standing agenda item on the Adult Mental Health Integrated Governance Meeting	Head of Estates Head of Service	31st October 2016 31st October 2016
The health board must ensure that there is a regular schedule of window cleaning undertaken.	**Planned Actions** Monitoring against the regular schedule of maintenance work provided by estates will be undertaken by the service. Estates Issues Works to be a standing agenda item on the Adult Mental Health Integrated Governance Meeting.	Head of Service Head of Service	31st October 2016 31st October 2016

The health board must ensure that all garden furniture is secured.	**Planned Actions** Furniture identified as unsatisfactory to be disposed of. Submit request to estates to fix garden furniture in areas of the garden that are not constantly supervised. Estates Issues Works to be a standing agenda item on the Adult mental Health Integrated Governance Meeting.	Ward Manager Ward Manager Head of Service	31st October 2016 Complete 31st October 2016
The health board must ensure that the Section 136 suite is appropriately furnished.	**Immediate Actions** Room cleared of inappropriate furniture and new sofa ordered. Section 136 provision on Cwm Seren temporarily suspended whist room redecorated and subsequently reopened.		Complete

	Planned Actions Review all the 136 suites with HDUHB to ensure furniture is appropriate, both comfortable and safe for the environment. The provision of 136 suites to be reviewed as part of the Transforming Mental Health Services Programme.	Head of Service Director MHLD	31st October 2016 31st January 2017
The health board must ensure that the ward temperature is appropriate and can be controlled by ward staff throughout the year.	**Planned Actions** The Estates in-house design team are reviewing the current glazing arrangements to consider alternatives that could assist with ventilation.	Estates	31st October 2016
The health board must ensure that there is sufficient bed capacity within its mental health service to meet the needs of the population it serves.	**Immediate Actions** Prioritised the escalation process work underway to ensure appropriate level of response to current bed pressures.	Head of Service	Completed

	Reviewed conference call process Head of Service attended Medical Staffing Committee ensure medical understanding and engagement. Terms of reference completed for an audit of repeat admissions within a 3 month time frame.	Service Managers	

	Planned Actions		
	Escalation process to be ratified through Directorate Clinical Governance Process	Head of Service	31st October 2016
	Desktop scrutiny of admission data to identify any underlying trends that are contributing to current bed pressures to be scheduled.	Head of Service	31st October 2016
	Findings of repeat admission review to be feedback and considered as a whole system.	Head of Service	30th November 2016
	The inpatient bed provision to be reviewed as part of the Transforming Mental Health Services Programme	Director MH&LD	31st January 2017
The health board must ensure that there are sufficient staffing resources within the health board to provide care for patients within its service.	**Immediate Actions**		
	PICU have completed shift pattern review.		Complete

	Planned Actions LSU to undertake skill mix review and provide report to Head of Service.	Service Manager	31st October 2016
The health board must ensure that the staff alarm system notifies all members of staff when activated.	**Immediate Actions** Alarm system in situ with control measures to ensure safety of staff. Has been added to the Directorate Risk Register.		Complete
	Planned Action Review alarm provision in all inpatient areas. Submit options appraisal for purchasing new alarm system where required.	Service Managers Head of Service	31st October 2016 30th November 2016
The health board must ensure that sufficient occupational therapy input is provided to St David's Parc whilst the occupational therapist remains vacant.	**Immediate Actions** Band 7 OT provision on LSU who is also offering input to PICU Band 5/ 6 development OT post out to advert		Complete Complete

	Planned Actions Review OT provision across all Adult Mental Health Inpatient units. Report outcome of review through Adult Mental Health Integrated Governance meeting.	Professional Lead OT Head of Service	30th November 2016 31st December 2016
The health board must ensure that a suitable candidate is recruited to the vacant occupational therapist post.	**Immediate Actions** The original advert did not result in appointment so Band 5/ 6 development OT post out to advertised.		Complete
	Planned Action Review again if unsuccessful following the recruitment cycle.	Lead OT	31st October 2016
The health board must ensure that sufficient psychology input is provided to St David's Parc whilst the psychology post on LSU remains vacant.	**Immediate Action** LSU reminded they have access to a Consultant Psychologist on a referral		Complete

	Basis, unmet needs information to be brought to the Adult Mental Health Integrated Governance meeting for action.		
The health board must ensure that a suitable candidate is recruited to the vacant psychology post.	**Immediate Actions** Post successfully recruited to.		Complete
The health board must ensure that the default position for observation panels is closed.	**Immediate Actions** All observation integrated blinds have been checked jointly with estates and closed on LSU & PICU.		Complete
	Planned Actions All observation integrated blinds to be closed on all units and default position communicated. Additional keys to the observation panels are on order.	Head of Nursing Head of Estates	31st October 2016 31st October 2016

The health board must ensure that all observation integrated blind are working.	**Immediate Actions** Estates have a schedule of required work to ensure all blinds are functioning		Complete
	Planned Action Estates to complete the required work and look at replacement of the integrated blind windows to observation panels. Estates Issues Works to be a standing agenda item on the Adult Mental Health Integrated Governance Meeting.	Head of Estates Head of Service	31st October 2016 31st October 2016
The health board must ensure that the payphone handset is appropriate for use.	**Planned Action** Explore alternative provision that would meet anti ligature risk requirements.	Service Manager	31st October 2016

The health board must ensure that there is appropriate therapeutic activity input to the PICU.	**Planned Action** When the new shift pattern is implemented a member of staff will be rostered a 9am – 3pm shift specifically to provide therapeutic interventions. Formal activity schedule will be devised and outcomes will be captured in a quarterly report and reported through the Adult Mental Health Integrated Governance meeting. Funding has been approved to join the National Association of PICU.	Ward Manager Service Manager & Ward Manager	1st January 2017 1st April 2017
The health board must confirm that an appropriate solution for transporting the emergency equipment bag has been provided.	**Planned Action** Health Board Resuscitation Department are advising on provision of a suitable trolley for the equipment that is on the unit presently.	Head of Service	31st October 2016

The health board must ensure that both wards have a working medication fridge.	**Immediate Action** LSU have new medication fridge. PICU have new medication fridge on order.		Complete
The health board must ensure that all medication is stored at the required temperatures.	**Immediate Action** Temperatures are checked and recorded on a daily basis.		Complete
	Planned Action Quarterly Audit of temperature recording sheets to be reported through staff meeting and Adult Mental Health Integrated Governance Meeting.	Ward Manager	31st December 2016

The heath board must ensure that staff have access and knowledge of medicine management policies to safeguard their practice.	**Immediate Action** Printed copies of relevant policies available on both units. All staff have access to the policy and procedures via the health board intranet site.		Complete
	Planned Action Introduce a system of signatory sheets for receipt and understanding relevant policies and procedures.	Ward Manager	31st October 2016
The health board must ensure that patient ethnicity is always recorded.	**Immediate Action** Reviewed training needs of staff to ensure that all understand the new Care Partners IT system.		Complete
	Planned Action Introduce a rolling programme of documentation audits.	Ward Manager	31st December 2016

	Audit results will underpin individual staff supervision. Standards for completion of documentation will be a core objective of Registered Nurses PDR's. Quality of documentation to be a standing agenda item on the Adult Mental Health Integrated Governance Meeting.	Head of Service	31st October 2016
The health board must ensure that patient preferred language is always recorded.	**Immediate Action** Reviewed training needs of staff to ensure that all understand the new Care Partners IT system.	Ward Manager	Complete
	Planned Action Introduce a rolling programme of documentation audits. Audit results will underpin individual staff supervision.	Ward Manager	31st December 2016

	Standards for completion of documentation will be a core objective of Registered Nurses PDR's. Quality of documentation to be a standing agenda item on the Integrated Governance Meeting.	Head of Service	31st October 2016
The health board must ensure that actions within care plans specify who is responsible and within a given timescale.	**Planned Action** CTP audit to be completed on both LSU and PICU. Results to inform Training Plan for LSU & PICU. Audit results to be presented at the Adult Mental Health Integrated Governance Meeting.	Ward Manager Ward Manager	30th November 2016 30th November 2016

The health board must ensure that responsible clinicians record their assessments of capacity and these are documented within patient notes.	**Planned Action** To be an agenda item with responsible clinicians in the Medical Staffing Committee. Standard for recording capacity assessments to be agreed. Results to be reported through the MH&LD Business, Planning & Performance Assurance group.	Associate Medical Director	30th November 2016
The health board must ensure that documentation is completed in full and maintained up-to-date.	**Planned Action** Introduce a rolling programme of documentation audits. Audit results will underpin individual staff supervision. Standards for completion of documentation will be a core objective of Registered Nurses PDR's. Quality of documentation to be a standing agenda item on the Adult	Ward Manager Head of Service	31st December 2016 31st October 2016

	Mental Health Integrated Governance Meeting.		