

Mental Health Service Inspection (Unannounced)

Prince Philip Hospital,
Bryngolau Ward

Hywel Dda University
Health Board

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of patient experience	5
	Delivery of safe and effective care	9
	Quality of management and leadership	14
5.	Next steps	17
6.	Methodology.....	18
	Appendix A	20

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of Bryngofal adult mental health ward within Hywel Dda on the evening of 19 February 2017 and subsequent days of 20 and 21 February 2017. The following hospital sites and wards were visited during this inspection:

- Prince Philip Hospital, Bryngolau Ward, Older People's Mental Health Service
- Prince Philip Hospital, Bryngofal Ward, Adult Mental Health Service (see separate report)

Our inspection team was made up of two HIW inspection managers (one of whom led the inspection) and two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer).

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

Further details about our approach to inspection of NHS services can be found in Section 6.

2. Context

Bryngolau Ward, Prince Philip Hospital currently provides mental health services in the Llanelli area of Carmarthenshire County Council. Bryngolau Ward falls under the Older People's Mental Health Directorate within Hywel Dda University Health Board.

The ward is mixed gender with 15 beds. There were 15 patients there at the time of the inspection.

The service employs a staff team which includes a ward manager and deputy ward manager. At the time of the inspection the ward manager post was temporarily filled. The ward team comprised of a number of registered mental health nurses and health care support workers.

3. Summary

Overall, we found evidence that Bryngolau Ward provided safe and effective care in a ward environment well developed to meet the needs for older people diagnosed with mental health illness.

This is what we found the service did well:

- The ward environment was dementia friendly and maintained to a high standard
- We observed staff treating patients with respect and kindness and made every effort to maintain patient dignity
- There were suitable arrangements in place for assessing, meeting and monitoring patients' nutritional needs
- Staff we spoke to were happy in their roles and stated that they felt supported by peers and management.

This is what we recommend the service could improve:

- Modifications to the environment to improve the privacy and dignity of patients
- Review staffing resources to meet the challenges of the ward
- The storage of chilled medication and administration of Controlled Drugs
- The health board should review their electronic patient records and training systems to improve their user-friendliness
- The ward staff's access to Mental Health act documentation.

4. Findings

Quality of patient experience

Throughout our inspection we observed staff treating patients with respect and kindness. Staff made every effort to maintain patient dignity; however appropriate en-suite bathroom doors should be installed.

The ward environment was dementia friendly and maintained to a high standard and information, signage and clocks were suitable for the patient group.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

We found that patients at the hospital were treated with dignity and respect by the staff working on Bryngolau Ward and this was also reflected in patients' care documentation.

The ward office had a *patient status at a glance board*¹ displaying confidential information regarding each patient being cared for on the ward. There were facilities to hide the confidential information when the boards were not in use, which we observed to be the practice of staff throughout our inspection.

Patients had their own bedrooms with en-suite facilities with toilet, sink and shower. Patient bedrooms were suitably furnished and had sufficient space for the patient and their belongings. Patients were able to access their bedrooms freely and lock them; staff were able to over-ride the locks if required.

¹ A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

However, all en-suite doors had been removed and replaced with a shower curtain following a health board wide risk assessment. This reduced the privacy for patients using their en-suite facilities. We were informed by senior management that the health board are reconsidering the associated risks and indicated doors will be re-installed to most en-suite facilities, with a number of rooms available for patients who may be at risk of self-harm.

The ward had bathrooms that patients could use; there were appropriate hoists and supports for patients if required.

The ward was secured from unauthorised access. The entrance doors had clear glass that allowed clear view onto the ward; however this could impinge on patient privacy and dignity, particularly if they were disinhibited in their behaviours.

We heard staff speaking with patients in calm tones throughout our inspection. This was also the case when staff members were talking to patients' relatives or visitors. We observed staff being respectful towards patients including prompt and appropriate interaction in an attempt to reassure patients and prevent patients' behaviours from escalating.

Patients were able to spend time in their own bedrooms or in communal areas as they wished. There was a large lounge area, a smaller TV lounge and quiet spaces throughout the ward with appropriate seating. Patients also had access to an enclosed garden that was pleasant and suitable for the patient group.

The ward provides care for male and female patients who have either an organic or functional mental health diagnosis, typically for people aged 65 or above. We found that mixed gender and mental diagnosis of organic and functional impacted on how safe some patients felt. We observed and spoke to one patient who felt unsafe due to the noise of other patients on the ward. As stated above, it was evident that staff were trying to reassure the patient however, despite this, the mixed patient group was causing a level of distress for the patient.

Improvement needed

The health board must ensure that there are appropriate en-suite doors in patient bedrooms.

The health board must ensure that the ward doors provide the ward with privacy.

The health board must ensure that patient dignity can be upheld and there are sufficient staff with appropriate training to meet the range of patients needs with the current mixed patient group.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Throughout the ward there were areas where up to date patient information was clearly displayed in a format suitable to the patient group.

Signage throughout the ward was clear and appropriate to the patient group. It was positive that the health board had made great effort in making the ward environment dementia friendly with clear pictorial signage and colours that would assist patients. There were also dementia friendly clocks on display throughout the ward.

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

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Throughout our inspection the ward was at 100% occupancy, as were the health board's two other inpatient Older People's Mental Health wards. We were informed that this was an ongoing situation and not a rare occurrence. The health board held daily bed state meeting to identify where, if anywhere, there was an unoccupied bed, whether there were likely discharges from the wards and any potential ward admissions.

There were a number of patients on Bryngolau Ward who were considered to be Delayed Transfers of Care awaiting more appropriate placements, some of which had yet to be identified. This could cause a delay for those persons awaiting inpatient care.

It was evident that the health board were attempting to meet individual patient's care needs with the provision available within inpatient settings and the community.

Improvement needed

The health board should review the bed capacity and service provision available for Older People's Mental Health services to ensure it can meet the needs of its population in a timely way.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

There was focus on individualised care to meet and assist individual patient needs.

Delivery of safe and effective care

The statutory documentation in relation to the Mental Health Act was poorly maintained on the ward. We reviewed the original statutory papers held by the Mental Health Act Department to verify compliance with the Act.

The health board had a good electronic patient record system in place. However, Care and Treatment Plan documentation was not inputted into the designated section of the electronic record. In addition, there were a number of additional paper-based records being used in parallel to the electronic system. This meant it was complex and time consuming to review patient care.

There was secure storage of medication at Bryngolau; however there are improvements required in the storage of medication requiring refrigeration and the administration of Controlled Drugs medication.

Application of the Mental Health Act

We reviewed the statutory detention documents of three patients on Bryngolau. The records held on the ward were very difficult to navigate to enable us to verify the legality of detention and whether guidance in the revised 2016 Mental Health Code of Practice for Wales (the Code) had been followed.

It was identified that some elements of Mental Health Act (the Act) documentation were amongst other clinical records that had also not been filed on individual patient's records.

The Mental Health Act Manager was able to provide all statutory documentation so that we could be satisfied that detentions under the Act were compliant.

It was evidence that there was poor record keeping on the ward in regards to the Act. The health board must review how documentation is stored and accessed on the ward so that staff can verify compliance with the Act.

Improvement needed

The health board must ensure that Mental Health Act documentation is suitably filed and available for ward staff.

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

We reviewed four sets of Care and Treatment Plan documentation. All documentation that we reviewed was completed to a high professional standard. The following observations were identified:

- Care and Treatment Plans were complete and kept up to date. They were updated monthly or more regularly if required
- There was evidence of discharge and aftercare planning from patient admission
- There was good physical health monitoring and health promotion recorded
- Patient records clearly indicated the patient's nearest relative, next of kin and care coordinator.

Care and Treatment Plans were kept on the electronic patient record. However, patients' Care and Treatment Plans were not maintained in the designated Care Planning section of the electronic records but entered in to the same section as all clinical information.

In addition, physical observations such as weight, BMI and nutrition intake were maintained on paper-based records, therefore not all patient information was in one place.

This meant it was complex and time-consuming to review patient care across a number of systems. It would be beneficial for staff to access all relevant patient information in designated section of the electronic patient records.

The health board should minimise the storage of patient information on paper files and maximise the usage of the electronic patient records.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

The health board employees dedicated housekeeping staff; all areas of Bryngolau Ward appeared clean throughout the inspection. The communal bathroom, showers and toilets were clean, tidy and clutter free.

Standard 2.5 Nutrition and hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

The nutrition and hydration needs of patients were assessed and recorded and the ward used All Wales nutrition documentation.

Patients were offered options for their meals which included a vegetarian option. We were informed that the interim ward manager had worked with the dietician to provide a suitable menu for the patients. Condiments were also available for patients. A range of snacks and fruit were also available to patients on the ward.

We observed mealtimes and noted that staff washed their hands prior to undertaking mealtime duties; patients were also offered the opportunity to wash their hands before meals. We saw that patients were provided with appropriate levels of assistance in relation to their individual needs. Where required, staff provided appropriate aprons for patients to protect their clothes from any food spillages.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

The clinic room was locked and was organised, clean and tidy. All medication was stored securely and all medication that we checked was in date. There appeared to be good governance in stock control and management.

The medication trolleys were appropriately secured within the clinic rooms. All medicine cupboards were locked appropriately for the safe storing of medicines.

It was evident that the health board had a process for monitoring the temperature of the clinic fridge to ensure that medication was stored at the correct temperature as indicated by the manufacturer. However, on review of the records it was apparent that staff had not been undertaking this regularly and we found that only one temperature had been recorded over the course of the month.

Controlled drugs were appropriately stored in the clinic room. We noted that during the night shift that control drugs were signed out by the registered nurse and a health care support worker. The health board had a policy in place to cover this practice, however it was noted that no health care support workers had completed the competency development process required to be compliant with the health board's policy. At the inspection feedback the health board provided assurance that this would be completed immediately to ensure that the policy was adhered to.

We noted that any covert medication was agreed as a multi-disciplinary team and documented family involvement in the decision process.

Improvement needed

The health board must ensure that staff record the temperature of the medication fridge to ensure that medicine are stored at the correct temperature.

The health board must ensure that health care support workers complete the competency development process required to be compliant with the health board's Controlled Drug Policy.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

We found that staff had access to, and sufficient knowledge of, the current health board policy on the protection of vulnerable adults.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

We found that care and treatment was provided in accordance with well established guidelines and relevant national and professional guidelines. Reference to this was made within relevant policy documents that supported the staff in their work.

The health board had established systems for revising policies, procedures and guidelines on a regular basis, or at the point when a change was required. This meant that staff had access to up-to-date guidance to help them care for their patients.

Incidents were recorded through the health board's computerised incident reporting system. This provided governance about the monitoring and review of incidents on Bryngolau.

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

Records were stored securely to prevent unauthorised people from accessing and reading them. Patient records were completed to a very good standard, were up to date and contemporaneous.

Daily entries in individual patients' records were regular throughout the day and detailed so that it was easily understandable of the patient's activity and presentation.

However, as identified above, documentation relating to the Act and other hard copy clinical information received by the ward was not filed timely on to patient's files.

Quality of management and leadership

We saw very good management and leadership at Bryngolau. There was a committed staff team who appeared to have a very good understanding of the needs of the patients.

There was strong multi-disciplinary team working with staff commenting favourably on each other and stating that they felt that their views were listened to and respected by other members of staff.

We suggest that the health board consider how it can establish a balanced gender workforce for Bryngolau Ward and how to support the night shift during the busy period of the shift.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

It was positive that throughout the inspection that the staff at Bryngolau Ward were receptive to our views, findings and recommendations.

We saw very good management and leadership on the ward by the interim ward manager and deputy ward manager. The ward had a new consultant who had provided positive leadership for the ward. The ward also had psychology input 5 days a week.

The staff we spoke to commented positively on multi-disciplinary team (MDT) working. Staff said the MDT work in a professional and collaborative way and individual views were sought and valued.

Bryngolau Ward had good links with physical health departments within Prince Philip Hospital and the wider health board.

There was clear support to the ward staff from senior management; with the Service Manager regularly present on the ward to provide guidance to ward management.

The ward managers for the health board's Older People's Mental Health service met regularly to discuss any issues or innovations.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Bryngolau Ward had an interim ward manager who was supported by a deputy ward managers and an established team of registered nurses and health care support workers.

The ward had designated team of staff with good knowledge of the patient group and appropriate skills to provide care for the patients. The ward had an occupational therapist and occupational therapy technician who provided suitable activities for the patient group. There was a good range of sensory boards on the ward walls and access to rummage boxes for patients.

The ward had recruited to its vacancies which provided a consistent workforce. We were informed that Bryngolau Ward had build up a good relationship with the local university and we saw there were two nursing students on placement on the ward.

The health board completed verification of professional qualifications and Disclosure and Baring Service (DBS) checks on appointment. This provided validity of qualifications and assisted in providing assurance about the integrity of character of those employed.

Staff stated that they felt there were insufficient numbers of male staff working on Bryngolau to provide appropriate mixed gender support. The health board should consider how it can establish and balanced gender workforce for Bryngolau.

The night shift for the ward commenced at 9:30pm. Typically the ward had three members of staff for the night shift. During the first few hours of the night shift there were many tasks for ward staff including supporting patients to bed and medication round. During our observations on the first evening it was evident that staff were busy and would have benefited from additional resources. The health board should consider how to support the night shift during this busy period of the shift.

Speaking to staff they confirmed that they were supported to undertake training. We reviewed the health board's computer system for monitoring completion rates and it evidenced that completion rates were good. However, it was difficult to navigate the system and identify which training modules were compulsory and relevant to individual members of staff.

The health board should review their computer training system to improve the user-friendliness so that ward managers can easily monitor their staff's mandatory training compliance.

Improvement needed

The health board should establish balanced gender workforce for Bryngolau.

The health board should consider how to support the night shift during the busy period of the shift.

The health board should review the computer training system so that ward manager's can easily monitor staff mandatory training compliance.

5. Next steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Bryngolau Ward will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Where appropriate, HIW inspections of mental health services consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Figure 1: Health and Care Standards 2015



Mental health service inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect

- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. These findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

Mental Health Service: Improvement Plan

Service: Prince Philip Hospital, Bryngolau Ward

Date of Inspection: 19 – 21 February 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The health board must ensure that there are appropriate en-suite doors in patient bedrooms.	4.1	Point of Ligature (POL) Audit was completed in 2016, this identified capital works for compliance with safety requirements. Estates colleagues will re-assess the costs involved with re-instating the bathroom doors to the appropriate safety standard. Walk around with Estates and ward manager and a revised bid for re-instatement to be submitted.	Ward Manager / Service manager, Estates Officer	Complete Complete 30th April 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
6	The health board must ensure that the ward doors provide the ward with privacy.	4.1	Dignity screening will be added to Ward doors.	Ward Manager	30th April 2017
7	The health board must ensure that patient dignity can be upheld and there are sufficient staff with appropriate training to meet the range of patients needs with the current mixed patient group.	4.1	There is an All Wales Acuity project underway to ensure that there are sufficient staff in place, the Health Board will implement any recommendations from this. On an ongoing basis the ward is very responsive to the needs of the patient and the staffing levels to always ensure safe and dignified care.	Service Manager Ward Manager	Complete
Delivery of safe and effective care					
9	The health board should review the bed capacity and service provision available for Older People's Mental Health services to ensure it can meet the needs of its population in a timely way.	Application of the Mental Health Act	The Delayed Transfer of Care (DToC) position is monitored on a daily basis, there has more recently been delays attributed to the agreements in relation to funding of Elderly Mentally Ill (EMI) placements. This has now been resolved and a system for agreeing funding put in place, it is felt this will have a	Head of Service	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			significant impact on DToC. Wherever a mental health act assessment identifies the need for a bed, this requirement is met.		
12	The health board must ensure that staff record the temperature of the medication fridge to ensure that medicine are stored at the correct temperature.	2.6	A updated process has been implemented which is completed daily by staff	Ward Manager	Complete
12	The health board must ensure that health care support workers complete the competency development process required to be compliant with the health board's Controlled Drug Policy.	2.6	Learning and Development are providing 10 places on a training programme for support workers to ensure competency to be the second signatory on the Controlled Drug (CD) Register. An interim measure has been put in place to ensure 2 nurses are always available at the point of administration of CDs.	Ward Manager	Complete
Quality of management and leadership					
16	The health board should establish balanced gender workforce for Bryngolau.	7.1	We acknowledge that an improved gender balance would be of benefit, the current split is 80/20 and every effort is made to ensure there is a	Head of Nursing	Complete

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
			male on every shift. All staff have the same level of training in managing patients. Consideration will always be given when recruiting to new posts to the gender balance on the unit.		
16	The health board should consider how to support the night shift during the busy period of the shift.	7.1	There is an All Wales Acuity project underway to ensure that there are sufficient staff in place, the ward is very responsive to the needs of the patient and the staffing levels to always ensure safe and dignified care. An interim measure has been put in place to ensure 2 nurses are always available at the point of administration of CDs.	Service Manager	Complete
16	The health board should review the computer training system so that ward manager's can easily monitor staff mandatory training compliance.	7.1	The Mental Health Directorate have implemented a training matrix to enable managers to more easily monitor mandatory training requirements.	Head of Service	Complete

Service representative:

Name (print):

Title:

Date: