

Mental Health Service Inspection (Unannounced)

Ty Llidiard

Enfys Ward & Seren Ward
Cwm Taf University
Health Board

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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 Ty Lliard Child and Adolescent Mental Health Service (CAMHS) within Cwm Taf University Health Board on the evening of Sunday 26 March and the day of 27 and 28 March 2017. The following hospital sites and wards were visited during this inspection:

- Enfys Ward
- Seren Ward

Our inspection team was made up of one HIW inspection managers 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 the Act.

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

2. Context

Ty Llidiard currently provides child and adolescent mental health in-patient service in the Bridgend area for South Wales. Ty Llidiard sits under Child and Adolescent Mental Health Service (CAMHS) Directorate within Cwm Taf University Health Board.

The setting is a mixed gender hospital with 19 beds. There were 18 patients there at the time of the inspection.

Although located within the grounds of Princess of Wales Hospital, part of Abertawe Bro Morgannwg University Health Board, Ty Llidiard is operated by Cwm Taf University Health Board for patients from across South Wales.

3. Summary

Overall, we found evidence that Ty Llidiard provided dignified and compassionate care for patients. However, there were significant and numerous shortfalls that meant we are not assured that the service provides safe and effective care.

This is what we found the service did well:

- Staff provided care to patients at Ty Llidiard in a respectful manner.
- Care and Treatment Plans were completed to a good standard.
- Staff were positive about the openness of the multi-disciplinary team.
- Staff were positive about the support they received from each other and the ward management.

This is what we recommend the practice could improve:

- The quality of recordkeeping.
- The quality and completion of clinical audits.
- The robustness of safety procedures.
- The compliance of staff mandatory training.
- With relevant partners, review CAMHS provision for South Wales.

4. Findings

Quality of patient experience

Ty Lliard is a purpose built hospital to provide Child and Adolescent Mental Health Service (CAMHS) in-patient care. It was evident that great effort has been made in providing a suitable environment for the patient group to receive dignified care. However, there were areas of maintenance required.

Throughout our inspection we observed staff treating patients with respect and kindness. Staff made every effort to maintain patient dignity.

There had been occasions during 2016 where patients had been placed 'out-of-area' due to the acuity and complex needs of the patient group at Ty Lliard. The health board must engage with relevant partners to review the CAMHS provision of South Wales to ensure there is sufficient capacity to provide timely access to care within their local service

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.

Ty Lliard is a purpose built hospital that was opened in 2011 to provide care for 12 to 18 year olds. It was evident that great effort has been made in providing a suitable environment for the patient group to receive dignified care.

Throughout Ty Lliard the environment was, on the whole, clean and well maintained. However, the glass canopy at the entrance was very dirty and in need of cleaning. We also noted that windows, particularly those behind the mesh screens that prevent items being passed through open windows, required cleaning.

Improvements needed

The health board must clean the glass entrance canopy at Ty Llidiard.

The health board must ensure windows at Ty Llidiard are regularly cleaned including behind mesh screens.

There was also some superficial damage to interior walls, including holes and cracks in paintwork and writing scrawled on the wall, in particular the small lounge on Seren Ward. This could impact upon a patient's emotional wellbeing.

Improvement needed

The health board must undertake regular environmental maintenance audits to identify and rectify damage to the environment at Ty Llidiard.

There was damage to a small section of corridor flooring outside the patient dining room on Enfys Ward. The area had been taped to prevent any further damage or injury to patients, staff or visitors; however this required permanent repair.

Improvement needed

The health board must repair the damage to the corridor floor on Enfys Ward.

Each ward office had a "patient status at a glance board"¹ displaying confidential information regarding each patient being cared for on the ward. However, there were no facilities to hide the confidential information when the boards were not in use. This meant that this confidential information may be viewed by patients, or visitors, when they entered the office.

Improvement needed

The health board must ensure that staff can cover status at a glance boards when not in use.

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

Patients had their own bedrooms with en-suite facilities including 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 from within; staff were able to over-ride the locks if required.

On each ward patients had access to enclosed garden areas. These had been designed to be suitable for the young patient group. However, at the time of our inspection the garden areas were in need of maintenance such as; the removal of weeds and over-grown plants along with cleaning the surfaces and facilities within in the gardens.

Improvement needed

The health board must ensure that regular garden maintenance is undertaken.

Ty Lliard provides patients of school age with education input. Outside of school hours patients have individual activity and therapy plans and were able to choose what activities and therapies they wish to do each day. Patients had access to therapy and activities rooms such as a games room and a music room. There was also an occupational therapy kitchen that patients could access for individual and group sessions.

A development since our previous inspection in 2015 was the introduction of an arts and crafts room on Enfys Ward. The arts and crafts activity room appears to be appreciated and used extensively by the patients and would benefit from a wash basin and appropriate storage for arts and craft items so they can be tidily and securely stored.

Disappointingly we were informed that the cinema room was no longer in use. Staff were unclear as to why the cinema room was not being used for its intended purpose. There was also a pool table at Ty Lliard, however the cloth was badly damaged which meant that use of this valuable facility could not be used. Staff informed us that these two facilities were previously well used and a benefit to the patient experience.

Improvement needed

The health board must review the cinema room to ensure that it is operational and safe for patient use.

The health board must repair the pool table cloth.

There were also damaged items awaiting collection, such as; damaged furniture in the unused Rumpus room on Seren Ward, damaged drawers in

Seren Clinic room and a broken water cooler in the dining room of Enfys Ward. These need to be removed for safety reasons.

Improvement needed

The health board must ensure that damaged items are removed from the hospital.

There was also a damaged soap dispenser and a paper towel dispenser in one bathroom on Seren Ward. This area was not being used by patients at the time of the inspection, however the items require replacing.

Improvement needed

The health board must ensure that the damaged soap dispenser and paper towel dispenser are repaired.

Ty Llidiard had a sports hall for patient use. During our previous inspection there was a water leak that had caused significant damage. We saw that although the leak had been rectified the sports hall floor remained heavily marked. Although this doesn't prevent the use of the hall it would however benefit from the marked areas being replaced. There was also an external sports area for tennis, netball and hockey.

The hospital also had a designated vehicle so that staff could facilitate taking patients to the local shops and on community trips further afield. Where appropriate (after risk assessments) patients were also able to leave the hospital with their family or unescorted.

There were designated rooms for patients to see visitors. It was commendable that Ty Llidiard also has a Family Flat which allows for family members to stay overnight; where appropriate the patient can also stay within the flat. This was of great benefit to family members, particularly those families that are located some distance away from the setting as it provides in-patient care for all of South Wales.

Throughout the inspection we saw visitors coming to see patients and noted that the Family Flat was also being used.

Patients had access to a ward telephone to make personal phone calls. Patients also had set times when they could use their mobile phones.

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 and we noted appropriate signage 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 was 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.

Ty Llidiard provides in-patient care to 12 to 18 year old people requiring hospital mental health assessments. The hospital provides care for patients from six health boards across South Wales². The community CAMHS teams within the six health boards refer to Ty Llidiard.

At the time of our inspection Ty Llidiard was commissioned as a 15 bed hospital. The hospital had a total of 19 bedrooms, 14 bedrooms on Enfys Ward and five bedrooms on Seren Ward. During the inspection there were 18 patients being cared for at the hospital.

² Aneurin Bevan University Health Board, Abertawe Bro Morgannwg University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board and southern area of Powys Teaching Health Board

We were informed that due to the current levels of demand on the in-patient service, Ty Llidiard was regularly providing care for more patients than the 15 bedded service which it was commissioned and staffed to provide. Therefore, additional staff via the bank system or agency was required (see *Standard 7.1 Workforce*).

We were also informed that at times during 2016 where patients' had been placed 'out-of-area' due to lack of patient beds in Ty Llidiard. This meant that some patients within the South Wales catchment area were not able to receive timely access to care within their local service.

Improvement needed

The health board must engage with relevant partners to review the CAMHS provision in South Wales to ensure there is sufficient capacity to provide timely access to care within their local service.

Delivery of safe and effective care

Care and Treatment Plans developed as part of the Mental Health (Wales) Measure 2010 were completed to a good standard; however they failed to identify patients' unmet needs.

There was poor recordkeeping at Ty Llidiard; this included the completion of records and filing. There were errors and omissions in a number of areas including, Mental Health Act documentation, observation charts and Medication Administration Records.

We also found weaknesses in maintaining the safety of patients, this included emergency clinical items and medication that was out-of-date, a delay in locating ligature cutters and a delay in being able to contact the on-call manager.

Application of the Mental Health Act

We reviewed the statutory detention documents of four patients who had been detained under the Mental Health Act (the Act) at Ty Llidiard.

Patient files were disorganised and copies of statutory documentation was poorly filed and therefore difficult to review. We were able to verify that all detentions reviewed were compliant with the Act; however there were a number of areas of improvement in line with the 2016 Mental Health Act Code of Practice for Wales.

There was Section 5(2)³ detention documentation where the completing person did not delete the relevant option to identify that they were either "the registered medical practitioner" or "the approved clinician" (who is not a registered medical practitioner).

In one case there was also no record of the responsible clinician's consultation with the patient and their decision making on the patient's file. Therefore there was no evidence that this had occurred.

³ Section (2) - Doctor's holding power entitles the authorities to hold the patient for up to 72hrs in order for a Mental Health Act assessment to be undertaken.

We saw evidence of poor record keeping and filing in patient records. There were a number of copies of statutory documentation missing from the files we reviewed or only one side of the form copied.

When reviewing the process for one Section 2⁴ detention, the patient's notes recorded that the Approved Mental Health Professional⁵ (AMHP) would inform the ward when the assessment date and time had been agreed between the AMHP and the two doctors (one GP and one Section 12 doctor⁶). However, there was no evidence that the views of the patients' relatives and that all other considerations had been sought prior to the application being made for Section 2 detention, as guided by paragraphs 14.58 & 14.59.

Staff we spoke to at Ty Llidiard stated that they required training in the administration of the Act. They also felt that the poor staffing capacity did not allow for all statutory documentation to be reviewed and correctly filed in a timely manner.

The health board must ensure their staff are competent to undertake their roles. Well trained administrative support on wards contributes significantly to ensuring that all statutory documentation is reviewed and correctly filed and that, in conjunction with Mental Health Act Managers, statutory timescales under the Act are met.

Improvement Needed

The health board must provide staff with training in the administration of the Mental Health Act.

⁴ Section 2 - Provides for someone to be detained in hospital for an assessment and treatment of their mental disorder.

⁵ Approved mental health professionals (AMHPs) are trained to implement elements of the Act in conjunction with medical practitioners. They perform the pivotal role in assessing and deciding whether there are grounds to detain mentally disordered people who meet the statutory criteria.

⁶ A doctor trained and qualified in the use of the Mental Health Act 1983, usually a psychiatrist.

The health board must ensure that Ty Llidiard has sufficient administrative support to ensure that statutory documentation is appropriately filed.

Staff had access to the 2016 Mental Health Code of Practice for Wales (the Code); however this was only available in English and not Welsh.

Improvement Needed

The health board must ensure there is sufficient copies of the Code in English and Welsh so that staff, patients and relatives can review a copy as and when required.

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

We reviewed three sets of Care and Treatment Plan (CTP) documentation. The following positive observations were identified:

- CTPs were complete and appeared to be kept up-to-date
- Physical health assessments were undertaken on admission
- Risk assessments set out the identified risks and how to mitigate and manage them
- The care and treatment plans identified patients' care co-ordinators.

However, there was not a record of individual patient's unmet needs in patients CTPs. This would allow the care coordinator and Ty Llidiard to review the provision of care to reflect any required changes.

Improvement needed

The health board must ensure that patient's unmet needs are recorded in their Care and Treatment Plan.

On admission a new CTP would be devised as opposed to updating the patient's community CTP. Staff stated this was often due to not receiving the community CTP in a timely manner. This may result in the lack of continuity of care planning when devising plans without relevant information. The health board should liaise with the community teams across the respective health boards to address the difficulties in receiving timely community CTPs.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

Ty Llidiard is a purpose built CAMHS hospital. The design and layout provides a safe environment with appropriate fixtures, fittings and furniture to help maintain patient safety.

However, we were concerned about a number of areas in regards to maintaining a safe environment for the care of patients. During our first night we toured the environment and found a pen that had been left in the sports hall. We were concerned that if this item was found by a patient it could have potentially been used for self-harm or a weapon. We gave the pen to the nurse accompanying us.

Improvement needed

The health board must ensure that objects that can be used to harm are not left in patient areas.

As previously stated, the hospital is commissioned for 15 patients and during our inspection there were 18 patients being cared for at Ty Llidiard. On the first night of our inspection there was an additional patient awaiting transfer to another hospital, therefore there were 19 patients present on the first night.

There were additional staff at Ty Llidiard to reflect the additional patient numbers. However, through our observations it appeared that an agency staff member had limited knowledge about the ward and its layout. When directed by the staff nurse to take something to another area of the ward they required detailed instructions to know where to go. This could have caused a critical delay during an emergency situation.

Improvement needed

The health board must induct all bank and agency staff working at Ty Llidiard to ensure that they are familiar with the environment and day to day running of the ward.

Due to the level of activity on the first night of our inspection, we informed the nurse in charge to use their on-call arrangements to inform senior

management that we were in attendance along with the current situation on the ward. However, despite reassurance from staff that they had been in regular contact with their on-call manager throughout the day, it took approximately 30 minutes to contact the on-call manager that evening. This is a significant delay for on-call arrangements. A senior member of Ty Llidiard staff attended the hospital that night which provided staff with further support and advice.

Improvement needed

The health board must ensure that on-call staff are available to ward staff when required.

We were concerned that during our inspection there was discrepancy in the location of the ligature cutters; some members of staff stated they were in the clinic in Enfys and others stated Enfys ward office. It took staff approximately 10 minutes to locate the ligature cutters; this could have been a critical delay during an emergency situation. During the inspection the ward manager arranged for ligature cutters to be sorted on each of the wards. Maintenance workers fixed a location for ligature cutters on each of the wards which provided us with assurance that they would be available to staff when required.

Improvement needed

The health board must ensure that all staff know where ligature cutters are located at Ty Llidiard.

Observation records were poorly completed. There were records with missing information and therefore we could not be assured that the required observations had been completed by staff. We also observed that an observation record had been completed for one patient and then crossed through. We were informed that this patient had been out on leave with family members and the entries on the observation record were for another patient with the same first name. This is a significant error by the staff members completing the observation record.

The observation records only record the first name of the staff member responsible for completing the observation. The full name of the staff member must be included.

Improvement needed

The health board must ensure that staff complete patient observation records as and when required.

The health board must ensure the full name of the staff member responsible for completing patient observation records is recorded on the associated form.

There was also poor record keeping in regards to; the Mental Health Act, risk assessments, medication administration and clinical equipment that impacted upon the safety of patients. These are covered in more detail later in the report.

Standard 2.5 Nutrition and hydration

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

Patients at Ty Llidiard are provided with their meals at the hospital. The hospital has a three week rotation menu and there were five options for lunch and evening meals. Patients also had access to snacks and refreshments.

Housekeeping staff stated that they try and be flexible to meet the needs and preferences of the patients. We saw a record of patients likes and dislikes and there was additional stock available within the kitchen stores to provide alternatives to the menu choices.

There were appropriate dining room facilities on both wards with a larger dining room on Enfys Ward and a small bright room in Seren.

There were working water dispensers within each of the dining rooms, however as previously stated there was additionally a broken water dispenser awaiting collection on Enfys Ward.

We were informed that for the majority of time all patients had their food in Enfys dining room so that they all ate together. However, if a patient was unwell they could eat their food in the Seren dining room for privacy and not to disturb other patients.

We observed one meal time and saw that staff and patients ate together which provided a conducive and therapeutic experience.

At times some patients would require feeding with nasogastric (NG) tube. We reviewed the equipment stock and supplies for NG feeding and there was sufficient equipment for providing the required NG feeds at the time of the inspection. Staff stated that stocks were regularly monitored and ordered.

There were eight staff trained in NG feeding, we were informed that this was sufficient to meet the current needs, however staff felt it would be beneficial if more staff were trained. Staff also raised their concerns regarding maintaining their competency in NG feeding as there would be periods when no patients would require this type of assisted feeding and therefore staff would not be continuingly providing this specialist procedure. To remedy this we were informed that the hospital had ordered a specialist dummy for practicing the NG feeding procedure to maintain the skill. At the time of the inspection no date could be provided for when the dummy would be provided.

We were informed that NG feeding would occur in the clinic room of the ward where the patient was admitted. However, when we discussed with staff where a patient would be NG fed if they were non-compliant, we had differing views. Some staff advised that they may be NG fed within their bedrooms. However, one of the ward managers stated that any NG feed that may require restraint should be undertaken in the high care area on Seren Ward where suitable safe facilities are available.

Improvements needed

The health board must ensure that there are sufficiently trained staff experienced in providing nasogastric (NG) feeding at Ty Llidiard.

The health board must ensure that there are suitable arrangements in place for staff at Ty Llidiard to maintain their NG feeding skills.

The health board must ensure that all staff know the correct procedures regarding administering NG feeding to non-compliant patients.

Standard 2.6 Medicines management

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

Medication was stored securely within the clinic rooms. Medication cupboards, fridges and trolleys were locked when not in use.

The completion of Medication Administration Records (MAR Charts) in both clinics of Ty Llidiard were of a poor standard. There were gaps in recording of whether prescribed medication had been administered or not. This was not isolated to a singular patient's record or a time period, but occurred regularly. When medication is not given, registered nurses must record on the MAR

Chart why the medication had not been administered using the standardised coding. Additionally, MAR Charts did not always include the patients legal status in reference to the Mental Health Act.

Improvement needed

The health board must ensure staff complete Medication Admission Records (MAR Charts).

The health board must ensure the patients legal statuses are written clearly on Medicine Administration Record Charts

We reviewed a sample of medication within the clinic rooms on both wards; there was out-of-date medication within the stock on Enfys Ward. The nurse accompanying us immediately disposed of the medication appropriately.

Improvement needed

The health board must ensure that there is a regular audit of medication to prevent clinic rooms holding out-of-date stock.

The drug administration policy was not available to staff in either clinic rooms. This was addressed during the inspection. We also discovered an out-of-date Cardiff & Vale drugs policy from 2002 within one of the clinics, which staff removed immediately.

Improvement needed

The health board must ensure that all relevant (medication) policies are up to date and available to staff in each clinic room.

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 reviewed staff training completion rates on Child Protection and saw that 41 out of 52 had completed relevant training. During discussions with staff members it was evident that they were knowledgeable and competent in child safeguarding procedures.

Improvement needed

The health board must ensure that all staff complete relevant Child Protection training.

Standard 2.9 Medical devices, equipment and diagnostic systems

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

We reviewed the emergency equipment in each of the clinics at Ty Llidiard. The secure tag was missing from the Emergency Grab Bag on Enfys Ward, despite this being identified in the regular audit on 2 March 2017.

There was out-of-date equipment on the resuscitation trolley on Enfys Ward.

Improvement needed

The health board must ensure there are appropriate audit systems in place and completed to identify and replace any missing or out-of-date clinical equipment.

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.

There was evidence of poor recordkeeping in a number of areas at Ty Llidiard across different disciplines, this included:

- Poorly organised patient records
- Incomplete copies of Mental Health Act documentation
- Poor completion of Medication Administration Records
- Incomplete and incorrect patient observation records

Improvement needed

The health board must establish appropriate systems to ensure that staff complete and maintain records to a high professional standard.

The health board must review the administrative support arrangements for Ty Llidiard.

Quality of management and leadership

There was a dedicated and committed workforce at Ty Llidiard that worked cohesively as a multi-disciplinary team. However, staff vacancies and sickness impacted on the continuity of care.

Staff had difficulty in completing mandatory and additional training. It was positive to note that staff had group clinical supervision and individual managerial supervision.

Ty Llidiard needs to develop robust audit and governance systems to provide high quality, safe and reliable patient-centred care. At the time of our inspection these were lacking which impacted heavily upon the delivery of safe and effective care.

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 staff at Ty Llidiard were receptive to our views, findings and recommendations.

Ward staff spoke positively about the leadership and support of the ward managers, and stated that occasionally they would provide direct support on the ward to fill gaps in the shift rota. We saw evidence of this in the staff rotas. However, this ultimately affected the amount of time that ward managers received to fulfil their managerial duties.

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.

Ty Llidiard had group clinical supervision which allowed for staff members to reflect upon the care provided. The staff we spoke to were positive about the process.

Staff had regular management supervision. However, there was no overarching record in place to monitor its completion and regularity.. Records were maintained in individual staff member's files. We suggested that a record of managerial supervision for staff at Ty Llidiard is maintained so that ward managers can be quickly assured that managerial supervision is taking place.

It was evident that the service was under significant pressure to provide care for more patients than the number it was commissioned for. This impacted upon staff's ability to consistently provide high quality, safe and reliable patient-centred care.

The number of areas of improvement identified in the "Delivery of safe and effective care" section of this report highlights the need for major improvement in audit and governance at Ty Llidiard. It was positive however to hear that there were processes in place to ratify and implement policies to support staff in their work.

Improvement needed

The health board must ensure that there are robust audit and governance arrangements in place at Ty Llidiard to ensure the delivery of safe and effective care.

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.

We were informed that a number of experienced staff had left to take up new roles to develop their careers. At the time of our inspection there were six ward staff vacancies, three registered nurses and 2 health care support workers. There was also an occupational therapist vacancy.

During January 2017 there had been high levels of staff sickness (due to work related injuries), although this had improved by the time of our inspection. However, because of the vacancies and sickness levels there was a reliance on bank and agency staff to fulfil the staffing requirements. Whilst there was an attempt to source regular bank and agency workers, this was not always possible. Therefore there was an inconsistent workforce at Ty Llidiard which

impacts on the ability of the service to provide continuity of care and the quality of recordkeeping.

Improvement needed

The health board must address the recruitment to the vacant posts at Ty Llidiard

Due to the pressures of providing staff for the wards, we were informed that staff were having difficulty in completing mandatory and additional training.

It was positive to note that during our inspection a selection of staff were at Ty Llidiard to undertake Restrictive Physical Intervention (RPI) training. We also saw that there were high compliance rates for child protection, food hygiene, manual handling and fire training. However, there were significant shortfalls in infection control, Mental Health Act and Mental Capacity Act.

Improvement needed

The health board must ensure that all staff complete their mandatory training and associated update training.

We saw that some members of staff had completed additional training to help support and care for patients. These courses included: Maudsley training for Eating Disorders, Meal Support, NG feeding, Suicide and Self Harm Reduction and Internet Addiction training. However, these courses had been completed prior to 2016 and staff confirmed that recently they have had little opportunity to complete similar training opportunities.

Improvement needed

The health board must support staff in completing additional training which would help staff support and care for patients at Ty Llidiard.

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 Ty Llidiard 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: Ty Llidiard Child & Adolescent Mental Health Service (CAMHS)

Date of Inspection: 26 – 28 March 2017

Page Number	Improvement Needed	Standard	Service Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The health board must clean the glass entrance canopy at Ty Llidiard.	4.1	Job logged with Estates Department 5/4/17 and House Keeping Manager. Awaiting date of work. Reminders sent on a regular basis.	Sam Stroud & Nigel Llewellyn (ABMU House Keeping)	31 July 17
6	The health board must ensure windows at Ty Llidiard are regularly cleaned including behind mesh screens.	4.1	Job logged with Estates 5/4/17 and established way of cleaning specialised windows. Information shared with House Keeping Manager responsible for window cleaning contract. Awaiting date of work. Reminders sent. Bi-monthly meetings arranged with House	Sam Stroud & Nigel Llewellyn (ABMU House Keeping)	31 July 17

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			Keeping Manager.		
6	The health board must undertake regular environmental maintenance audits to identify and rectify damage to the environment at Ty Llidiard.	4.1	Daily check lists introduced to be undertaken by ward staff. Many issues reported to Estates and House Keeping. Reviewing progress on a daily basis. All staff reminded to report issues when identified. Locality Manager and Ward Manger have undertaken environmental checks and will continue to on a monthly basis.	Nursing Staff, Ward Managers and Locality Manager	Feedback given to staff and refreshed approach now ongoing and monitored regularly
6	The health board must repair the damage to the corridor floor on Enfys Ward.	4.1	The damage has been reported to Estates where they have made the temporary repair. We have asked Estates to provide a quote for repair. Awaiting costings.	Locality Manager and Estates Manager	31 July 17
6	The health board must ensure that staff can cover status at a glance boards when not in use.	4.1	Request made to administrator responsible for ordering stock. Surveyor invited to give quote on 11/5/17, awaiting up-date, reminder sent 9/6/17. Once quote received and administrator to enter to procurement system for authorisation.	Locality Manager & admin	31 July 17

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7	The health board must ensure that regular garden maintenance is undertaken.	4.1	Request made to Estates for the gardens to be tidied up, which was completed on 21/4/17. Request made to Estates Manager for confirmation on regularity of garden contract. Awaiting response. Bi-monthly meetings arranged with Estates Managers.	Sam Stroud & Estates	Locality Manager given feedback and refreshed approach now ongoing and monitored regularly
7	The health board must review the cinema room to ensure that it is operational and safe for patient use.	4.1	Room made safe by altering lock and vision window. Room usable.	Sam Stroud	Completed May 2017
7	The health board must repair the pool table cloth.	4.1	Requested quote for repair to administrator responsible for procurement. Once quote received to be submitted to Senior Management Team for approval.	Sam Stroud & Darren Rees	31 July 17
8	The health board must ensure that damaged items are removed from the hospital.	4.1	Included in daily environmental audit checks and staff reminded of procedure.	Ward Managers	Completed May 2017
8	The health board must ensure that the damaged soap dispenser and	4.1	Logged with Estates on 5/4/17	Sam Stroud & Estates	Partly completed

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	paper towel dispenser are repaired.				on check undertaken 13 June 17 additional call logged 13 June 17
10	The health board must engage with relevant partners to review the CAMHS provision in South Wales to ensure there is sufficient capacity to provide timely access to care within their local service.	5.1	This can be measured by the number of patients referred out of area due to no bed availability. This is a very rare occurrence and has happened once in the last three years due to bed blocking by a patient who did not fall into Ty Lliidiards criteria.	Chrystelle Walters & Dr Darwish	Clinical Lead and Senior Nurse given feedback and refreshed approach ongoing with partners
Delivery of safe and effective care					
12	The health board must provide staff with training in the administration of the Mental Health Act.	Application of the Mental Health Act	Mental Health Act Administrator has been requested to provide the relevant training. Meeting arranged for 24 th May 2016. During the meeting it was agreed that the Mental Health Act	Mental Health Act Administrator	31 July 17

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			Administrator will deliver some training, dates are to be confirmed by the administrator.		
13	The health board must ensure that Ty Llidiard has sufficient administrative support to ensure that statutory documentation is appropriately filed.	Application of the Mental Health Act	Localities Manager to identify if there is sufficient admin time to provide this support. Capacity available within current administration team. Discussed with Mental Health Act Administrator 24/5/16 where she will deliver training to administration staff. Also discussed use of separate files for statutory documentation, awaiting sample file from Mental Health Act Administrator reminder sent 9/6/17	Sam Stroud & Mental Health Act Administrator	31 July 17
13	The health board must ensure there is sufficient copies of the Code in English and Welsh so that staff, patients and relatives can review a copy as and when required.	Application of the Mental Health Act	The Unit now holds 5 hardback copies, 2 of which are in Welsh. There is a copy of the English and Welsh version on both wards and one kept in the Ward Managers Office. The document is also available in the Mental Health Act folder stored on the Q drive.	Rebecca James	Completed April 2017

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13	The health board must ensure that patient's unmet needs are recorded in their Care and Treatment Plan.	Monitoring the Mental Health (Wales) Measure 2010	<p>Patients unmet needs are discussed on admission and in Ward Round. Unmet needs are documented in CTP.</p> <p>Unmet needs need to be clear in the CTP on admission.</p> <p>There are a large amount of patients being admitted without a CTP in place. In-patient staff then take on the responsibility of completing the CTP but it is difficult to capture the unmet need evident in the community.</p> <p>Senior Nurse to speak with SMT regarding a procedure around this</p>	<p>Rebecca James / Sharon Howatson</p> <p>Chrystelle Walters</p>	30 June 17
14	The health board must ensure that objects that can be used to harm are not left in patient areas.	2.1	<p>Daily system put in place to ensure that Senior Staff Nurses are doing a regular check of the environment. This will be communicated on induction.</p> <p>Ward Manager to do a monthly walk around. This will aim to address any areas of risk. This will be discussed in Nurses Meeting.</p>	<p>Senior Staff Nurses</p> <p>Rebecca James Sharon Howatson</p>	<p>Completed May 2017</p> <p>Completed and on-going</p>

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			<p>Removing objects will need to be balanced with patients needs and requirements to lead a normal life. There is a clear procedure indicating what can and cannot be brought onto the unit.</p>		<p>Staff have been given feedback and this will be monitored regularly against agreed procedures</p>
14	<p>The health board must induct all bank and agency staff working at Ty Llidiard to ensure that they are familiar with the environment and day to day running of the ward.</p>	2.1	<p>Bank and Agency Induction is in situ. Ward Manager is presently revising the Induction packs for all staff, including bank and agency and kept on the ward.</p> <p>B6 nurses understand their role to ensure that bank and agency inductions take place. This is part of induction and on-going changes will be communicated via Nurses Meeting and line management.</p> <p>Ward Managers do weekly checks of induction paperwork which will be cross referenced with the off duty. Any induction concerns will be</p>	<p>Rebecca James/ Sharon Howatson</p> <p>Rebecca James/ Sharon Howatson</p> <p>Ward managers</p>	<p>Completed May 2017</p> <p>Completed May 2017</p> <p>Ward Managers given feedback</p>

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			addressed accordingly.		and refreshed approach now ongoing and monitored regularly
15	The health board must ensure that on-call staff are available to ward staff when required.	2.1	On-call staff are expected to be available to ward staff when carrying out this duty. There will be times whereby a call cannot be taken and a message will need to be left requesting a call back e.g on call member of staff could be driving.	SMT	Completed May 2017
15	The health board must ensure that all staff know where ligature cutters are located at Ty Llidiard.	2.1	The ligature cutters are affixed to the wall in both nursing offices. Both are out of sight of young people. All nursing staff are informed of this on induction. This has also been conveyed to staff in nurses meeting.	Rebecca James/ Sharon Howatson	Completed May 2017
15	The health board must ensure that staff complete patient observation records as and when required.	2.1	Shift co-ordinators are responsible for carrying out/delegating appropriate nursing observations and completing paperwork (Always	Shift Co-ordinators	Completed April 2017 and on-going

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			<p>a qualified Band 5 or 6 Nurse).</p> <p>This procedure is included on induction.</p> <p>Non-compliance should be managed by the Ward Manager. On-going non compliance to be escalated to the Senior Nurse.</p> <p>Ward Managers are required to undertake weekly spot checks of observation records and address any staff concerns accordingly.</p>	Rebecca James/ Sharon Howatson	
16	The health board must ensure the full name of the staff member responsible for completing patient observation records is recorded on the associated form.	2.1	<p>Ward Managers to inform all staff of this requirement. Staff to be informed via line management and nurses meeting.</p> <p>All staff to be given and sign that they have read the All Wales Observation Policy which is currently under review and awaiting Governance approval.</p> <p>Ward Managers are required to undertake weekly spot checks of observation records and address any staff concerns accordingly.</p>	Rebecca James/ Sharon Howatson	<p>Completed April 2017</p> <p>Prior 31 July 17</p> <p>Completed April 2017 and on-going</p>

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17	The health board must ensure that there are sufficiently trained staff experienced in providing nasogastric (NG) feeding at Ty Llidiard.	2.5	<p>Ty-Llidiard do not have a high number of YP requiring NG feeding and as such maintaining competence proves to be very difficult.</p> <p>Benchmarking with other like for like general CAMHS providers have communicated the same difficulties and many units do not accept young people with NG tubes.</p> <p>Previously the Health Board did not routinely provide training in this area. We are now aware that this is included in the graduate nurse programme 2017. General Nurses are trained via their nurse training. The competency requirements indicate that each staff member needs to observe sighting and then practice sighting under supervision on 3 occasions to receive competence.</p> <p>Staff have in the past received training in this way. However, staff trained on induction are often not</p>	Rebecca James/ Sharon Howatson	Senior Nurse and Ward Managers given feedback and this will be monitored regularly

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			<p>required to carry out this procedure regularly and report that even though they have had the training they do not feel competent, given the time lapse between training and practice.</p> <p>A dummy to train staff on NG feeding has been ordered (now delivered) to promote regular practice. Receipt of this will also support maintaining staff competence.</p> <p>Please see below for further details on delivery of training.</p> <p>If a patient should require NG Tube and there is nobody trained to do this on duty, the patient should be risk assessed and accompanied to the paediatric ward for sighting if safe to do so. Ward managers will monitor compliance with care-plans.</p>	<p>Chrystelle Walters</p>	

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17	The health board must ensure that there are suitable arrangements in place for staff at Ty Llidiard to maintain their NG feeding skills.	2.5	<p>Awaiting delivery of a dummy to ensure that staff remain competent to pass NG Tube.</p> <p>Meet with SMT to discuss training arrangements in place and reassurance that this will be adequate to ensure staffs competency.</p> <p>Newly qualified nurses are given opportunity to attend a graduate programme which includes NG siting. We are exploring whether the UHB can support us with further training.</p>	<p>Sam Stroud</p> <p>Chrystelle Walters</p> <p>Dr Darwish</p> <p>Ward Managers</p>	<p>Completed May 2017</p> <p>30 June 17</p> <p>30 June 17</p>
17	The health board must ensure that all staff know the correct procedures regarding administering NG feeding to non-compliant patients.	2.5	<p>All staff in Ty-Llidiard understand that a young person's care plan should be followed as indicated by the MDT. All care plans are individual.</p> <p>All concerns regarding non-compliance are discussed daily (Monday-Friday) at MDT level and decisions are made regarding detention for treatment if indicated as necessary.</p>	<p>Ahmed Darwish/ Peter Halford/ Chrystelle Walters</p>	<p>April 2017</p>

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			<p>Young people who are non-compliant with NG feeding are likely to be physically resistive to feeding. All staff in Ty-Llidiard are trained in de-escalation and RPI.</p> <p>Where Ty-Llidiard staff are unable to safely sight an NG tube difficulties may arise as paediatric staff are unable to assist in sighting an NG tube to someone who is under restraint.</p> <p>Ty-Llidiard monitor the physical well-being of patients at all times. In the event of a young person becoming physically compromised Ty-Llidiard would seek immediate medical advice.</p> <p>Some young people may exceed the remits of a General CAMHS unit. Such cases would prompt referral for more specialist care.</p> <p>This can be evidenced in our Eating Disorder protocol and we are developing a NG feeding protocol</p>	Ward Managers	22 Aug 17

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18	The health board must ensure staff complete Medication Admission Records (MAR Charts).	2.6	Ward Managers are required to undertake weekly spot checks of MAR Charts and address any staff concerns accordingly. Medication policy is part of qualified staff induction.	Rebecca James/ Sharon Howatson	Ward Managers given feedback and refreshed approach now ongoing and monitored regularly
18	The health board must ensure the patients legal statuses are written clearly on MAR Charts.	2.6	Ward Managers are required to undertake weekly spot checks of MAR Charts and address any staff concerns accordingly. Expectations to be communicated to all medical staff commencing work at Ty Llidiard.	Dr A Darwish	Clinical Lead given feedback and refreshed approach now ongoing and monitored regularly
18	The health board must ensure that there is a regular audit of medication to prevent clinic rooms holding out-of-date stock.	2.6	Weekly audit sheet to be compiled and completed every Sunday night by Senior Staff Nurse on duty. All out of date stock to be disposed	Rebecca James/ Sharon Howatson	May 2017

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			of as per procedure. Ward managers to do monthly checks of compliance.		May 2017
18	The health board must ensure that all relevant (medication) policies are up to date and available to staff in each clinic room.	2.6	Rapid Tranquilisation procedure is in situ, up to date and located in both clinics. There is also an electronic version stored on the Q drive. This is communicated to staff on induction Health Board policy on Medication Administration is available to all staff and part of induction.	Rebecca James/ Sharon Howatson Chrystelle Walters / Rebecca James	Completed Completed 13 June 17
19	The health board must ensure that all staff complete relevant Child Protection training.	2.7	All staff are booked on training on induction and when required following this. Staff training log in situ, locality manager sends regular emails to managers when updates are due. Ward pressures do on occasions prevent staff from attending booked training but this is always rescheduled.	Rebecca James/Sharon Howatson/ Senior Staff Nurses.	30 June 17 for up-date then ongoing and monitored regularly

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			Compliance checks to be undertaken on a monthly basis.	Ward Managers & Locality Manager	
19	The health board must ensure there are appropriate audit systems in place and completed to identify and replace any missing or out-of-date clinical equipment.	2.9	<p>The item that was noted by the inspection team was left from ABMU who previously supplied Ty-Llidiard with the crash trolley; the item out of date has been disposed of.</p> <p>Ty-Llidiard now use the grab bags supplied by the health board, an audit is in place for all crash equipment.</p> <p>Monthly audit in place to ensure that equipment is in date.</p>	Rebecca James/ Sharon Howatson	May 2017
20	The health board must establish appropriate systems to ensure that staff complete and maintain records to a high professional standard.	3.5	<p>Ward Managers to compile checklist based on best practice guidelines.</p> <p>Medical Secretaries to ensure that all new case notes has a copy of the checklist affixed to the inside of each patient file.</p> <p>Ward managers to do monthly spot checks of a random selection of files.</p>	<p>Rebecca James/ Sharon Howatson</p> <p>Sam Stroud</p>	30 June 17

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			Discuss in POG 27/06/17		
20	The health board must review the administrative support arrangements for Ty Llidiard.	3.5	Admin support systems to be reviewed. There is no extra funding for this. This will need to be escalated to SMT.	Chrystelle Walters	June 2017
Quality of management and leadership					
22	The health board must ensure that there are robust audit and governance arrangements in place at Ty Llidiard to ensure the delivery of safe and effective care.	Part 2 - Governance, leadership and accountability	<p>There is a lead for audit identified on the unit.</p> <p>There are meetings and a structure in place for staff to communicate effectively and escalate matters.</p> <p>Governance meetings occur bi-monthly.</p>	<p>Dr Peter Halford,</p> <p>Chrystelle Walters</p>	Leads for audit and governance given feedback and arrangements will be monitored regularly
23	The health board must address the recruitment to the vacant posts at Ty Llidiard.	7.1	<p>All present vacancy requisitions have been submitted. All posts are signed off by SMT in a timely manner</p> <p>There is a large turnover of staff due to vast community developments.</p> <p>Some higher banded posts are</p>	SMT	The SMT with HR are working on recruitment strategies on an ongoing basis

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			<p>more difficult to fill.</p> <p>Recruitment process is lengthy resulting in vacant posts for long periods.</p>		
23	The health board must ensure that all staff complete their mandatory training and associated update training.	7.1	<p>Staff training log in situ, locality manager sends regular emails to managers when updates are due.</p> <p>Ward pressures do on occasions prevent staff from attending booked training but this is always rescheduled.</p> <p>Some mandatory training is via ESR and nurses are given time to complete this. This is audited monthly to ensure compliance. Also monitored by Senior Management Team</p>	<p>Rebecca James</p> <p>Sharon Howatson</p> <p>Sam Stroud, Rebecca James & Sharon Howatson</p>	All Managers given feedback and refreshed approach now ongoing and monitored through action plan review
23	The health board must support staff in completing additional training which would help staff support and care for patients at Ty Llidiard.	7.1	<p>Staff are encouraged to apply for training that will help them in their role on the unit.</p> <p>All training opportunities are sent by the locality manager to the nursing team. Line managers make every effort to support staff in training</p>	Rebecca James/ Sharon Howatson	May 2017

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			<p>opportunities.</p> <p>There has recently been investment to train Ty Llidiard staff in Dialectical Behaviour Therapy (DBT) and Triangle of Care. There is further agreement for investment in Non-Violent Resistance (NVR) training due to commence August 2017.</p>		

Service representative:

Name (print):

Title:

Date: