

NHS Mental Health Service Inspection (Unannounced)

Tawe Ward,

Ystradgynlais Hospital,

Powys Teaching Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Powys Teaching Health Board (PTHB) on the 3 and 4 May 2017. The following site and ward were visited during this inspection:

- Ystradgynlais Hospital, Tawe Ward, Mental Health Services for older adults.

Our team, for the inspection comprised of one HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer. The inspection was led by a HIW inspection manager.

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

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Ystradgynlais hospital provides an invaluable service for the people of Ystradgynlais and the surrounding localities. The hospital provides a range of services, which enables patients to attend their local hospital without the requirement to travel substantial distances.

Overall, we found good evidence that the service provided safe and effective care to patients. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards.

Tawe ward has seen considerable changes over recent years with the service from 1 June 2017 due to be solely delivered under the auspices of PTHB. Previously the service provision was delivered by Abertawe Bro Morgannwg University Health Board and Aneurin Bevan University Health Board. Difficulties had been encountered on the ward due to staffing shortages and accessing training. The health board must continuously monitor these fundamental components in order to assure safe, effective care and treatments for patients.

This is what we found the service did well:

- All patient and staff interactions viewed during the course of the inspection were very good, demonstrating courtesy and dignity at all times
- Patients were assisted by staff in a calm and friendly manner
- All patients were well groomed and attired
- Internally the environment was hygienically very clean, neat and tidy
- All patients received good quality care and treatment
- Medication was well managed and safe practice was clearly evident

- The ward manager was passionate and extremely motivated to provide excellent patient care / treatment and was an excellent role model for staff and students

This is what we recommend the service could improve:

- Significant improvements were required to the external environment in order to make it safe and accessible for patients
- The internal environment requires updating and refurbishment in order to promote safety, privacy and dignity for patients
- Security of patient information displayed in the nursing office requires improvements in order to maintain confidentiality
- Medication room temperature monitoring is required
- Patient records requires evaluation and improved organisation
- Information boards contained drawing pins which posed a significant risk to patients and other people present on the ward
- Staff training and annual appraisals requires improvement

3. What we found

Background of the service

PTHB provides mental health services at Tawe ward, Ystradgynlais Hospital.

Tawe ward provides eight inpatient beds which comprise of a four bedded bay and four single rooms with attached toilet and sink. The ward also provides a day hospital service which could accommodate up to ten patients daily. The day service provision is invaluable, as it provides a safe environment for patients to be supervised and gives respite for relatives and carers.

The inpatient service delivered on Tawe ward provides care and treatment for older adults (65+) of both genders, experiencing organic or functional disorders along with patients under 65 who had an organic disorder.

At the time of inspection, there were three inpatients on the ward.

The service employed a staff team which included eight qualified registered mental health nurses (RMN) and seven health care assistants, one administrative support officer and five additional members of staff working with the day hospital patients. Included within the RMN allocation were the ward Sister and deputy who provides leadership and guidance to all members of staff. The ward is supported by one locum consultant and one locum staff grade doctor. Additional medical support is available from another medical ward based at the hospital and local General Practitioners.

Patients on Tawe ward have access to a range of specialist services and support such as, specialist nurses, social services, psychologists, physiotherapist and third sector specialist help and support networks within the hospital. Nursing support could also be summoned from Adelina Patti ward which is a medical ward located at the hospital.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Throughout the entire inspection, inpatients and day hospital patients spoke in a very positive and affirming manner in relation to the services provided on Tawe ward. We were informed that the staff were always friendly and provided support in a caring and dignified manner.

Improvements were identified in relation to the internal and external environment. We were informed during our inspection that there are significant plans in process to totally refurbish Tawe ward and significantly improve the standard both the internal and external environments for the benefit of both patients and staff.

The inspection team sought patients' views with regard to the care and treatment provided at the ward through face to face conversations with patients and their relatives. Comments received during the inspection included the following:

We as a family cannot fault the staff on this ward

All staff are most approachable, and provide us with updates on such things as food and drink, or if anything else has changed or cropped up

Only criticism we have is the lack of facilities, i.e. a separate lounge for the television. When day patients are present they spend the day in the same rooms. It can be difficult for ill people who require 'quiet time' when other activities are being provided for others.

Some day staff are better at providing activities for patients, it can sometimes be a little boring

Staying healthy

Patients on the ward were enabled to stay healthy and take part in activities which promoted their own health and wellbeing. We viewed that there were reading materials and televisions available in the lounge and dining areas for patients. We observed on our visit patients and staff undertaking social activities. For example patients were observed participating in quizzes in small groups. It was noted that the patients involved in the quizzes were happy and enthusiastic.

Inpatients were regularly reviewed by the locum consultant and staff grade psychiatrists. Any changes in patients' conditions would result in a review being undertaken by the Doctors (Drs) and alterations to their care and treatment implemented accordingly.

Tawe ward comprised a large dining / seating area, a second lounge area with two distinct seating areas, one bathroom, which was well equipped and contained a supported bath. The ward also had a shower room for patients. Male and female toilet facilities were also available. As noted previously there were three inpatients at the ward. Two patients were in single rooms and one patient was sleeping in the four bedded bay.

The ward had a private garden that patients in the past had been able to access, but unfortunately due to poor and inadequate maintenance was now not appropriate for patients to utilise. We were informed that there was also a rodent issue in the garden area and for these reasons patients were not supported to utilise the garden. The garden had the potential of being an excellent resource for patients. We were informed that with the potential refurbishment planned, a designated garden space would be available for patients which would be safe and secure.

Improvement needed

The health board must evaluate and inform HIW how it intends to make the outdoor garden area safe and accessible for patients.

Dignified care

During our inspection, without exception we found that patients at the ward were treated with dignity and respect by the staff working there, and this was also visible in patients' care records.

We were informed by patients and relatives that staff members were kind and respectful. Patients were assisted with their personal hygiene requirements and

all patients appeared well cared for and were very well groomed and appropriately attired at all times.

We observed nursing staff assisting and managing patients' behaviours to promote their own and other patients' safety and well being in a warm and caring manner. We identified single side rooms utilised had inadequate blinds covering the windows on the doors. On some of the doors, blinds were broken and sheets were used to cover the windows which did look unsightly and un-professional. We were informed that these blinds had been broken for some time but unfortunately nothing had been done to rectify the problem to a satisfactory standard. The health board must review the blinds utilised on patients' doors in order to safeguard the privacy and dignity of patients.

We visited the nursing office as part of our inspection and identified that an information board, containing patient information did not protect patient confidentiality in a robust and secure manner. The board was not covered while not in direct use and did not have the facility of being able to be closed. We were informed that on occasions patients' relatives used the office to have private discussions with staff. The health board must improve the manner in which it protects patients' information via utilisation of information boards.

Patients were able to personalise their rooms if they wished. We observed one patient had photographs of family and friends around the bed area. We were also informed by staff that a previous patient was enthusiastic to exercise and had purchased a fitness mat so that exercising could be undertaken in the privacy of his own room.

Improvement needed

The health board must ensure that maintenance of blinds be undertaken in a timely fashion in order to safeguard patients privacy and dignity.

The health board must ensure that patient information is protected in a robust and confidential manner.

Patient information

There was a range of written information and posters available on the ward. Information in relation to visiting times was available, but staff were flexible with relatives visiting. Information such as Independent Mental Health Advocacy services was available with contact details. Information was also available on topics such as dementia and maintaining fitness. The ward had commenced the utilisation of pictorial signs in some places such as toilets and bathroom.

The ward has a hearing aid loop system available. We were informed by the ward Sister that this was used, although on questioning of staff, some were not fully conversant with its utilisation. The health board must ensure that all ward staff are familiar with how to use the hearing aid loop system in order to promote privacy and dignity of patients and their relatives. There were many clocks located around the ward which assisted patients to maintain their time orientation.

Improvement needed

The health board must ensure that all ward staff are fully familiar with the use of the hearing aid loop system.

Communicating effectively

Throughout our inspection visit we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner, especially during board game quizzes and while patients were greeted on the ward. Ystradgynlais and the surrounding localities have a high level of Welsh speakers, and this was clearly evident during our visit. We observed a high amount of patient and staff interaction taking place through the medium of Welsh. We were informed that half of the staff members were fluent Welsh speakers and that this was important for patients and their families.

Timely care

We observed patients' needs were being met on the ward by the staff team. Due to three inpatients being on the ward during our inspection, all of the patients' queries, care and treatment was provided in a very effective and timely manner. It was noted that when the day hospital patients were also present, the ward became far busier. We were informed that qualified staff provided medication to patients attending the day hospital and assisted with any issues if necessary. We were informed by the ward Sister that a review of the day hospital service had been undertaken and that it would be staffed by an additional qualified member of staff in the future and not only by Health Care Support Workers. The health board had an advertisement out during the inspection for a qualified nurse to be located permanently within the day hospital in order to drive the service forward.

Individual care

Planning care to promote independence

During our visit we reviewed components of two patients' records. A good range of risk assessments were being undertaken, which assisted staff to identify the designated care and treatment required. There was a vast amount of information available in patients' records but they were poorly organised and required improvement. It was identified that a review of documentation is required as we found assessments had not been completed fully with names, designation and dates that individuals had completing the assessment. The health board must ensure that all staff sign, date and provide their designation on all documents in order to assure accountability which is a fundamental component of the Nursing and Midwifery Council, [The Code](#), Professional Standards of Practice and Behaviour for Nurses and Midwives.

Improvement needed

The health board must advise HIW how it intends to ensure that all staff complete assessments and documentation in a comprehensive manner, ensuring accountability.

People's rights

We were informed by staff that flexible visiting arrangements were in place to enable family members to visit the ward and to be fully involved in decisions affecting their relatives. Staff also explained the arrangements in place to ensure that food options available to patients were in keeping with their own personal preferences.

Patients were able to meet with family and friends either in their own rooms, or in one of the lounges / dining areas. We were informed that patients could utilise the nurses' office if they wanted to use the telephone.

Listening and learning from feedback

Discussions with the ward Sister identified that no complaints/concerns had been brought to the attention of the service by a patient or a patient's relative/representative for some considerable time. The last complaint received in relation to Tawe ward was in August 2014. We viewed information available and on display boards within the ward and hospital for patients, relatives and visitors on the methods of complaining and it included contact details. It was also noted that information was available on advocacy organisations, which

could be approached if patients / relatives wanted to raise a concern / complaint external to the health board.

Feedback and suggestions boxes were viewed within the hospital but not within the Tawe ward environment.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the staff team is enthusiastic and committed to providing dignified and safe care. Specialist equipment was freely available and being used to prevent patients from developing complications such as pressure area damage.

Staff were diligent in their approach to ensuring ward exit doors were closed and secure in order to protect the safety of patients.

Improvements were identified in relation to the environment externally and internally which included some fixtures and fittings. The health board must continually review and evaluate ward environments in order to assure that patients are protected as much as possible from undue avoidable risks.

Safe care

Managing risk and promoting health and safety

We were informed that regular environment assessments are undertaken in relation to ligatures and its management. We identified that there were no ligature cutters available on the ward during our visit. The health board must ensure that the ward has the required equipment in order to ensure the health and wellbeing of patients.

The ward bathroom was viewed and it contained all equipment necessary to provide safe and effective care to patients while utilising the bath. Hoists viewed had been tested and were all valid. Nurse call bells were freely available and it

was good to note that the pull cord bells in toilets and bathroom / shower rooms were ligature friendly which reduced potential ligature.

During our visit we undertook a review of the internal environment. We noted that there was a good range of information available on some notice boards / cabinets, which promoted health education and promotion. Another board had colourful postcards and demonstrations which patients and staff had created. Some of the information / displays on notice boards were held in position through the utilisation of drawing pins. We identified that these drawing pins could be of significant harm to patients if consumed or used in the process of self harming. This was brought to the attention of the ward Sister and all displays held in position by drawing pins were removed. We advised that alternative sources of presenting information be utilised which would ensure the safety of patients.

During our inspection of the four bedded bay it was noted that patient storage cupboards posed a potential for patients to attach ligatures as there were looped handles on cupboards. All single side rooms had been furnished with furniture that reduced the risk of self harm. The health board must ensure that it evaluates this area carefully in order to minimise potential risks to patients' intent on harming themselves. In addition we identified in one of the side room toilets that a mirror was cracked. This posed a risk to patients as it could be utilised as a means of self harming or the harming of fellow patients and staff. This issue was brought to the attention of the ward manager and senior management during our feedback session. We were advised that this would be rectified immediately.

Tawe ward is a locked ward, accessible via a key code panel on entry to the ward. During our visit we observed all staff and visitors adhering to the safety of patients by ensuring that the doors were closed when not in use. We identified that the access door had required some maintenance work in the past as it had previously broken. During our visit we identified that it was now working but we did not feel that it was totally safe as it felt somewhat fragile and if some force was placed on the door its integrity would be questionable. We were informed that there was potential for new doors to be put in place. It was also noted that there was a gap between the doors which could potentially be of a fire risk. We were informed by the ward Sister that the fire officer was aware of the issues surrounding the doors. The health board must ensure that the entry doors on Tawe ward are fit for purpose and ensure the health and safety of patients and staff on the ward.

Improvements needed

The health board must ensure that ligature cutters are freely available to staff in order to ensure the health and wellbeing of patients.

The health board must undertake an evaluation of furniture utilised within mental health services in order to minimise possible sources of risks to patients.

The health board must ensure that all fixtures and fittings are maintained appropriately in order to promote patient and staff safety.

The health board must ensure that the entry doors on Tawe ward ensure the health and safety of all patients / relatives and staff on the ward.

Infection prevention and control

During our inspection we observed that all areas within the ward environment were maintained to a good hygienic standard. Overall the ward Sister had ultimate responsibility for infection prevention and control.

Domestic staff are observed to be undertaking their duties in a diligent and systematic manner. Domestic staff were available on the ward from 07.00 to 19.00 daily. All hoists and commodes utilised were visibly clean and hygienic and bands had been placed on them identifying when and by whom they had been decontaminated. Removal of dirty laundry was direct from the laundry room via public areas rather than returned to the ward environment, thus promoting good infection control practice. No cleaning materials utilised by domestic staff were stored on the ward. Medical devices such as blood pressure monitors were cleaned appropriately and schedules for their decontamination were viewed. The disposal of sharps was safe and effective and we were talked through the entire process by the ward Sister.

Clear and concise hand decontamination notices were visible throughout the ward. Liquid soap dispensers were also available. We viewed personal and protective equipment being freely available on the ward for staff to maintain good standards of infection prevention and control.

We were shown nursing and domestic cleaning schedules which were clear, concise and located within the nurse's office. Credits for cleaning audits were viewed during the inspection and these were undertaken regularly and clearly noted good infection control and prevention practices and identified areas requiring improvement.

Infection control policies were available via the intranet. We were informed that the health board was in the process of altering the policy to make it consistent with PTHB policies as it had previously been an Abertawe Bro Morgannwg University Health Board (ABM UHB) policy in operation.

Mandatory infection prevention and control was not up to date for all staff. We were informed that this was due to staff shortages and some staff inability to utilise the e-learning package available due to the change from ABM UHB to PTHB. This area of staff training and development must be evaluated as a matter of urgency by the health board in order to promote best practice and safeguard patients and staff wellbeing.

Some chairs in use within in the nurses' office and by patients were ripped. They posed an infection control risk to patients and staff. The health board must ensure that all chairs are maintained to an appropriate standard and fit for purpose, in order to safeguard patients and staff as far as possible from any avoidable cross infection sources.

Improvement needed

The health board must ensure all staff receive mandatory infection prevention and control training in a timely manner.

The health board must ensure that all chairs provided are fit for purpose and ensure good standards of infection prevention.

Nutrition and hydration

During the inspection we observed patients regularly being provided with drinks. The ward had a small kitchen area which enabled staff to provide hot and cold drinks to patients in a timely manner. During our visit a lunchtime meal was viewed and it was noted that the meals provided appeared appetising and nutritious. Inpatients were provided with a choice of meal preferences. During the lunch time meal it was observed that day hospital patients were sitting in small groups around tables. Staff were observed assisting patients as necessary in a caring and dignified manner. It was noted that patients consumed the meal swiftly, which did make the mealtime feel more of a task than an opportunity to socialise. The health board should promote meal times as social occasions.

Medicines management

Overall medication management within the ward was of a good standard. Medication was stored securely. The medication trolley was not overstocked and medication was maintained in a systematic order.

Medication administration records were viewed and all were maintained to a high standard. We observed no gaps in signatures. We viewed records that a fridge used to store medication was monitored daily and temperatures viewed were within the required range. We identified that the medication room was not being monitored daily for temperature. Certain medication can begin to perish if the temperature exceeds 25C. We were informed by staff on the day of the inspection that on occasions the room can become very warm. The health board must ensure daily room temperatures are recorded and measures implemented if the temperature exceeds 25C.

We were informed that if patients were prescribed new medication which was not stocked on the ward, staff would be able to acquire the designated medication through the utilisation of the automated medication management system available in the hospital. The automated medication management facility (Omniceil) was well stocked and its utilisation was extremely safe and secure, which enabled a clear audit trail to be achieved.

Improvement needed

The health board must ensure that daily temperature monitoring of the medication room be undertaken

Safeguarding children and adults at risk

During our visit, we observed information relating to adult safeguarding processes. Staff questioned were aware of the procedures to follow should they be concerned regarding the welfare of adults on the ward. Policies and procedures are in place to promote the concept of safeguarding and welfare of adults.

Effective care

Safe and clinically effective care

Patients we spoke to said they felt safe at the hospital and the staff we spoke to said they had no safety concerns. The health board had undertaken regular ligature audits and this was an area of practice which was regularly reviewed.

Regular consultant led ward rounds and reviews were taking place and these were documented accordingly in patients' records.

Overall we found that patients' health, safety and welfare were protected. The ward was secure against unauthorised access and members of staff were vigilant to ensure the patient safety was maintained. All areas were free from visible trip hazards.

Quality improvement, research and innovation

During our visit we observed audits undertaken on the ward in relation to patients and relatives satisfaction of the care and treatment provided on Tawe ward. Information viewed confirmed that patients and their relatives were very happy with the services provided. It was noted that patients and their relatives could speak to any member of staff or ward Sister to discuss any issues affecting their care and treatment. It was highlighted that the ward did not have any formal methods of reporting improvements that had been made / implemented as a result of feedback received. The ward Sister was enthusiastic to ensure that patients and their family were informed of the care and treatment provided and to listen to any queries / concerns.

Improvement needed

The health board must inform HIW on how it intends to evaluate feedback received from patients and members of the public and how it intends to keep people aware of how it has utilised this feedback in a constructive manner.

Information governance and communications technology

Patients records were all maintained in paper format. Policies and procedures were available in paper format or via the intranet and staff were enabled to utilise the computers available on the ward.

Record keeping

Patient records on Tawe ward were kept in hardcopy. It was highlighted that improvements were necessary in order to make patient records easy to utilise. The files used by staff were extremely bulky and challenging to navigate; there was inconsistent filing. In some areas we identified that some patient records had been placed within another document, which made the reading of records extremely fragmented and disjointed. This made the finding of relevant care information difficult and arduous; which would be challenging for anyone providing care to the patient group who were not familiar with the documentation, such as new bank or agency staff. With the support of ward

staff we were enabled to find most of the required care documentation. The health board must evaluate how it organises patients' records so that they become user friendly and meaningful records.

Improvement needed

The health board must evaluate carefully how it organises patients' records, in order to ensure that they are structured and maintained to a satisfactory standard.

Mental Health Act Monitoring

We reviewed the statutory detention documents of patients across ward.

We reviewed statutory documents on Tawe and the following issues were identified.

Copies of Mental Health Act (MHA) documents scrutinised by HIW were not available in the patients' records on Tawe ward. All original MHA documentation, once received and scrutinised, was retained in the Mental Health Act Administrator's office at Bronllys, Brecon

It was identified that there was no structured form available to support staff in explaining the Rights of the Mental Health Act to patients and to formally record the process. The Rights leaflet was also not available through the medium of Welsh.

We identified that a patient has received a visit from a Second Opinion Appointed Doctor (SOAD). There was no record of the SOAD's discussions with Responsible Clinician or consultees on file. Records did not identify if the patient had a capacity assessment to ascertain if the patient has the mental capacity to understand the purpose of the SOAD visit. Patients' records also did not include information confirming that the patient had been informed of the outcome of the SOAD visit.

Section 17 leave authorisation was also reviewed. The leave documentation did not include information identifying if Community Treatment Orders (CTOs) had been considered. The health board is advised to review its Section 17 leave form and include information in relation to (CTOs).

At the time of the visit, the Mental Health Administrator was not present during the inspection. We were informed that the Mental Health Administrator did not

visit the ward regularly and as such the link between ward staff and administrator was not as optimum as what could be expected. We recommend the health board review this working relationship for the benefit of patients' and staff delivering care and treatment.

Improvement needed

The health board must ensure that the rights of patients leaflet under the MHA are available through the medium of Welsh.

The health board to review the Section 17 leave form to include information in relation to CTOs.

The health board must ensure that all SOAD discussions with doctors are documented on file.

The health board must ensure all relevant patients be provided with information on the outcome of the SOAD visit and this information be documented in the patients records.

The health board must ensure that mental capacity assessments to ascertain if the patient has the capacity to understand the purpose of the SOAD visit are documented in the records.

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

We reviewed the care plans of a total of 2 patients.

Overall there was a good amount of information available in relation to care planning. As previously identified information was difficult to find as the records were not organised. Full physical health assessments were being undertaken on patients.

Care and treatment plans were clear and typed. Interventions were noted as being appropriate to the requirements of patients. We did identify that patients had received a copy of the CTP but had not signed to agree its contents.

Care plans addressed the dimensions of life as set out in the Mental Health Measure. Care coordinators had been identified for patients. Patients' dietary needs had been assessed utilising the all Wales food record chart. Patients' weight was also being regularly monitored. Evidence was also viewed which confirmed, support had been provided by family to develop and review treatment plans.

Improvement needed

The health board must ensure that documentation is available to identify that patients have agreed and signed the CTP.

Mental Capacity Act and Deprivation of Liberty Safeguards

PTHB had a suite of forms available to record capacity assessments. It was identified that Deprivation of Liberty Safeguards authorisations had been completed.

We identified that assessments of capacity for admission under section 3 of the MHA was not present in records viewed, however, references were made by the approved mental health professionals' in notes of discussion with other health and social care practitioners.

Improvement needed

The health board must ensure that assessments of patients' capacity are documented fully in patients' records.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Overall Tawe ward was very well managed by the enthusiastic ward Sister and deputy. We identified that the strengthening of collaboration and visibility of the Mental Health Administrator would assist with information sharing and collaboration.

During our visit we identified that sufficient numbers of staff were present in order to meet the health needs of the patients on the ward. The health board must continually monitor staffing levels in direct association with the assessed needs and requirements of patients.

Improvements were also identified in relation to mandatory training for staff and timely yearly appraisals. The health board must evaluate these areas of staff management in order to promote staff learning and development and ensure patients receive care and treatment which is up to date and in accordance with best practice.

Governance, leadership and accountability

It was encouraging to identify that throughout the inspection visit staff at Tawe ward were receptive to our views, findings and recommendations.

We saw very good management and leadership on the ward by the ward Sister and deputy. The staff we spoke to commented positively on multi-disciplinary team (MDT) working utilised within the ward and hospital. Tawe ward had good links with physical health departments within Ystradgynlais Hospital and the wider health board.

It was noted that numerous policies and procedures related back to the time that the service was managed by ABM UHB. The service on Tawe ward had been provided by PTHB for the last year and a half. Staff noted that having

different health board policies was at times confusing and difficult to find the required information. The health board must ensure that all staff are fully aware of where to find the required information and provide an action plan identifying when all policies and procedures in operation will come under the full responsibility of PTHB.

Improvement needed

The health board to ensure that all staff are clear as to where to obtain the relevant policies and procedures.

The health board must provide HIW with an action plan identifying when all policies and procedures in operation will become fully integrated PTHB documents.

Staff and resources

Workforce

Tawe ward had a permanent Sister ward manager who was supported by a deputy and an established team of RMNs and health care support workers.

It was identified that staffing difficulties had been experienced on the ward due to staff shortages. We were informed that there were four full time equivalent qualified nurse vacancies on the ward. We were also notified that there were two x 28 hour health care support staff vacancies on the ward. Due to these reasons, bank staff were regularly used on the ward. The ward Sister identified that due to staff shortages releasing staff for training and development was difficult.

It was identified that improvements were required in regards to staff receiving annual appraisals. Some staff also had not received mandatory training in a timely manner such as manual handling and infection control. The health board must ensure that all staff receive mandatory training in a timely manner.

Improvement needed

The health board must ensure that all staff receive annual appraisals.

The health board must ensure all staff receive mandatory training in a timely manner.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect NHS mental health services

Our inspections of NHS mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of NHS mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#) and implementation of Deprivation of Liberty Safeguards
- Meet the [Health and Care Standards 2015](#)

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We identified that drawing pins were being utilised to secure documents and information to display boards.	This posed a significant risk to the health and wellbeing of patients and other people on the ward	We informed the ward Sister immediately	All documents secured by drawing pins were removed

Appendix B – Immediate improvement plan

Service: Ystradgynlais Hospital, Powys Teaching Health Board

Ward: Tawe ward

Date of inspection: 3 & 4 May 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues identified				

Appendix C – Improvement plan

Service: Ystradgynlais Hospital, Powys Teaching Health Board

Ward: Tawe

Date of inspection: 3 & 4 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must evaluate and inform HIW how it intends to make the outdoor garden area safe and accessible for patients	1.1 Health promotion, protection and improvement	The garden area falls within the footprint of the major refurbishment project which is part of an ongoing business case discussion with Welsh Government (WG).	Assistant Director Estates & Property	Subject to WG funding; if the scheme delivery is likely to exceed 12 months then alternative interim solution will be

Improvement needed	Standard	Service action	Responsible officer	Timescale
				investigated subject to funding availability.
<p>The health board must ensure that the maintenance to blinds of patients rooms be undertaken in a timely fashion in order to safeguard patients privacy and dignity.</p> <p>The health board must ensure that patient information is protect in a robust and confidential manner</p>	4.1 Dignified Care	<p>Magnetic curtain tracks to be ordered and fitted to safeguard patient's dignity and provide privacy in patient rooms</p> <p>Patient information in the offices must be protected. Magnetic roller blinds have been ordered to safeguard information contained on the board in the ward offices.</p>	<p>Senior Nurse for Older Persons Mental Health</p> <p>Assistant Director Estates & Property</p> <p>Senior Nurse for Older Persons Mental Health</p>	<p>July 2017</p> <p>July 2017</p>
The health board must ensure that all care safe a fully familiar with the use of the hearing aid loop systems.	4.2 Patient Information	All staff (including bank and new staff) are familiar with the use of the hearing aid loop. Ward Induction to include use of the hearing aid loop system	Ward Sister	Complete June 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must advise HIW how it intends to ensure that all staff complete assessments and documentation in a comprehensive manner, ensuring accountability</p>	<p>6.1 Planning Care to promote independence</p>	<p>Senior Nurse for Older Persons Mental Health has circulated The Code for Professional Standards of Practice & Behaviours for Nurses and Midwives to staff.</p>	<p>Senior Nurse for Older Persons Mental Health</p>	<p>Complete June 2017</p>
		<p>Internal CTP and record keeping audit to be undertaken by Senior Nurse.</p>	<p>Senior Nurse for Older Persons Mental Health</p>	<p>July 2017</p>
		<p>CTP training programme to be implemented by Mental Health in PTHB</p>	<p>Clinical Lead for Quality & Safety (Mental Health)</p>	<p>September 2017</p>
Delivery of safe and effective care				
<p>The health board must ensure that ligature cutters are freely available to staff in order to ensure the health and wellbeing of patients.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>All Older Persons Mental Health inpatient units in Powys will have access to ligature cutters. Order has been placed.</p>	<p>Senior Nurse for Older Persons Mental Health</p>	<p>Complete June 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must undertake an evaluation of furniture utilised within mental health services in order to minimise possible sources of risks to patients.</p> <p>The health board must ensure that all fixtures and fittings are maintained appropriately in order to promote patient and staff safety.</p>		<p>The following actions have been undertaken:</p> <ul style="list-style-type: none"> -Anti ligature audits completed on Clywedog, Crug and Felindre ward. -Health and Safety risk assessment undertaken on Tawe ward. -Patient storage cupboards on Tawe ward risk assessed based on individual need until additional anti-ligature cupboards received. -Broken mirror immediately removed. -Wall lights to be removed in bedroom areas and replaced with anti-ligature fittings. 	<p>Senior Nurse for Older Persons Mental Health</p>	<p>Complete June 2017</p>
<p>The health board must ensure that the entry doors on to Tawe ward ensure the health and safety of all patients / relatives and staff on the ward.</p>		<p>Entry doors on Tawe Ward have been replaced.</p>	<p>Assistant Director Estates & Property</p>	<p>Complete May 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure all staff receive mandatory infection prevention and control training in a timely manner</p> <p>The health board must ensure that all chairs provided are fit for purpose and ensure good standards of inspection prevention</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Mandatory training compliance and improvement plan developed. The Senior Nurse for IP&C to develop some bespoke training for M/H staff</p> <p>Mental Health services to follow PTHB policy and procedure for maintaining and purchasing new furniture. Replacement chairs ordered.</p>	<p>Senior Nurse for Older Persons Mental Health.</p> <p>Senior Nurse IP&C</p> <p>Senior Nurse for Older Persons Mental Health</p>	<p>September 2017</p> <p>Complete June 2017</p>
<p>The health board must ensure that daily temperature monitoring of the medication room be undertaken</p>	2.6 Medicines Management	<p>Thermometer ordered. PTHB Medicines policy outlines process if temperature exceeds heat or cold.</p>	Ward Sister	Complete June 2017
<p>The health board must inform HIW on how it intends to evaluate feedback received from patients and members of the public and how it intends to keep people aware of how it has utilised this feedback in a constructive manner.</p>	3.3 Quality Improvement, Research and Innovation	<p>Service user feedback is invited through:</p> <ul style="list-style-type: none"> - Tawe ward experience satisfactory questionnaires - Health & Care Standards Monitoring System - Health Care Standards self assessment 	<p>Ward Sister</p> <p>Partnership Manager</p>	Complete May 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> - Patient stories - Complaints, concerns and compliments. - Carers Group and forums - Engage to Change (subcommittee of the Mental Health Planning and Development Partnership Board). - Feedback collated by Business Manager for Mental Health and service leads. <p>Information will be displayed in the Ward for staff, patients and visitors</p>		
<p>The health board must evaluate carefully how it organises patients' records, in order to ensure that they are structured and maintained to a satisfactory standard.</p>	<p>3.5 Record keeping</p>	<p>To review record keeping arrangements with Integrated Clinical Team Manager and Administration Manager.</p>	<p>Senior Nurse for Older Persons Mental Health</p> <p>Integrated Clinical Team Manager</p>	<p>August 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that the Rights of patients leaflet under the MHS are available through the medium of Welsh.</p>	<p>Application of the Mental Health Act</p>	<p>All inpatient units and Community Mental Health Teams have been made aware of the website http://www.wales.nhs.uk/sites3/home.cfm?orgid=816 in which they can gain access and print off the appropriate leaflets. Compliance will be assessed as part of the rolling programme of audits.</p>	<p>Head of Complex and Unscheduled Care.</p>	<p>Compliance audit to be undertaken before January 2018</p>
<p>The health board to review the Section 17 leave form to include information in relation to CTOs.</p>		<p>Format and content of S17 leave redesigned and will include information in relation to CTOs.</p>	<p>Head of Complex and Unscheduled Care.</p>	<p>June 2017</p>
<p>The health board must ensure that all SOAD discussions with doctors or consultees are documented on file.</p> <p>All patients must be provided with information on the outcome of the SOAD visit and this</p>		<p>To deliver training session to all medical staff in Mental Health and Learning Disability Directorate on the requirements of SOAD.</p>	<p>Head of Complex and Unscheduled Care / Clinical Director</p>	<p>July 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board to ensure that all staff are clear as to where to obtain the relevant policies and procedures.</p>	<p>Governance, Leadership and Accountability</p>	<p>Following the final repatriation of mental health services all staff have been notified about access to policies and procedures. These are available on the intranet.</p> <p>A PTHB Mental Health Policy and Documentation Group was established in January 2016.</p> <p>The leadership structure is now complete and recruitment has been made to Head of Mental Health Nursing, Head of Operations and Clinical Lead for Quality and Safety.</p>	<p>Clinical Lead for Quality & Safety (Mental Health)</p> <p>Head of Mental Health Nursing</p>	<p>Complete June 2017</p>
<p>The health board must provide HIW with an action plan identifying when all policies and procedures in operation will become fully integrated PTHB documents.</p>		<p>Essential policies have been prioritised and ratified. Pan Powys policies and procedures to be completed by December 2017.</p>	<p>Head of Mental Health Nursing</p>	<p>December 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that all staff receive annual appraisals.</p> <p>The health board must ensure all staff receive mandatory training in a timely manner.</p>	7.1 Workforce	PADR and mandatory training improvements plan developed and presently being implemented.	<p>Ward Sister</p> <p>Senior Nurse for Older Persons</p> <p>Mental Health</p>	September 2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representatives

Names (print):

Executive Lead: Alan Lawrie – Director of Primary Care, Community & Mental Health

Operational Lead: Joy Garfitt – Assistant Director, Mental Health & LD

Clinical Lead: Michelle Forkings – Head of Nursing, Mental Health

Job role: As above

Date: 21 June 2017