

NHS Mental Health Service Inspection (Unannounced)

Glan Rhyd Hospital / Angelton
Clinic (Wards 2 and 3) / Abertawe
Bro Morgannwg University Health
Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience.....	8
	Delivery of safe and effective care	13
	Quality of management and leadership.....	21
4.	What next?.....	24
5.	How we inspect NHS mental health services.....	25
	Appendix A – Summary of concerns resolved during the inspection.....	26
	Appendix B – Immediate improvement plan.....	27
	Appendix C – Improvement plan	28

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 Glan Rhyd Hospital within Abertawe Bro Morgannwg University Health Board on the evening of 24 July and the days of 25 and 26 July 2017. The following sites and wards were visited during this inspection:

- Angelton Clinic - Wards 2 and 3

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 two lay reviewers. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with 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 Health (Wales) Measure (2010), Mental Capacity Act (2005) 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

We found evidence that Ward 2 and Ward 3 within Angelton Clinic provided safe and effective care to patients.

This is what we found the service did well:

- Committed staff teams treated patients with respect and kindness and provided care in a way that promoted their privacy and dignity
- Relatives praised the attitude and approach of the staff and felt that they had been kept informed
- Both wards provided safe environments for patients
- Patients' care records were comprehensive
- The quality of statutory detention documentation was good and we saw an example of excellent record keeping

This is what we recommend the service could improve:

- The capacity of the multi disciplinary team must be sufficient to promote the timely care of patients
- The provision of moving and handling equipment should be reviewed taking into account staff comments
- Further efforts must be made to ensure that staffing levels and skill mix are appropriate to meet the needs of patients

3. What we found

Background of the service

There are a variety of hospital based services at Glan Rhyd Hospital, Tondu Road, Bridgend, CF31 4LN within Abertawe Bro Morgannwg University Health Board.

- Angelton Clinic provides longer term specialist expertise, with intensive levels of assessment, monitoring and treatment that is not possible in other settings
- The Caswell Clinic Medium Secure Unit is a regional service providing specialist healthcare services for people with mental health problems who are offenders or have a potential to offend from South, West and Mid Wales.
- Taith Newydd is a specialist low secure unit aimed at supporting service users with more complex needs.

For this inspection only Wards 2 and Ward 3 within Angelton Clinic were considered.

Ward 2 provides 20 female only inpatient beds and at the time of inspection, there were 19 patients accommodated. Ward 3 provides 10 male only inpatient beds and at the time of inspection, there were 9 patients accommodated.

Angelton Clinic is managed by a (nurse) clinic manager who is supported by ward based teams of (nurse) deputy managers, registered mental health nurses and healthcare support workers. Staff teams are supported by consultant psychiatrists, an associate specialist psychiatrist, psychiatric doctors, and an advanced nurse practitioner. Staff teams can also access help and advice from an occupational therapist, speech and language therapist, physiotherapist, dietician and specialist nurses. Activity coordinators are also based and work on site. In addition, the hospital employs maintenance, catering, domestic and administration staff.

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.

During the course of our inspection, we received positive comments from patients' families regarding the care provided on both wards.

We saw staff treating patients with respect and kindness. Staff provided care in a way that promoted patients' privacy and dignity.

We found that staff were attentive and responded to patients' requests for assistance in a timely way. Comments from staff however, indicated that increasing the capacity of multi disciplinary teams would further promote timely care for patients.

Arrangements were in place to promote patients' rights and for them to provide feedback on the service provided.

Wherever possible we engaged with patients to obtain their views on the care they received. Where this was not possible, we spoke with their relatives (where appropriate) and made observations to assess the quality of the patient experience.

Staying healthy

There was relevant information readily available for patients and carers.

Posters were displayed and a range of leaflets for patients and their carers was available within the main entrance of the clinic. We saw information on local support groups, mental health and dementia care however there was limited information available on wards, particularly on Ward 3. Senior staff explained this was due to some patients removing leaflets and posters from the walls. They did, however, agreed to look at ways to provide more information within both areas.

Activity co-ordinators were employed at the hospital and a range of patient centred activities were described. There was an activities room located within Angelton Clinic where patients could take part in art and craft sessions. We were told that the activity co-ordinators organised a regular breakfast and lunch

club. These brought patients together in small groups and provided opportunities for social interaction. Comments from senior staff indicated that additional input from the occupational therapist would be of benefit to patient care. The health board should explore this further with staff teams and take action as appropriate.

Both wards provided environments for patients to walk around freely to partake in gentle exercise. There were also garden areas directly outside each ward that patients could enjoy. We saw a number of patients on Ward 3 using the garden and saw that staff were mindful of protecting patients from the sun.

Dignified care

Both wards had arrangements in place to promote patients' privacy and dignity. We observed staff treating patients with dignity, respect and kindness.

Both wards offered single sex accommodation. Ward 2 was designated as female only and Ward 3 was male only. Each patient had their own individual bedroom with en suite toilet and washing facilities. We saw bedroom doors remained closed when staff were helping patients with their personal hygiene needs. It was pleasing to see that patients' rooms had been personalised with patients' own pictures and belongings.

In addition to the communal lounges on each ward, there were also smaller sitting rooms where patients could spend time away from other patients according to their wishes and care needs. These were decorated to promote a quiet and calm environment.

All the patients we saw were appropriately dressed to maintain their dignity. We saw many examples of staff being kind and compassionate when interacting with patients. Comments made by one patient, praised the staff and the care they gave. Relatives visiting patients during our inspection also made positive comments regarding the care provided by the staff teams on the wards.

We found that patients' care records were kept securely with the aim to prevent unauthorised access to confidential information. Both wards used wall mounted boards to record basic information about patients' care. These were located in nurse offices on both wards and had blinds that could be pulled down to hide the information when the boards were not being used. On two separate occasions we saw that a blind on one of the wards had not been pulled down to cover the information. We reported this to senior staff so that they could remind staff to use the blinds.

Patient information

As described earlier, relevant written information was available to patients and their carers. Relatives that we spoke with confirmed that staff had kept them up to date about their relatives' care.

Communicating effectively

We found that staff gave consideration to the communication needs of patients.

We saw that staff engaged with patients in a sensitive way and took time to help them understand their care using appropriate language. Both wards used colours to help orientate patients to the different areas of the ward, namely day space, bathrooms and bedrooms. Pictorial signs were also clearly displayed to help guide patients to these areas.

Communication sheets were being used to help communicate with one patient. These formed part of a larger information pack for staff and had pictures of everyday objects and tasks that could be used to help communication between the ward staff and the patient. At the time of our inspection however, not all staff working on the ward were aware of the pack. Arrangements should be made to ensure that, where communication aids are used by patients, all staff involved in their care are made aware this. This is particularly important when agency and bank staff are working who may be unfamiliar with patients.

Timely care

Overall, we found that patients on both wards were provided with timely care.

On the night of our evening visit, there was one registered nurse and two healthcare support workers on duty on Ward 2. We saw that staff were very busy. There was one registered nurse and one healthcare support worker on duty on Ward 3. The ward appeared calm at the time of our visit.

During the course of the following two days, we observed staff on both wards being attentive and responding to patients' requests for assistance in a timely way. Comments from staff, however, indicated that additional staff would be beneficial to allow patients to receive more timely care.

Comments from senior staff indicated that the capacity of multi disciplinary team members (including, dieticians, speech and language therapists, physiotherapists and occupational therapists) to provide input was limited. Efforts must therefore be made by the health board to ensure the capacity of the multi disciplinary team is sufficient to promote the timely care of patients

(See also sections - Staying healthy, Falls prevention and Nutrition and hydration).

Improvement needed

The health board must make arrangements to ensure the capacity of the multi disciplinary team is sufficient to promote the timely care of patients.

Individual care

People's rights

We saw that staff teams provided care in a way to promote and protect patients' rights.

On both wards we visited, we found staff protecting the privacy and dignity of patients as far as possible when delivering care. During the course of our inspection, we saw a number of patients receiving visits from their families, thus maintaining contact with their loved ones. A number of rooms were available on both wards where patients could meet with their visitors in private.

Patients on both wards were subject to Deprivation of Liberty Safeguards (DoLS) authorisations or detained under the Mental Health Act. We found that the documentation required by legislation in respect of the above was in place and complete within the sample of patients' records we saw. Senior staff confirmed that patients could access Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) support in accordance with their rights.

Listening and learning from feedback

Arrangements were in place for patients and their carers to provide feedback about the services they had received. Learning from feedback was demonstrated by senior staff.

Information was displayed for patients and carers on how they could provide feedback on the services. Comments cards were readily available within the main entrance. These could be completed by patients and/or their representatives before being placed in designated post boxes.

The health board had arrangements in place for handling concerns (complaints) raised by patients and/or their carers. These were in accordance with Putting Things Right, the arrangements for handling concerns about NHS care and

treatment in Wales. We found that the Putting Things Right information leaflet needed updating and informed senior staff of our findings so appropriate action could be taken.

Senior staff explained that ward teams had a good rapport with patients' families and that wherever possible concerns would be dealt with 'on the spot'. We were told that the number of complaints that had been received was low.

Senior staff described an example where a previous concern raised by a patient's family had resulted in a focus on the meals provided. This was with the aim of improving the quality of food served to patients and demonstrated a learning approach from concerns.

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 staff teams were committed to providing patients with individualised care that was safe and effective.

Arrangements were in place to manage risk and promote patient safety and wellbeing. These included procedures for the safe management of medicines and infection prevention and control.

Comments from staff indicated that more moving and handling equipment (hoist) would be beneficial for patient care.

Statutory detention documentation was complete and demonstrated that the patient's rights had been promoted and protected as required by the Mental Health Act.

Safe care

Managing risk and promoting health and safety

Arrangements were in place to maintain the safety of patients and staff on both wards.

Angelton Clinic is a single storey building. All wards and facilities are located on one level. There was level access to the main entrance and wards. Access to the clinic was via an intercom system to deter unauthorised persons from gaining access to the building. Ward areas were spacious and there were suitable indoor and outdoor facilities for the patient groups they were intended for. Both wards used colour to help orientate patients and visitors to the different areas.

Both wards appeared well maintained and systems were in place to report environmental hazards that required attention and repair. On Ward 2 however, water was leaking through a section of the ceiling. We saw that this was impacting negatively on patients being able to walk safely along the corridor. Staff had placed a warning sign in the area to alert ward staff and visitors and confirmed that the leak had been reported to the maintenance team. Staff

explained this was an ongoing issue and whilst repairs had been done, these had only provided a temporary solution. The health board must make arrangements for a long term solution to address the leak.

Storage rooms and cupboards, for example those containing cleaning materials or medication, were locked to prevent unauthorised and accidental access by patients and visitors to the wards.

We saw that relevant risk assessments had been completed as part of the care planning process to help identify patients' needs in relation to promoting their safety and wellbeing.

Senior staff provided a summary of staff training and this showed all ward staff were up to date with fire safety and moving and handling training. Moving and handling equipment (hoists) was available and we found staff using this to promote their own and patient safety at times when moving patients. Comments from staff on Ward 2 indicated that an additional hoist would be useful. We were told that should one of the hoists on the ward become faulty, this can sometimes impact on staff being able to attend to patients in a timely way. In addition, comments from staff indicated that individual slings (used with hoists) for patients would be beneficial. This would also help promote effective infection prevention and control practice.

Improvement needed

The health board must make arrangements for a long term solution to address the leaking ceiling on Ward 2 to promote the safety of patients, staff and visitors to the ward.

The health board should make arrangements to provide additional moving and handling equipment in response to the comments made by staff. This is with the aim of promoting timely care to patients and effective infection prevention and control practice.

Preventing pressure and tissue damage

We found that patients were helped to look after their skin to prevent them from developing pressure sores.

We looked at a sample of patients care records on both wards. We found that staff assessed patients for their risk of developing pressure sores and had developed written care plans accordingly. Monitoring charts were in place, which demonstrated that staff checked patients' skin daily for signs of pressure sores and tissue damage. Staff confirmed that a specialist tissue viability nurse

was available for help and advice on preventing and managing pressure and tissue damage.

Pressure relieving mattresses and cushions were available and being used.

Falls prevention

We found that ward staff assessed patients for their risk of falling and made efforts to prevent falls.

Within the sample of care records we saw that staff had assessed patients for their risk of falling. Written care plans were in place in line with the assessment findings. We saw an example where appropriate action had been taken by staff following a patient falling to identify whether any treatment was required.

Corridors within both wards were free from clutter and other obvious trip hazards.

Senior staff indicated that input from physiotherapists was limited. The health board must explore this further with staff teams and take action as appropriate.

Infection prevention and control

We found that arrangements were in place on both wards to reduce cross infection.

We saw that both wards were clean, tidy and designed to facilitate effective cleaning. We also saw that staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Staff we spoke to confirmed that PPE was readily available at all times. Hand washing and drying facilities were available. Staff told us they carried personal hand sanitising gel dispensers. We also saw hand sanitising gel placed near the entrances of both wards for staff and visitors to use. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

All patients had their own individual bedroom with en suite washing and toilet facilities. This would allow for patients with infections to be nursed in isolation (if required) to help reduce cross infection.

Designated plastic bins were used for the safe storage and disposal of medical sharps, for example, hypodermic needles. These were stored safely away.

We spoke to a member of cleaning staff who confirmed that cleaning equipment and materials were readily available. Schedules for effective and regular cleaning of the wards were described.

A system of regular audit in respect of infection control was described for both wards we visited. These were completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Senior staff provided a summary of staff training and this showed all ward staff were up to date with infection prevention and control training.

Nutrition and hydration

We found that patients on both wards were provided with a choice of meals and were helped to eat and drink according to their needs.

We considered a sample of patients' care records and saw that patients had been assessed to identify their individual eating and drinking needs. We also saw that patients were weighed regularly as a means to monitor the effectiveness of the care provided.

We observed meals being served on both days of our inspection. A range of diets were catered for according to patients' care needs. We saw that moulds were used to make pureed meals appear more appetising to patients. We saw staff preparing patients to eat their meals and helping them as necessary with their meals and drinks. The meals we saw looked appetising and patients appeared to be enjoying their food. Staff told us that snacks and drinks were available regularly throughout the day. Patients could also request snacks and drinks in between mealtimes, according to their wishes. We saw that relatives/carers were welcome to visit at mealtimes to help their loved ones with their meals. The majority of relatives we spoke with made positive comments about the meals provided on the ward. Comments from one patient also indicated that she was enjoying her meal.

Senior staff explained that ward teams could obtain help and advice from a dietician and a speech and language therapist when planning care for patients. They clearly appreciated the input of the dietician and speech and language therapist. Comments from senior staff however, indicated that the capacity of these multi disciplinary team members to provide input was limited. The health board must explore this further with staff teams and take action as appropriate.

Medicines management

We found arrangements were in place for the safe management of medicines used on both wards.

We saw that medicines were stored securely within locked cupboards and fridges within locked rooms. Medication trolleys were also locked and kept within the locked rooms when not being used. We saw that fridge temperatures were being monitored and recorded by ward staff to show that fridges were at the correct temperature to store medicines that required refrigeration. Staff we spoke with were aware of the procedure to follow should they record a temperature outside of the recommended range. Both rooms used to store medication felt cool but records of these room temperatures were not being recorded. The health board must make arrangements for monitoring these room temperatures and for records to be kept.

We found that Controlled Drugs (CDs), which have strict and well defined management arrangements, were managed safely with appropriate records kept. We conducted a stock check of a sample of Controlled Drugs and found that the amounts remaining tallied with the amounts recorded within the CD register.

We looked at a sample of drug charts and saw that these had generally been completed in full. There was one chart that did not contain the patient's details on each page. We saw that the charts had been signed and dated when medication had been prescribed and administered.

Ward staff explained that patients' drug charts were checked throughout the day as an additional safety measure. This was with the aim of ensuring that all the medication administered had been signed for or, in the event of non administration, codes had been used to show the reason why. This also provided an opportunity for any queries around the administration of medication to be highlighted and discussed.

Improvement needed

The health board must make arrangements for regular monitoring of temperatures of the rooms used to store medicines.

Safeguarding children and adults at risk

We found that arrangements were in place to promote the welfare and safety of adults who become vulnerable or at risk.

Both wards provided care to adults only. Senior ward staff were able to describe the safeguarding process and the arrangements for multi agency working to safeguard adults. Ward teams could obtain help and advice from the health board's head of safeguarding on such matters.

Interviews with staff indicated that they felt confident in raising any concerns around patient safety with senior staff. Senior staff provided a summary of staff training and this showed the majority of ward staff were up to date with safeguarding training.

Effective care

Safe and clinically effective care

During the course of our inspection, we found that arrangements were in place to promote safe and effective care to patients.

We saw that both wards provided safe environments for patients and that care plans were developed from a range of relevant risk assessments. Staff were knowledgeable about the care needs of patients and we found them providing care and support to meet patients' needs.

Record keeping

We found that records on both wards were in good order and securely stored when not being used.

Patients' care records were paper based. The files used were generally tidy and not overfull, making them easy to navigate. When not being used, care records were stored securely in the offices on both wards.

Access to computers was password protected to prevent unauthorised access to information stored electronically.

Mental Health Act Monitoring

We reviewed the statutory detention documents of one patient across one ward. Overall, we considered the quality of the completed documentation to be good. The entries made by the responsible clinician were of excellent quality and is to be commended.

We found that the application for the detention of the patient in hospital had been made in accordance with the requirements of the Act. This demonstrated that the patient's rights had been promoted and protected as required by the Act. We saw that the associated documentation had been completed in full and

in a timely manner. The documentation demonstrated that an assessment had been completed in relation to the patient's mental capacity to consent to treatment (medication). The documentation also demonstrated that appropriate discussions had taken place between relevant healthcare staff before administering treatment.

The health board's Mental Health Act team had developed an efficient system whereby Mental Health Act documentation is retained electronically providing access only to authorised staff across the service. It is understood that this is the first such initiative to be implemented in an NHS facility in Wales and as such is to be commended.

Information about the Act and how to access advocacy support was available to patients and their families.

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

We reviewed the care plans of a total of three patients. This sample considered patients on both wards. We found comprehensive care plans had been produced setting out the individual care needs of each patient.

We found that the wards were using two systems for written care plans, the fundamentals of care element and the care and treatment plan (required by the Measure). Together they provided comprehensive information about the care needs of the patients and how these needs would be met. The health board may wish to review this approach with a view to streamlining the amount of documentation in use whilst still complying with the Measure.

Each patient had an identified care coordinator who had developed the care plan as required by the Measure. We saw that patients' relatives had been involved in the development of the care plans as appropriate.

All written care plans were easy to navigate. They contained relevant assessments to help inform and develop individualised care plans. These included a mental health assessment and physical health assessments, for example, those in relation to eating and drinking, falls, pressure sores and continence. Monitoring records were available and up to date. We saw that the risk assessment tool for pressure sores was a photocopy. This was of poor quality and arrangements should be made to ensure this and any other documentation is clearly printed.

The care plans we looked at had been reviewed regularly and in a timely way. They demonstrated that patients care needs had been kept under review and that care plans were up to date.

Mental Capacity Act and Deprivation of Liberty Safeguards

We found that the Deprivation of Liberty Safeguards (DoLS) process was applied appropriately.

Senior staff explained there were sometimes delays in reassessments of DoLS authorisations being completed. A system for monitoring when reassessments were required was described and demonstrated by senior staff. This was with the aim of ensuring reassessments were requested and completed in a timely manner to comply with DoLS legislation.

Senior staff provided a summary of staff training and this showed the majority of ward staff were up to date with Mental Capacity Act / Deprivation of Liberty Safeguards training.

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.

We found effective leadership and management arrangements in place at Angelton Clinic. A management structure with clear lines of reporting was described and demonstrated.

A process for regular audit was described with the aim of improving the service provided.

We saw staff teams committed to providing patients with high quality care. Comments from staff indicated that additional staff would help maintain the standard of care to patients.

Governance, leadership and accountability

We found effective leadership and management arrangements in place at Angelton Clinic. Senior managers demonstrated a commitment to developing and improving the services provided at the clinic and across the health board's other mental health services for older people.

A management structure with clear lines of reporting and accountability was described and demonstrated by senior ward staff. Senior staff were visible during the course of the inspection and were available to support ward teams. A range of audit activity was described. This was with the aim of identifying areas for improvement so that action could be taken as necessary.

A system for reporting, investigating and learning from patient safety incidents was described. An example was described of how practice on the wards had been changed and learning shared in response to a number of similar incidents that had been reported. This was with a view to reduce similar incidents from occurring and demonstrated positive action being taken by ward teams to promote patient safety.

During our feedback meeting at the end of the inspection, senior ward staff and hospital managers were receptive to our comments. They demonstrated a commitment to learn from the inspection.

Staff and resources

Workforce

We found that staff teams that were committed to providing patients with high quality care.

Senior ward staff and hospital managers explained that the health board was considering the future configuration of its in-patient and community mental health services for older people. In the meantime, there was a freeze on recruiting staff and this resulted in the regular use of bank and agency staff to cover staffing shortfalls on both wards. On Ward 2, this often meant that healthcare support workers were used to cover (one of the two) registered nurse shifts at night. We were assured that there was always a registered nurse on duty to supervise and direct patient care. Whilst, this meant that the current staffing numbers were maintained, the skill mix was decreased. Senior staff provided an assurance that staffing decisions were made using a risk assessment approach to promote patient safety and wellbeing.

Comments received from staff indicated that they felt that more staff would be beneficial and help maintain standards of care to patients.

Whilst, HIW accepts that the health board was actively considering the future configuration of its mental health services for older people, further consideration must also be given to the impact of the current recruitment freeze. Action must be taken as appropriate to maintain satisfactory staffing arrangements.

Interviews with staff and observations made during the course of our inspection indicated that staff had the right skills and knowledge to meet the needs of patients. Training records provided by senior ward staff showed that most ward staff were up to date with their mandatory training. There was close monitoring of staff training by senior ward staff to ensure that health board standards for training were met.

Staff we spoke with confirmed that they had an appraisal of their work within the last year and felt that this had been useful to identify learning and development needs. Both wards provided placements for student nurses and comments we received from students indicated that both wards provided good learning environments.

Improvement needed

The health board must ensure that staffing arrangements are appropriate to meet the needs of patients.

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](#), [Mental Health \(Wales\) Measure 2010](#) 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
No immediate concerns identified.			

Appendix B – Immediate improvement plan

Service: Glan Rhyd Hospital / Angelton Clinic

Ward/unit(s): Ward 2 and Ward 3

Date of inspection: 24 - 26 July 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 concerns were identified.				

Appendix C – Improvement plan

Service: Glan Rhyd Hospital / Angelton Clinic

Ward/unit(s): Ward 2 and Ward 3

Date of inspection: 24 - 26 July 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 make arrangements to ensure the capacity of the multi disciplinary team is sufficient to promote the timely care of patients.	5.1 Timely access	<p>The service has currently invested in new additional posts for occupational therapy and physiotherapy which are out to advert and will have input into the Older Peoples inpatient setting as and when required.</p> <p>The service will continue to access mainstream dietetics services from the acute hospital when a patient requires this. If there are any issues in relation to access then the clinical team will need to escalate to senior managers within</p>	Locality Manager / Service Manager Older Peoples Mental Health Services / Therapy Lead for Bridgend Locality	Jan 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Mental Health and Learning Disabilities services for intervention.</p> <p>Access for SALT services will be escalated to service manager on an individual case by case basis and the service will aim to allocate to SALT therapists based within the Bridgend Locality in other parts of our service to ensure patients receive a level of service.</p> <p>The service will continue to monitor the level of demands for this type of service in line with its re modelling of the inpatient service and then decide on what level of investment will then be required for the new provision of service in the new inpatient model.</p>		
Delivery of safe and effective care				
The health board must make arrangements for a long term solution to address the leaking ceiling on Ward 2 to promote the safety of patients, staff and visitors to the ward.	2.1 Managing risk and promoting health and	Locality Manager has met with estates manager specifically in relation to the leak in the roof on ward 2. Estates manager has confirmed that the repair has now been completed and will	Estates manager Bridgend / Bridgend Locality Manager	December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should make arrangements to provide additional moving and handling equipment in response to the comments made by staff. This is with the aim of promoting timely care to patients and effective infection prevention and control practice.</p>	<p>safety</p>	<p>complete a review of all recent repairs in relation to the roof at Angelton Clinic with capital estates department.</p> <p>Unit Manager will complete a review of all the manual handling equipment within the complete unit to ensure the appropriate levels of equipment are in place within the whole unit to meet the ongoing needs of the future patient group.</p>	<p>Unit Manager / Service Manager Older Peoples Mental Health service.</p>	<p>November 2017</p>
<p>The health board must make arrangements for regular monitoring of temperatures of the rooms used to store medicines.</p>	<p>2.5 Medicines management</p>	<p>The unit currently has an electronic temperature monitoring system in place for every individual room within the unit. Arrangements with estates managers will be made to print off a monthly temperature report for the clinical rooms on each ward to be shared with the unit manager for the local unit records.</p> <p>Unit Manager and Unit Pharmacist will add details of safe storage of medicines to their monthly checks within all three wards in Angelton.</p>	<p>Estates Manager Bridgend / Unit Manager Angelton.</p> <p>Unit Manager Angelton / Unit Pharmacist</p>	<p>November 2017</p> <p>November 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board must ensure that staffing arrangements are appropriate to meet the needs of patients.</p>	<p>7.1 Workforce</p>	<p>The service has currently got adverts out for qualified nurses and health care support workers for the Older Peoples Service.</p> <p>The provision of the second qualified nurse on night duty on ward 2 will continue to be covered by qualified nurses where possible.</p> <p>Current whole time equivalents of nurses to patients within the unit is within appropriately levels to meet the current patient population. This will continue to be reviewed as the service continues to change its overall Older Peoples service model.</p>	<p>Service Manager / Locality Manager Bridgend</p>	<p>Jan 2018</p>

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 representative

Name (print): Dermot Nolan

Job role: Locality Manager

Date: 2/10/17