

NHS Mental Health Service Inspection (Unannounced)

Caswell Clinic

Cardigan, Newton, Ogmore,
Penarth and Tenby wards

Abertawe Bro Morgannwg
University 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 Caswell Clinic, medium secure mental health hospital, within Abertawe Bro Morgannwg University Health Board on the evening of 1 August and days of 2 and 3 August 2017. The following sites and wards were visited during this inspection:

- Tenby - 14 bed male admission ward
- Cardigan - 14 bed male rehabilitation and recovery ward
- Ogmore - 14 bed male rehabilitation and recovery ward
- Penarth - eight bed male Psychiatric Intensive Care Unit (PICU)
- Newton - ten bed female admission, rehabilitation and recovery ward

Our team, for the inspection comprised of one HIW Inspector, two clinical peer reviewers, one of whom was the nominated Mental Health Act reviewer. 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

Overall, we found evidence that the service provided safe and effective care.

This is what we found the service did well:

- Patients told us that staff treated them with respect and kindness
- The hospital provided safe environments for patients
- Patients' care records were detailed and recovery focused
- The quality of statutory detention documentation was excellent
- Management and staff were focused on continual service provision improvement.

This is what we recommend the service could improve:

- The environment of care of the High Dependency Unit
- Communication arrangements for the seclusion room
- The provision and completion of Immediate Life Support training

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 all five wards within Caswell Clinic were considered.

Newton provides ten female only admission, rehabilitation and recovery beds. Tenby provides 14 bed male admission beds, Cardigan and Ogmored both provide 14 bed male rehabilitation and recovery beds, Penarth provide eight male Psychiatric Intensive Care Unit (PICU) beds.

Caswell Clinic has a dedicated staff to provide care within a Medium Secure Mental Health Hospital for men and women. The hospital has an established management structure to provide medium secure in-patient mental health service through multi-disciplinary teams and links to other in-patient and community services.

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.

We observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

During our inspection, we received positive comments from patients regarding the care provided at Caswell Clinic and observed thank you cards throughout the hospital.

We spoke with patients across all wards during the inspection. Patients made positive comments about the attitude and approach of the staff. Patients told us that they were treated with respect and courtesy and that they felt safe on the wards.

Other comments from patients indicated that they were able to keep in contact with their families and had a choice of activities that they could do.

Staying healthy

There was a range of health promotion, protection and improvement information and initiatives available to the patients at Caswell Clinic which assisted in maintaining and improving patients' wellbeing.

There was a full time practice nurse at Caswell Clinic with input from two general practitioners (GPs). However, at the time of the inspection, one GP post was vacant and the other GP on leave. Therefore, there was a deficit in physical health cover at the time of the inspection. Patients were also able to access dental services and other physical health professionals as required.

Patients' records evidenced detailed and appropriate physical assessments and monitoring. It was clear that patients contributed and were involved in decisions regarding their care. Patients were also supported to take appropriate responsibility for certain areas of their care plan.

There were smoking cessation programmes available for patients to support them as the hospital prepared to become "smoke-free".

Caswell Clinic had a wide range of well maintained facilities to support the provision of therapies and activities. There were group sport and exercise activities held regularly in the hospital's sports hall and astro-turf pitch. There was a well equipped hospital gym that patients could use, including female only sessions, following medical assessment. When authorised by the multi-disciplinary team, patients were able to access leisure facilities within the community.

The hospital had five designated vehicles which included three cars and two people carriers which assisted patients accessing the community when granted authorised leave. Patients would also use public transport, with or without staff, as part of their rehabilitation.

Other activities available to patients included bike maintenance and cycle rides, music room with a range of musical instruments along with group music sessions, art room, woodwork room and concrete-work room. The hospital had an Activities of Daily Living (ADL) kitchen which patients could utilise to practice and learn skills, in addition, the two male rehabilitation wards, Ogmore and Cardigan, had their own kitchens. Information on healthy eating was available and displayed throughout the hospital so that patients could make informed choices on healthy eating options.

There was a tutor at the hospital to provide patients with education, this included language and mathematics sessions. The hospital education provision also gave patients opportunities through the Open College Network¹.

The hospital provided a library service for patients and access to computers and the internet, which patients could also use for online shopping.

Patients had an individual activity timetable that included various therapeutic activities as well as ward-based activities. The individual patient activity

¹ The Open College Network recognises informal learning achieved by adults to develop and award nationally recognised qualifications.

timetables linked with the hospital facilities timetables and these were reviewed regularly to ensure that they were appropriate and wanted by the patient group.

Patients spoke positively about the facilities and activities available at the hospital. The different disciplines of staff we spoke with were very positive about the activity and therapy arrangement and felt that the hospital and wards were able to facilitate a wide range of activities for the patients.

Improvement needed

The health board must ensure that arrangements are in place to maintain sufficient GP input to Caswell Clinic for patients' physical wellbeing.

Dignified care

Throughout the hospital, we observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. When patients approached staff members, they were met with polite and responsive caring attitudes.

Hospital policies and the staff practices observed contributed to maintaining patients' dignity and enhancing individualised care at Caswell Clinic. There were meetings to review and discuss practices to minimise the restrictions on patients at Caswell Clinic based on research and risks.

To assist with maintaining privacy and dignity, each ward was single gender and patients had their own en-suite bedrooms with toilet, sink and shower. Patients were able to lock their bedroom doors which staff could override if required.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms. Any items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely and orderly on each of the wards which patients would request access to.

Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. The observation windows were covered by an external curtain to help maintain patients' privacy and dignity whilst in their room.

There were suitable rooms for patients to meet relatives, ward staff and other healthcare professionals in private. There was also a child visiting room, in a non-ward area, available for patients to meet with younger family members.

Caswell Clinic also had a family visiting flat which enabled family members to stay over at the hospital; this was particularly helpful for families who had a lengthy journey to visit their relatives at the hospital. The flat comprised of bedrooms, lounge and kitchen area.

Arrangements were in place for telephone access on each of the wards so that patients were able to make and receive calls. However, the ward telephones were in communal areas and did not always afford patients sufficient privacy whilst making calls. During our time on the wards we overheard a patient making a telephone call which involved discussions of a confidential nature because the telephone was in a communal area.

Improvement needed

The health board must review the patients' payphone arrangements so that conversations of a confidential nature are held in private away from communal areas.

Patient information

There was a range of up-to-date information available on the hospital notice boards on the wards providing detailed and relevant information for patients and were well maintained.

The information on display included patient activities, statutory information and information on the Mental Health Act and advocacy provision. We saw that posters were displayed with information about advocacy services and how patients could provide feedback on the care that they received.

Communicating effectively

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

trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

There were regular ward meetings where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were also included in some meetings.

We observed, and patients' records documented, individual patient's involvement in their care planning and review. There was exemplary practice with the "No Decision Without Me" documentation that was completed with patients involvement regarding their Care and Treatment Plan.

Timely care

We found that patients at Caswell Clinic were provided with timely care to meet their needs. However, we were informed by senior management that, due to the limited female secure service provision at Caswell Clinic and throughout the country, it was felt that, for some female patients, the progression was delayed, particularly awaiting discharge to a less secure environment.

Senior managers of the health board confirmed that they were reviewing the female secure service provision at Caswell Clinic and throughout the country to consider how to best meet the demands of the female population. We were pleased to hear that the service was ambitious in developing female service provision and we request that HIW are kept informed of developments.

Individual care

People's rights

Staff practices aligned to established hospital policies and systems ensured that patients' rights were maintained.

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation. Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital.

There were suitable places for patients to meet with visitors in private along with the family visiting area and visitor's flat that assisted with relatives visiting the hospital.

Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided at Caswell Clinic. Information was displayed for patients and their families on how they could provide feedback or raise a concern (complaint). Within the reception of Caswell Clinic feedback postcards were available that could be completed anonymously by visitors to the hospital.

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.

Information on advocacy was displayed within communal areas. Senior ward staff confirmed that patients would be supported to access the advocacy service (to help them raise concerns) if needed. We were told that a representative visited the hospital regularly and were available via telephone at other times.

It was positive to note that, throughout the hospital, there were thank you cards displayed from previous patients and family members.

Delivery of safe and effective care

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

The hospital environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group. However, we identified repairs required in the High Dependency Unit.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Care was provided to patients with the least restrictive philosophy of care at the forefront of staff's actions which was detailed within patient records.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed. The development of the "No Decision Without Me" document was exemplary practice.

Legal documentation to detain patients under the Mental Health Act were compliant with the requirements of the legislation.

Safe care

Managing risk and promoting health and safety

Processes were in place at Caswell Clinic to manage risk and maintain health and safety. The hospital provided individualised patient care that was supported by managed positive risk taking, both in ward practices and care planning.

Caswell Clinic is a medium secure hospital and with all wards and patient facilities located on the ground floor that provide accessible entry, including people with mobility difficulties. Access to the hospital is via a reception area and intercom system to deter unauthorised persons from entering the building.

Visitors are expected to leave restricted items in lockers before entering the wards. Ward areas were spacious and there were suitable indoor and enclosed outdoor facilities for the patient groups for which they were intended.

There were up-to-date ligature point risk assessments in place for Caswell Clinic. These identified potential ligature points and what action had been taken to remove or manage these.

On the whole, the furniture, fixtures and fittings on across the hospital were appropriate to the respective patient groups. However, on review of the High Dependence Unit of Newton, whilst this provided patients with an area of low stimulus, improvements to the fixtures, furniture and décor could be undertaken to make the area less clinical. There was also damage to the walls within this area and the entrance door that required repair to prevent any further damage or harm caused to patients or staff.

There were nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required. There were personal alarms available which staff could wear to call for assistance. We were informed that staff would tend to only wear alarms when it was deemed the current safety risk of the individual ward required it. However, there was no clear documentation to evidence when it was deemed a requirement to wear alarms or not. If the decision to wear alarms is based on the safety risk of the ward, the health board must ensure that there is a clear record evidencing the decision.

We were informed by staff that there was no effective communication system between the seclusion room on Penarth and the remainder of the ward. This could impact upon the safety of patients and staff in this area. The health board must improve the communication arrangements for the seclusion room.

Improvement needed

The health board must undertake the required repairs to the High Dependency Unit and consider improvements to the fixtures, furniture and décor.

The health board must ensure that there is a clear process for establishing the requirement to wear personal alarms or not and that this decision is recorded.

The health board must ensure that there area appropriate communication arrangements in place for the seclusion room.

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 personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available in both wards. We saw hand sanitising gel within clinical areas. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of both wards. Staff also confirmed that patients had their own schedules for using the laundry facilities to wash their own clothes.

All patients had their own individual bedroom with en suite washing and toilet facilities. This would help reduce cross infection as patients did not need to share these facilities.

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

A system of regular audit in respect of infection control was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff we spoke with were aware of their responsibilities around infection prevention and control.

Nutrition and hydration

Patients were supported to meet their eating and drinking needs.

We found that patients were provided with a choice of meals. We saw that a varied menu was displayed and patients told us that they had a choice of what to eat. Drinks and snacks were available throughout the day. Most patients told us that they enjoyed the food and felt that it was of good quality.

As part of patients' individual recovery programmes, patients had access to the kitchens on the wards to make their own meals and snacks.

Medicines management

We reviewed the medicine management arrangements on two of the five wards in detail. We found arrangements were in place for the safe management of medicines used on both wards. This, along with general observations of

medicine management and clinic rooms on the other wards assured us that there were appropriate arrangements in place for the safe and effective management of medicines at Caswell Clinic.

Medication was stored securely with cupboards and medication fridges locked and medication trolleys secured. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature. However, we were informed that the medication fridge on Penarth regularly went in to defrost mode. The Health board must ensure that the fridge within the clinical room on Penarth Ward is repaired or replaced to ensure that medication is kept at the required temperature.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse. These were accurately accounted for and checked daily.

The Medication Administration Record (MAR) Charts reviewed contained the patients name and in all but one MAR Chart recorded their Mental Health Act legal status. MAR Charts included copies of the consent to treatment certificates and MAR Charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

As well as staff explaining medication and any side-effects to patients, some patients confirmed that they had also viewed a DVD explaining their medication and side-effects which they found to be helpful additional information.

Improvement needed

The health board must ensure that the Mental Health Act legal status is recorded on individual MAR Charts.

The health board must ensure that refrigerated medication on Penarth is kept at the required temperature.

Safeguarding children and adults at risk

There were established processes in place to ensure that staff on both wards safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Senior staff provided a summary of staff training and this showed that 80% of staff were up to date with safeguarding training. Whilst this is a high percentage, the health board should explore the reasons for not all staff being up to date with safeguarding training and support them to complete training as appropriate.

Improvement needed

The health board should explore the reasons for staff not being up to date with safeguarding training and support staff to complete training as appropriate.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a weekly audit of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

There were a number of ligature cutters located throughout the hospital in case of an emergency.

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 the hospital 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

Patient records were mainly paper files that were stored and maintained within the locked nursing office, with some electronic documentation, which were password-protected. We observed staff storing the records appropriately during our inspection.

It was evident that staff across the wards were providing good level of assessments and monitoring of patients' wellbeing.

There were good electronic systems in place for incident recording, clinical and governance audits and other health board systems which assisted to the management and running of Caswell Clinic.

Mental Health Act Monitoring

We reviewed the statutory detention documents of five patients across three wards, Cardigan, Newton and Penarth.

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available electronically and in paper format. It was evident that patients' statutory rights under the Act were maintained, including appealing against their detention.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) a record of the statutory consultees' discussion was completed and kept with SOAD documentation.

Consent to treatment certificates were kept with the corresponding Medication Administration Record (MAR) chart. This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

We also noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, was up-to-date and well recorded.

Patients that we spoke to were aware of their statutory rights under the Act. There was also evidence that patients were supported by the Independent Mental Health Advocacy (IMHA) service.

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

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

There was evidence that care co-ordinators had been identified for the patients and, where appropriate, family members were involved in care planning arrangements. The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

Individual Care and Treatment Plans drew on patient's strength and focused on recovery, rehabilitation and independence. Care and treatment plans included good physical health monitoring and health promotion.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them. The No Decision Without Me documentation used by staff with patients allowed patients' views to be clearly recorded on decisions about their Care and Treatment Plan.

However, we noticed that a number of care plans were written in complex language which some patients may find difficult to understand. They also failed to contain the patients view. For example "patient x is ambiguous", "for patient y to remain abstinent", "for nursing staff to...". The language used in Care and Treatment Plans should be carefully considered to ensure that it can be understood by the patient.

It was also common that staff were not clearly documenting any unmet needs a patient may have whilst being cared for at the hospital. It is important that unmet needs are documented so that these can be regularly reviewed by the multi-disciplinary team to look at options for meeting those needs.

Improvement needed

The health board must ensure that the language used in Care and Treatment Plans should be carefully considered to ensure that it can be understood by the patient.

The health board must ensure that patients' unmet needs are documented in their Care and Treatment Plans.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, staff confirmed that there were no patients subject to Deprivation of Liberty Safeguards (DoLS) authorisations.

Senior staff provided a summary of staff training and this showed the 80% of ward staff were up to date with Mental Capacity Act / Deprivation of Liberty Safeguards training.

Whilst this is a high percentage, the health board should explore the reasons for not all staff being up to date with safeguarding training and support them to complete training as appropriate.

Improvement needed

The health board should explore the reasons for staff not being up to date with Mental Capacity Act / Deprivation of Liberty Safeguards training and support staff to attend training as appropriate.

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 saw strong management and leadership at Caswell Clinic with a focus on review and improvement of the service provision.

Staff were supported to complete training and, on the whole, there were high completion rates for mandatory training. Improvements are required for the completion of appropriate Immediate Life Support.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

Identified senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery. There was dedicated and passionate leadership from the ward managers who were supported by committed ward teams and strong multi-disciplinary teams. We found that staff were dedicated to providing patient care to high standards.

A system for reporting, investigating and learning from patient safety incidents was explained to us; this included learning from near-misses. Staff confirmed that they were supported following incidents or near-misses. This included formal and informal debrief and reflective practice. Lessons learnt were disseminated through formal structure of staff meetings. The Quality and Safety Group issued monthly staff news letter.

As was the situation with our previous inspection in 2014, there were two distinct approaches to the Multi-Disciplinary Team (MDT) work within Caswell

Clinic. Newton Ward, the female ward, had its own designated consultant and MDT team whilst there were four MDTs working across the four male wards. Each male patient would be allocated to one of the MDTs and the MDT would support the patient throughout their pathway through the clinic.

One of the results of this approach on the male wards was that each ward had multiple MDTs working on it, and even the subtle differences in MDT approaches were picked up by some patients. The different working practices of each MDT also impacted upon ward staff and amending their practices to suit the different MDT approaches.

Patients we spoke with commented that they noted that different clinical teams behaved in different ways. This left some patients feeling confused and annoyed as they saw some of the other patients being allowed to participate in activities or leave long before they did. The patient group felt there was inequity in how they were treated depending on the clinical team they were allocated to.

Senior management confirmed that, since the previous inspection, the health board has commenced a review of the clinical arrangements at Caswell. This has included completing case studies of other organisations to identify the pros and cons of clinical arrangement options. Senior management and clinical staff were considering the future clinical arrangements for Caswell Clinic.

As stated above, senior management provided detailed information on the review of female medium secure mental health service provision, reflecting upon the difficulties that they have identified as a one ward service at Caswell Clinic and progressions to less secure services.

The health board is requested to keep HIW informed of the progress of the reviews into clinical arrangements and female service provision.

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

Staff and resources

Workforce

Throughout the inspection, there was strong evidence of joined-up team working within teams and between disciplines to provide individualised rehabilitation focused care.

At the time of our inspection, senior staff explained that there had been retention difficulties with staff taking on other opportunities, including promotion, which had resulted in a number of vacancies, particularly regarding registered nurses where there were 19 vacancies. This resulted in the regular use of bank staff to cover shortfalls at Caswell Clinic. The use of regular bank staff would help promote continuity of care for patients as they would be looked after by staff with whom they were familiar with.

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.

We reviewed staff training. Whilst it was evident that this was being monitored by the ward managers, there were deficiencies in mandatory training. However, it was evident that compliance rates on the whole were in excess of 80% increasing towards the health board's compliance target of 95-100%.

However, completion of Immediate Life Support (ILS) was decreasing and had fallen to only 16% compliance. We were informed that the low compliance rates were due to the lack of appropriate ILS training available for staff at Caswell Clinic. The health board must ensure that appropriate Immediate Life Support (ILS) training is available to staff at Caswell Clinic and staff are supported to attend.

Senior staff provided information that showed 95% staff had received an appraisal of their work within the last year and that reflective practice sessions were being undertaken.

The staff we spoke with confirmed that clinical supervision was undertaken; however, the data provided by senior management recorded very low completion of clinical supervision being undertaken. It was acknowledged by staff that the recording and evidencing of supervision was poor and that this required to be improved so that supervision is accurately reflected in the health board's statistical data.

Improvement needed

The health board must ensure that appropriate Immediate Life Support (ILS) training is available to staff at Caswell Clinic and staff are supported to attend.

The health board must ensure that staff are supported to undertake and document clinical supervision.

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 were identified on this inspection	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Service: Caswell Clinic

Wards: Cardigan, Newton, Ogmores, Penarth and Tenby

Date of inspection: 1 - 3 August 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 were identified on this inspection	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Caswell Clinic

Wards: Cardigan, Newton, Ogmores, Penarth and Tenby

Date of inspection: 1 - 3 August 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 ensure that arrangements are in place to maintain sufficient GP input to Caswell Clinic for patients' physical wellbeing.	1.1 Health promotion, protection and improvement	The 1st GP session recommenced on 3rd October 2017 and the 2nd GP session will recommence on 23rd November 2017.	Sian Dolling	November 2017
The health board must review the patients' payphone arrangements so that conversations of a confidential nature are held in private away from communal areas.	4.1 Dignified Care	The service is commencing a pilot of the Ownfone System, which is an easy to use telecare/mobile phone. If the pilot is successful it will be rolled out to all the wards.	Daniel Wilcox	January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must undertake the required repairs to the High Dependency Unit and consider improvements to the fixtures, furniture and décor.	2.1 Managing risk and promoting health and safety	The costings for the repair works have been received and will be undertaken subject to funding being identified.	Sian Dolling	December 2017
The health board must ensure that there is a clear process for establishing the requirement to wear personal alarms or not and that this decision is recorded.	2.1 Managing risk and promoting health and safety	Penarth ward & Newton HDU ward staff are required to wear the personal alarms at all times. In addition to this the current alarm company Carecom have been asked to complete a review of the service for a personal alarms system to be costed.	Ward Managers Sian Dolling	November 2017
The health board must ensure that there are appropriate communication arrangements in place for the seclusion room.	2.1 Managing risk and promoting health and safety	A review of the WIFI system for the service has been completed that will enable the use of WIFI phones which will be used in the seclusion room. A quotation is awaited and funding source being sought.	Sian Dolling	January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the Mental Health Act legal status is recorded on individual MAR Charts.	2.6 Medicines Management	The one MAR chart identified from the inspection was rectified. A weekly audit is now completed to ensure all required elements are recorded on the MAR chart.	Ward Managers	November 2017
The health board must ensure that refrigerated medication on Penarth is kept at the required temperature.	2.6 Medicines Management	A new fridge has been requested.	Ward Manager	November 2017
The health board should explore the reasons for staff not being up to date with safeguarding training and support staff to complete training as appropriate.	2.7 Safeguarding children and adults at risk	The safeguarding training at the time of the inspection was 80% it has now increased to 92%. The training compliance will increase from 92% to 100% at the end of December. The monthly performance scorecard will monitor training compliance.	Ward Manager	December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the language used in Care and Treatment Plans should be carefully considered to ensure that it can be understood by the patient.	Monitoring the Mental Health Measure	The service is reviewing the documentation for the care and treatment plans and action plans to ensure the language is easy to understand and to adhere to the plan English guidelines.	John Griffiths	March 2018
The health board must ensure that patients' unmet needs are documented in their Care and Treatment Plans.	Monitoring the Mental Health Measure	There is a dedicated element in the CTP minutes for unmet needs to be identified. This is regularly audited and presented to the quality and safety meeting and feedback to clinical teams.	Sian Dolling	December 2017.
The health board should explore the reasons for staff not being up to date with Mental Capacity Act / Deprivation of Liberty Safeguards training and support staff to attend training as appropriate.	Mental Capacity Act and Deprivation of Liberty Safeguards	Currently the training compliance for is 83% Mental Capacity Act / Deprivation of Liberty Safeguards training. Face to face training sessions have been set up to reach 100% compliance.	Ward Managers	February 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board must ensure that appropriate Immediate Life Support (ILS) training is available to staff at Caswell Clinic and staff are supported to attend.</p>	7.1 Workforce	<p>Confirmation of the training requirement has been received and Caswell Clinic staff require Emergency Life Support (ELS). The current compliance is 23%. Staff are booking on to the face to face ELS training as new dates become available. 100% compliance is expected by March 2018.</p>	Ward Managers	March 2018
<p>The health board must ensure that staff are supported to undertake and document clinical supervision.</p>	7.1 Workforce	<p>Monthly audits form developed for ward managers to review. Staff will use the supervision booklets to record their managerial and clinical supervision.</p>	Ward Managers	November 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 representative

Name (print): Mike Sullivan

Job role: Locality Manager, Specialist Services

Date: 13 November 2017