Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

NHS Mental Health Service Inspection (Unannounced)

Betsi Cadwaladr University Health Board,

Bryn Hesketh

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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 Bryn Hesketh within Betsi Cadwaladr University Health Board on the evening of 8 November and following days of 9 and 10 November 2017. The following site was visited during this inspection:

- Bryn Hesketh

Our team, for the inspection comprised of two HIW inspectors and 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

We found that due to significant changes in personnel at Bryn Hesketh there had been a lack of regular staff providing care at the hospital, which impacted upon the consistency of care.

The new Ward Manager was providing strong leadership and the hospital was in the process of building a committed ward team with clear focus on maximising patient experience.

This is what we found the service did well:

- Leadership at Bryn Hesketh was strong
- Staff were dedicated to maximising the patient experience
- Refurbishment had improved the dementia friendliness of the hospital
- Legal documentation under the Mental Health Act and Deprivation of Liberty Safeguards was compliant with the relevant legislation.

This is what we recommend the service could improve:

- Stability of its workforce
- Support arrangements due to being stand-alone ward
- The range of communication aids available
- Medicine management arrangements
- Completion of clinical records.

3. What we found

Background of the service

Bryn Hesketh provides NHS mental health services at Hesketh Road, Old Colwyn, Colwyn Bay LL29 8AT, within Betsi Cadwaladr University Health Board.

The service has 13 beds and provides an older people's assessment for organic mental health.

The service is a mixed gender hospital with 13 beds. At the time of inspection, there were 13 patients under the care of the hospital.

The service employees a staff team which includes an Interim Matron, Ward Manager, two Deputy Ward Managers and an Interim Deputy Manager. There was a team of registered nurses and healthcare support workers. However, during the previous 12 months there had been a significant number of personnel changes at Bryn Hesketh which required the rebuilding of the ward team and a reliance on health board bank staff[1] and agency staff[2].

[1] Temporary staff employed by the health board who work as required.

[2] Temporary staff employed via a third part (an agency) to work as required

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.

The health board was refurbishing Bryn Hesketh which improved the dementia friendliness of the hospital. However, the layout of the ward impaired staff's ability to observe patients.

There was a high number of enhanced patient observations throughout the inspection which impacted upon staff's ability to provide person centred care.

Staff were clearly committed to maximising the patient experience, however the lack of regular staff, who were appropriately trained and experienced, limited the patient experience at Bryn Hesketh.

Staying healthy

There were a range of suitable activities on the ward for patients, these included books, board games, reminiscence activities, crafts, sing-alongs, etc. These could provide patients with mental stimulation and light exercise appropriate to their care needs.

There were daily newspapers provided to the ward, this provide patients with the opportunity to keep informed of current affairs, either by themselves, or with staff or visitors.

The food provided to patients gave a balanced choice of meals, with fresh fruit and drinks readily available.

There was limited information for patients displayed around the ward due to ongoing refurbishment of the hospital.

Dignified care

We observed staff at the hospital interact and engage with patients appropriately and treating patients with dignity and respect. The staff we spoke to were determined to provide dignified cared for the patients.

However, most of the staff we spoke to were concerned that they were only able to provide basic care for patients. This was due to the number of patients who required enhanced observations to maintain safety at the hospital and the reliance on bank and agency staff to fulfil staffing requirements, which resulted in unfamiliar staff and inconsistent practices.

Staff stated that they did not regularly have the staffing resources to undertake therapeutic activities and assessments that would enrich patient experience and provide information on patients' abilities and care needs. During the inspection we observed that health care support workers predominantly fulfilling enhanced observations.

Staff confirmed that they often found it difficult to provide patients with personal care needs due to limited number of "free" staff on the ward. Providing personal care would often require at least two members of staff. Therefore there could be delays in assisting patients with toileting or personal hygiene which had a potential negative impact on dignified care. Despite this pressure, at the time of our inspection patients appeared well cared for.

When patients approached staff members they were met with polite and responsive caring attitudes. We heard staff speaking with patients in calm tones throughout our inspection. On the whole we observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. However during one observed interaction between a patient and an agency nurse it was noted that the use of effective communication and de-escalation techniques was not used as effectively as could have been. This appeared to undo a more positive approach observed previously with the same patient, by a permanent member of staff. This highlighted the difficulty the ward was facing in providing person centred care consistently due to unfamiliar staff.

It was positive that the health board had invested to refurbish Bryn Hesketh to improve the dementia friendliness of the hospital and appear more welcoming for visitors. At the time of the inspection the refurbishment was nearing completion and Bryn Hesketh was a pleasant environment with some dementia supportive fixtures and fittings to assist patients.

However, Bryn Hesketh was not purpose-built for the care and assessment of patients diagnosed with dementia. The ward comprised of several corridors that inhibited lines of observation and could be disorientating for some patients, especially those in advanced stages of dementia. There were some bedrooms that were poorly located for ease of observation by staff, with some areas or the ward also poorly lit at night. This contributed to the number of enhanced patient

observation levels to maintain safety. If the patients were receiving care on a ward specifically designed for dementia care assessment, the likelihood is there would be fewer enhanced observations required.

The refurbishment of Bryn Hesketh had improved the privacy for patients with individual patient bedrooms. Patients were able to lock their own bedroom doors from the inside, which staff could over-ride if required. However, bedroom doors did not have observation panels which meant that staff were required to open the bedroom door to undertake observation on patients. This has the potential for disturbing the patient whilst they were asleep. This is of particular importance with patients with dementia because of the increased likelihood of sleep disorder.

There were a number of toilets available to patients throughout the ward. The ward was divided into male and female bedroom areas and each gender area had a shower room and a room with bath. However, whilst the bath on the male side of the ward was adjustable in height and compatible with the use of patient lifting equipment such as hoists, this was not the case with the female bath. Therefore we were informed that female patients wishing to use a bath were assisted to use the bath on the male side of the ward. This could compromise female patients' dignity and impact negatively upon their wellbeing due to being required to go through the male bedroom area of the ward to access the male bath.

There were laundry facilities at Bryn Hesketh, however the tumble dryer was not working, therefore staff were relying on some patients' family members to assist with washing and drying. Where this was not possible staff were using a washing line to dry items, which may not be practical during the winter periods. Therefore the tumble dryer must be repaired or replaced.

It was positive that the hospital had open visiting and the hospital had a visitors' bedroom available that could be used so that family members could stay over if required. We observed a number of patient relatives and carers attending the hospital throughout the inspection. There were rooms and areas throughout the hospital where visitors could meet with patients in private.

Improvement needed

The health board must provide observation panels to prevent patients' sleep being disturbed.

The health board must ensure that the female bath is suitable to use for those patients that require assistance to bathe.

The health board must repair or replace the tumble dryer at Bryn Hesketh.

Patient information

There was some information on display available for patients and visitors to Bryn Hesketh. This included information on independent advocacy services, the Community Health Council, how to provide feedback on the service and how to raise a complaint. However, there was no information displayed on the role of Healthcare Inspectorate Wales (HIW) or contact details.

Within the corridor leading to the ward there was information displayed about the activities on offer to patients, which included sing-alongs, hairdressing and dog therapy.

There was also an audit board which showed the ward's compliance rates with areas such as; bare below the elbow, patient falls, hand washing, etc. However, these audits did not include any dates to inform people what period of time they related to.

Whilst there was information on display within the reception area and corridor to the ward area, there was a lack of information on the ward. We were informed that this was due to the refurbishment of the hospital and that information will be mounted on the walls of the ward upon completion of the refurbishment work.

Throughout the ward there were dementia friendly fixtures and fittings to assist patients. There were large faced clocks and dates displayed within the ward to assist patients in orientating themselves with the date and time.

Improvement needed

The health board must display information and contact details for Healthcare Inspectorate Wales.

The health board must ensure that audit board information include timeframes.

The health board must ensure that an appropriate range of patient information is on display upon completion of the refurbishment works.

Communicating effectively

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

However, staff had limited access to communication aids which would simplify communication for some patients at Bryn Hesketh. These would assist staff in informing patients and gathering patients' views on areas of the care, therapies, medication and food.

Improvement needed

The health board must review and ensure that staff have communication aids readily available to assist communication with patients.

Timely care

As highlighted throughout the report, improvements are required to ensure that patients receive timely care at Bryn Hesketh. A consistent theme is the requirement to ensure stability of staffing so that care can be delivered by appropriately trained and experienced team.

Improvements are also required regarding the availability of equipment for dementia care that would assist staff in timely care; this includes readily available communication and assessment aids.

The layout of the hospital does not lend itself to providing the most independent care for patients due to difficulties in observing patients. This contributed to the increased number of enhanced patient observation levels to maintain safety. When a patient's care needs are assessed for a hospital or community placement, consideration is given to the level of support or observations they require. However, a patient's support and observation would depend on the environment, theses requirements could increased be reduced within a suitable environment. Therefore, with some patients on enhanced observations to negate the layout of the ward, there could be a potential delay to the patient

receiving care in a least restrictive environment appropriate to their needs due to the layout of Bryn Hesketh requiring a patient to have enhanced observations.

Individual care

Planning care to promote independence

Patient files contained a range of appropriate assessments, monitoring documentation and individual risk assessments. These assisted staff in developing individual patient Positive Behaviour Management (PBM) plans.

The PBM plans provided guidance to staff to deliver individual care, promote independence and support patients to maintain existing skills. However, due to the high level of patient enhanced observations we did not see staff fully utilising the PBM plans during the inspection. Staff confirmed during discussions with us that they we able to maintain the required enhanced observations to the best of their ability but lacked staffing resources, along with inconsistent staffing, to follow patients' PBM plans to promote patient independence.

As stated above, staff were also concerned with the difficulty they had in providing prompt support of patients' personal care due to high number of enhanced observations and staffing levels.

People's rights

Legal documentation to detain patients under the Mental Health Act or restrict patients leaving the hospital by Deprivation of Liberty Safeguards was compliant with the relevant legislation.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative who attended the hospital weekly. Patients could also access the Independent Mental Capacity Advocacy (IMCA) service.

There were suitable places for patients to meet with visitors throughout Bryn Hesketh which included private areas if required.

Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided at Bryn Hesketh. There was a feedback board available for visitors to provide their views along with information on the NHS Putting Things Right process.

As stated above information was also displayed on advocacy and Community Health Council but there was a lack of information displayed regarding HIW.

Delivery of safe and effective care

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

Inconsistent staffing at Bryn Hesketh had impacted on the ability of the ward to deliver safe and effective care. The recruitment of permanent staff had improved clinical practice at the hospital.

However, we have identified areas for improvement throughout the report that require addressing before we are fully assured that Bryn Hesketh provides safe and clinically effective care.

Safe care

Managing risk and promoting health and safety

Access to the ward was secured to prevent unauthorised access. Staff could enter the ward with their electronic key fob and visitors rang the buzzer on the ward entrance. The ward, and all patient areas, was on the ground floor of the hospital with accessible entry, including people with mobility difficulties.

Staff had access to personal alarms to call for assistance if required, however the health board was awaiting modifications to the personal alarms to include a pull-cord so that raising the alarm was easier for staff members. There were nurse call points around the ward and within patient bedrooms so that patients could summon assistance if required.

As stated, bedroom doors did not have observation panels to assist with observations during the evening. Observation panels would assist staff in ensuring patient safety without the potential of disturbing the patient's sleep and causing confusion or challenging behaviours.

It was evident that staff prioritised patient safety by undertaking enhanced patient observations as required. Additional staff were available from the Ablett Unit[3] with experience of providing older people's mental health care, however a large proportion of staff were sourced from the health board's staff bank or agency. There were concerns from staff at Bryn Hesketh that some of the bank or agency staff did not have the required skills or experience to provide care for the patient group. This impacted negatively upon the provision of care and maintaining patient safety at Bryn Hesketh.

It was evident that since the appointment of the ward manager great efforts had been made in ensuring that ward staff at Bryn Hesketh were trained in Restrictive Physical Intervention[4] (RPI) to help maintain safety. However, during the pervious 12 months, with the reliance on bank and agency staff, Bryn Hesketh was dependent on the response of RPI trained staff from the Ablett Unit to attend Bryn Hesketh to manage challenging behaviours. This meant that there could often be a delay in intervention as staff were required to travel approximately 10 miles to attend to prevent or assist an incident.

Whilst the recent recruitment of permanent staff to Bryn Hesketh has lessened the reliance on RPI assistance from Ablett, this was still occasionally required, which meant there could still be delays in providing appropriate interventions and increase the risk of harm to the patient or others.

The medical doctor cover during the day was provided from Ysbyty Glan Clwyd, which is also the location of the Ablett. Staff reported that due to Bryn Hesketh being a stand alone unit they felt there was often delays in the attendance of a medical doctor, which would not be the case if the ward was located at the Ablett. This concern was replicated for the health board's out-of-hours doctor cover.

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[3]The Ablett Unit is a health board mental health hospital on the site of Ysbyty Glan Clwyd Hospital approximately 10 miles from Bryn Hesketh

[4] Restrictive Physical Interventions are defined as deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to: take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and end or reduce significantly the danger to the person or others; and contain or limit the person's freedom for no longer than is necessary.

Therefore, due to Bryn Hesketh being a stand alone dementia assessment ward, staff felt isolated and anxious about their ability to provide appropriate prompt responses to challenging behaviour or medical emergencies. Staff stated that they'd feel better supported if they were closer to another older people's mental health ward where appropriately trained and experienced staff were readily available to assist promptly.

Improvement needed

The health board must ensure that personal alarms are improved to include a pull-cord.

The health board must ensure that there is timely medical cover for Bryn Hesketh.

Infection prevention and control

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately.

The hospital had dedicated housekeeping staff that maintained the cleanliness of the ward throughout the day. Ward staff were responsible for additional cleaning schedules. However, the ward cleaning records did not evidence that these were being regularly completed; therefore we were unable to verify that these duties were completed as and when required and could negatively impact on infection control at Bryn Hesketh.

There were hand hygiene products available in relevant areas of the hospital; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required.

Improvement needed

The health board must ensure that all cleaning schedules are completed at Bryn Hesketh.

Nutrition and hydration

Patients were provided with meals at the hospital making their choice from the hospital menu. There were records of individual patient's likes and dislikes along with any special dietary requirements or preferences. However, as stated

earlier there was no communication aids available to assist patients choice, such as pictorial menus.

The ward did not have a range of specially adapted cutlery or crockery available for staff to assess patients' needs or to assist patients in independent eating.

It was positive that the ward had specific coloured crockery for use when covert administration of medication was used for identified patients. This supports Registered Nursing staff in the correct administration of medication.

Reviewing documentation we observed that patients had food and fluid input charts to monitor their consumption and Malnutrition Universal Screening Tool[5] (MUST). However, in a number of records reviewed there were regular gaps which indicated that the patient had not had food or fluid for a prolonged period. Staff explained that some gaps were due to the patients being with their relatives and therefore staff may not have been present when the patient consumed food or liquid. However, staff must ensure that this information is documented or state reasons for any omissions in records.

Where it had been documented that patients had not consumed adequate quantity of food or fluid, there was no clear record to identify what actions staff had taken subsequently to address this.

Improvement needed

The health board must provide Bryn Hesketh with a range of specially adapted cutlery and crockery.

The health board must ensure that staff complete food and fluid charts, including actions that are required.

[5]Malnutrition Universal Screening Tool - A five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan.

Medicines management

Medication was secured within the clinic room of Bryn Hesketh. The clinic had a computerised medication storage cabinet which required finger print recognition to access. However, bank and agency staff were not be able to access the computerised cabinet. Therefore there was an additional medication trolley in place and a Controlled Drug cabinet. At the time of our inspection the medication trolley was not secured to the wall of the clinic nor was the Controlled Drug cabinet of the required standard. Whilst these were temporary measures, they added complexity to medicine management at the hospital.

We were also informed that due to the reliance on bank and agency staff, and their unfamiliarity with medication ordering, there had been delays in ordering medication when individual patient's medication was running low on stock.

Another concern staff highlighted to us was that medication was not delivered directly to Bryn Hesketh, but to the neighbouring Colwyn Bay Community Hospital. Staff were then reliant on the health board porter system to transfer the medication to Bryn Hesketh. Staff confirmed that this had caused delays in medication reaching Bryn Hesketh.

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. Regular checks were completed on stock medication, including Controlled Drugs and Drugs Liable to Misuse.

There were photographs of the current patients in the medication file to assist staff in identifying the correct patient for their medication. However, not all patients had a photograph present; these were more recent admissions to the hospital. Staff stated that they were awaiting a new camera and therefore unable to take photographs for the medication file. Staff explained how they were able to confirm a patient's identity by other means for those patients without a photograph.

The Medication Administration Record (MAR) Charts reviewed contained the patients name but did not record their Mental Health Act legal status. Nor did the MAR Charts always included copies of the Consent to Treatment certificate, where applicable.

MAR Charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered.

Where patients were receiving covert medication, this was well documented and evidenced a multi-disciplinary decision.

Improvement needed

The health board must ensure that medication, including controlled drugs, is stored securely at Bryn Hesketh.

The health board must ensure that medication is ordered in a timely manner.

The health board must ensure that there are appropriate arrangements in place for the delivery of medication to Bryn Hesketh.

The health board must ensure that picture identification is on all patient medication charts.

The health board must ensure that Medication Administration Record clearly document patients' Mental Health Act legal status.

The health board must ensure that Medication Administration Record contain a copy of the most recent patient Consent to Treatment Certificate.

Safeguarding children and adults at risk

Staff confirmed that there were established processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Medical devices, equipment and diagnostic systems

There was a daily audit of resuscitation equipment; staff document when these had occurred to ensure that the equipment was present and in date. However, there were occasional gaps in the recording of daily checks.

Improvement needed

The health board must ensure that audit of resuscitation equipment are completed as per health board policy.

Effective care

Safe and clinically effective care

We have identified areas for improvement throughout the report. We require the health board to take action to address these before we are fully assured that Bryn Hesketh provides safe and clinically effective care.

Record keeping

Patient records were paper files that were stored and maintained within the locked nursing office. We observed staff storing the records appropriately during our inspection. Each patient had extensive care information that was maintained in good order across numerous volumes.

The nursing office Patient Status at a Glance Board was kept closed when not in use and not viewable from outside the room. Therefore staff were maintaining information contained on the board confidentially.

As stated in the report, there were regular gaps in clinical record entries that require improvement.

It was positive to note that the health board had completed regular audits of the language used in patient records to reduce labelling[6] language and so that staff focus on person centred care.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across the one ward at Bryn Hesketh.

It was evident that consideration to the use of the Act or DoLS was completed. Detentions had been applied and renewed within the requirements of the Act.

[6] Labelling is the act of describing the person as or by a behaviour suggesting that the person is to blame for their behaviour. Labelling creates stigma which threatens the delivery of person centred care.

It was evident that staff made attempts to inform patients of their statutory rights under the Act. Patients had access to Independent Mental Health Advocacy (IMHA) and records of their involvement was detailed in patients' notes.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms.

Medication was provided to patient in line with Section 58 of the Act, Consent to Treatment. However, as stated above, consent to treatment certificates were not always kept with the corresponding Medication Administration Record (MAR Chart). This meant staff administering medication could not refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

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

We reviewed the care plans of a total of two patients. Care and Treatment Plans reflected the domains of the Welsh Measure.

There was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements. Discharge planning was undertaken as soon as possible to identify the most appropriate outcome for the patient.

Patient files contained a range of appropriate assessments and monitoring documentation along with risk assessments that set out the identified risks and how to mitigate and manage them. However, the Care and Treatment plans reviewed were brief, lacked specific details of actions to be taken and by whom.

Improvement needed

The health board must ensure that Care and Treatment plans reflect the requirements of the Welsh Measure.

Mental Capacity Act and Deprivation of Liberty Safeguards

Where required, staff had referred to the local authority to apply Deprivation of Liberty Safeguards for applicable patients. It was evident that the process was being applied appropriately.

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.

Bryn Hesketh was well managed by the ward manager who provided strong leadership with regular support from the Interim Matron.

There was dedicated and determined workforce who wanted to provide best care that they can with inconsistent staffing. The health board needs to take further action to stabilise staffing at the hospital and support staff to complete their mandatory training and receive regular supervision.

Governance, leadership and accountability

It was positive that throughout the inspection, despite the issues identified at Bryn Hesketh, ward staff and senior management were receptive to our views, findings and recommendations.

There had been a number of personnel changes in senior management within the mental health directorate of the health board. Senior health board management we spoke with were aware of the staffing challenges at the hospital and had implemented changes to the management at Bryn Hesketh.

Personnel changes had occurred across grades from healthcare support workers to the Matron. During the previous 12 months an Interim Ward

Manager and Interim Matron[7] had commenced working at Bryn Hesketh with the Ward Manger post being made substantive in September 2017. There were also two new Deputy Ward Managers, supported by an additional Interim Deputy Ward Manager who undertook night shifts.

During the inspection we found the service to be managed and run by a staff team who demonstrated a commitment to providing safe and effective care. More specifically, discussions held with senior staff, including the Ward Manager and Interim Matron, highlighted that they were aware of service issues which required improvement and had a clear commitment to addressing these. This was in order to raise the standard of treatment and support to patients.

The current Ward Manager and Interim Matron demonstrated good management and strong leadership during the inspection. During our conversations with ward staff and senior management we received positive feedback regarding the leadership and openness of the Ward Manager and Interim Matron.

The health board has defined systems and processes in place to manage and improve the care provided at the hospital. However, we have identified areas for improvement, particularly governance of clinical records and audits and stabilisation of staffing, throughout the report that would strengthen governance arrangements at Bryn Hesketh.

It was positive to note that the health board had a number of completed and ongoing older peoples' mental health service reviews that would shape the provision of service at Bryn Hesketh and across the health board. We request to be kept informed of the service reviews and progress.

Improvement needed

The health board must ensure that actions to the findings highlighted within this report are completed to strengthen governance arrangements at Bryn Hesketh.

[7] The Interim Matron role was responsible for Bryn Hesketh and Tegid Ward at the Ablett Unit approximately 10 miles from Bryn Hesketh.

Staff and resources

Workforce

As stated above there had been significant changes in workforce personnel at Bryn Hesketh due to various reasons including staff choosing to leave, redeployment and suspensions, some of which were ongoing. These personnel changes included the Matron, ward manager, deputy ward managers, registered nurses and healthcare support workers.

It was evident that the health board had made concerted efforts to staff Bryn Hesketh and stabilise the workforce at the hospital. The appointment of senior ward staff had provided a degree of stability and strong leadership for the hospital. At the time of the inspection recruitment of registered nurses was ongoing, with eight registered nurses in post, including the ward manager, with five vacant posts.

Whilst there was a full compliment of healthcare support workers, due to the presentation and challenges of some patients the ward had regularly been required to implement enhanced observation levels with required additional staff. As a result the ward had been required to use a high proportion of health board bank staff or agency staff to meet the staffing needs of additional healthcare support workers and cover registered nurse vacancies; on occasions being the majority of staff on the shift. As a result, there has been inconsistency of staffing at Bryn Hesketh.

Whilst recruitment to vacancies had reduced the use of bank and agency staff, ward staff were understandably still concerned about the levels of bank and agency staff required. In addition there had been issues with the processes in obtaining bank and agency staff along with the quality and experience of the staff allocated to the ward.

There was a central health board staff bank system that additional staffing was sourced from. However, the health board bank system on occasions provided bank that were not always suitable, due to lack of experience or training (Including RPI), to work with the patient group at Bryn Hesketh. Staff, on occasions, had similar concerns about the suitability of agency staff provided. Where staff had been deemed unsuitable to work at the hospital they we were informed that they were removed from the shift, we saw evidence of this recorded on the health board's incident reporting system.

There had also been operational difficulties with both the bank system and agency systems of the health board. There was one occurrence where a registered nurse shift had been allocated to a healthcare support worker who

would not be able to fulfil the role, the bank system did not re-action a request when a bank staff cancelled their availability, resulting in significant delays in contacting agency services following authorisation. These all impacted negatively upon the ward staff's ability to complete their required duties.

These systems should support the ward to provide sufficient number of appropriately skilled staff, to maintain safety and provide dignified care, as and when required. The report highlights how the deficiencies in these systems impact upon the level of care that can be afforded to patients. A HIW inspection to Heddfan[8] in June 2017 highlighted similar concerns regarding bank staff attending mental health wards without appropriate skills or experience of providing care on mental health wards.

We reviewed staff training; it was evident that this was being monitored by the ward managers and senior management. There had been great improvements in the completion of mandatory training over the previous 12 months. It was evident that the Ward Manager, supported by the Ward Clerk, had made concerted efforts to ensure that staff completed their mandatory training.

Due to the staffing vacancies over the previous 12 months there had been significant issues in providing supervision for ward staff. However, with the appointment of permanent staff there was a programme of supervision developed with regular supervision commenced in September 2017 and future dates booked in to people's diaries.

The ward had commenced staff meeting in April 2017, whilst due to the lack of permanent staff it had been difficult to identify suitable times when staff would be available, three staff meetings had been held with future meetings planned.

[8] Heddfan is a Betsi Cadwaladr Health Board mental health service at Wrexham Maelor Hospital

Improvement needed

The health board must provide stabilise the workforce at Bryn Hesketh to ensure that vacant roles are filled with appropriately skilled staff.

The health board must ensure that its bank staff system operates effectively to provide sufficient number of appropriately skilled staff as and when required.

The health board must ensure that its agency staff referral system operates effectively to provide sufficient number of appropriately skilled staff as and when required.

The health board must ensure that Bryn Hesketh staff are supported to complete their mandatory training, including Restrictive Physical Intervention.

The health board must ensure that Bryn Hesketh staff are supported to receive regular supervision

The health board must ensure that Bryn Hesketh staff are supported to hold regular staff meetings.

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: Bryn Hesketh

Ward: Bryn Hesketh

Date of inspection: 8 - 10 November 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 on this inspection	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Bryn Hesketh

Ward: Bryn Hesketh

Date of inspection: 8 - 10 November 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 provide observation panels to prevent patients' sleep being disturbed.	4.1 Dignified Care	Senior Management Team to discuss the option of installation of Vistamatic panels in bedroom doors / replacement doors again with Estates as a result of the recommendation from this HIW report, also taking into account the future service model and the capital costs.	Service Manager	31 January 2018
The health board must ensure that the female bath is suitable to use for those patients that require assistance to bathe.	4.1 Dignified Care	Estates have condemned the bath and will provide replacement. An alternative bath is in use for patients.	Estates	30 April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must repair or replace the tumble dryer at Bryn Hesketh.	4.1 Dignified Care	New tumble dryer ordered and to be delivered in December 2017	Service Manager	Complete
The health board must display information and contact details for Healthcare Inspectorate Wales.	4.2 Patient Information	Details and contact details of Health Inspectorate Wales (HIW) are now displayed	Matron	Complete
The health board must ensure that audit board information include timeframes.	4.2 Patient Information	The information board now displays date as well as the audit information and action plan.	Matron	Complete
The health board must ensure that an appropriate range of patient information is on display upon completion of the refurbishment works.	4.2 Patient Information	A range of information will be stocked and displayed prominently in the reception area on completion of the refurbishment work.	Ward Manager & Matron	31 January 2018
The health board must review ensure that staff have communication aids readily available to assist communication with patients.	3.2 Communicating effectively	Occupational Therapy are developing a range of communication aids, including pictures for the menus to aid patients.	Occupational Therapy & Matron	31 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must ensure that personal alarms are improved to include a pull-cord.	2.1 Managing risk and promoting health and safety	Service Manager to contact providers to assess feasibility regarding additional pull cord to personal alarms. To be in place by end January 2018.	Service Manager	31 January 2018
The health board must ensure that there is timely medical cover for Bryn Hesketh.	2.1 Managing risk and promoting health and safety	There is a rotational doctor on the ward although is part of a duty rota. Clinical Director to review and put action in place to ensure medical cover is in place for Bryn Hesketh. Delays experienced by patients that require medical review are reported on datix.	Clinical Director	28 February 2018
The health board must ensure that all cleaning schedules are completed at Bryn Hesketh.	2.4 Infection Prevention and Control (IPC) and Decontamination	Cleaning schedule has been reintroduced on the ward for Health Care Support Workers and House Keeper.	Housekeepers	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide Bryn Hesketh with a range of specially adapted cutlery and crockery.	2.5 Nutrition and Hydration	Specially adapted cutlery and crockery ordered and has arrived on the ward.	Occupational Therapist	Complete
The health board must ensure that staff complete food and fluid charts, including actions that are required.	2.5 Nutrition and Hydration	To continue to monitor through the Quality & Safety monthly audit and results displayed with action plan on the board each month. Staff have been reminded about this action through staff meetings with a staff poster.	Ward Manager	Complete
The health board must ensure that medication, including controlled drugs, is stored securely at Bryn Hesketh.	2.6 Medicines Management	The Mediwell pharmacy cupboard is now being utilised for controlled drugs.	Ward Manager & Head of Pharmacy	Complete
The health board must ensure that medication is ordered in a timely manner.	2.6 Medicines Management	Ward manager is providing further training to agency staff. Reliance on agency staff reduced from December 2017. Training file is in place for agency staff including how to order medication.	Ward Manager & Head of Pharmacy	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there are appropriate arrangements in place for the delivery of medication to Bryn Hesketh.	2.6 Medicines Management	Medication is delivered to Colwyn Bay Hospital and porters deliver to Bryn Hesketh, Pharmacy has reviewed current arrangement and no change to be made to delivery of medication.	Head Pharmacist & Service Manager	Complete
The health board must ensure that picture identification is on all patient medication charts.	2.6 Medicines Management	Photographs are being taken on NHS laptop and all patient medication charts have a photo attached.	Ward Manager	Complete
The health board must ensure that Medication Administration Record clearly document patients' Mental Health Act legal status.	2.6 Medicines Management	New Medication Administration Charts include space for documenting Mental Health Act legal status. These new charts will be used forthwith for all new admissions.	Ward Manager	Complete
The health board must ensure that Medication Administration Record contain a copy of the most recent patient Consent to Treatment Certificate.	2.6 Medicines Management	All patients have a Consent to Treatment chart in the medication file. Ward Manager has reviewed and all in place.	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that audit of resuscitation equipment are completed as per health board policy.	2.9 Medical devices, equipment and diagnostic systems	Ward manager confirms that the resuscitation equipment check lists are completed as per policy with an ongoing cycle of monitoring by the ward manager	Ward Manager	Complete
The health board must ensure that Care and Treatment plans reflect the requirements of the Welsh Measure.	Monitoring the Mental Health Measure	Care and Treatment Plans will be monitored through the monthly Q&S audit, staff meetings and 1:1 supervision. Matron to deliver CTP training for new staff as they arrive on the ward. Matron is a trainer for the Health Board and is CTP champion.	Ward Manager & Matron	Complete
Quality of management and leadership				
The health board must ensure that actions to the findings highlighted within this report are completed to strengthen governance arrangements at Bryn Hesketh.	Governance, Leadership and Accountability	Clinical Network Manger to monitor progress of plan at monthly Quality, Safety and Experience Sub Group meetings for the Central Area. In addition, the Quality & Safety Group will be monitoring and have oversight.	Lead Nurse	31 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide stabilise the workforce at Bryn Hesketh to ensure that vacant roles are filled with appropriately skilled staff.	7.1 Workforce	Matron and Ward Manager will continue to work closely with the provider University to encourage students back into the workforce at Bryn Hesketh and will continue to advertise and recruit to fill current vacancies The ward has recently recruited Registered Nurses and they are currently in preceptorship. This will reduce reliance on agency nursing over the coming months by March 2018	Matron & Ward Manager	31 January 2018
The health board must ensure that its bank staff system operates effectively to provide sufficient number of appropriately skilled staff as and when required.	7.1 Workforce	The Matron and Ward manager will monitor the fill rate of bank shifts via Electronic Rostering and will liaise with the Head of Bank Services for ongoing recruitment	Head of Bank Services Matron and Ward Manager	Complete
The health board must ensure that its agency staff referral system operates effectively to provide sufficient number of appropriately skilled staff as and when required.	7.1 Workforce	Matron and Ward Manager will continue to work closely with Nurse Agencies and raise any concerns to Head of Bank Service and Director of Mental Health Nursing. This will be monitored via Electronic Rostering and DATIX.	Matron & Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that Bryn Hesketh staff are supported to complete their mandatory training, including Restrictive Physical Intervention.	7.1 Workforce	Substantive staff have all completed RPI training. New preceptors and Health Care Support Workers are booked onto RPI training. Mandatory training to be monitored closely via ESR reports and staff are released as a priority to attend this training.	Ward manager	Complete
The health board must ensure that Bryn Hesketh staff are supported to receive regular supervision.	7.1 Workforce	Supervision plan is in place and is displayed on the board in the office and dates set for all staff to receive supervision. The supervision checklist against each staff member is marked when complete.	Ward Manager & Matron	Complete
The health board must ensure that Bryn Hesketh staff are supported to hold regular staff meetings.	7.1 Workforce	Regular meetings being held monthly and minutes are kept in file in the nursing office for all staff to review.	Ward manager	Complete

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):

Job role:

Date: