

# **Review of Risk Management Arrangements (Unannounced)**

Cynnydd & Dinas Ward, Ablett  
Unit, Betsi Cadwaladr University  
Health Board

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2017

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# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Ablett Unit on 20 and 21 November 2017. The visit focussed on two wards, Cynnydd and Dinas. The purpose of the visit was to assess whether the Unit is appropriately managing risk to patients. This was in response to an increased number of reported incidents at the unit over previous months. HIW last inspected the Ablett Unit in June 2014<sup>1</sup>.

## **Ablett Unit**

The Ablett Unit (the Unit) is in a separate building on the Glan Clwyd Hospital site, situated in Bodelwyddan, four miles south of Rhyl.

The Unit has four wards:

- Cynnydd – an 8 bed locked rehabilitation ward (with a Section 136 suite attached)
- Dinas – a 20 bed ward for male and females
- Tegid – a 10 bed older persons ward
- Tawelfan – currently closed.

## **How did we do this?**

The team comprised of two members of HIW staff and two mental health nurse peer reviewers.

The team focussed on two wards during this visit, Cynnydd and Dinas.

The review was carried out over a night/early morning and a full day, focussing specifically on how risk was being managed, specifically examining policies, practice, patient care documentation, safeguarding, workforce and governance.

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<sup>1</sup> See: <http://gov.wales/docs/hiw/inspectionreports/Ablett%20Unit%20-%20Inspection%20-%20June%202014%20-%20Letter%20-%20Management%20Letter.pdf>

## 2. Summary of our findings

Overall we found that the environment of the two wards we visited was not fit for purpose. Cumulatively, we believe that a number of the issues we identified during our inspection represent a risk to patient safety. It is also concerning to note that some of the issues that we found during this inspection were also apparent during our last visit in June 2014, despite the health board developing a clear action plan<sup>2</sup> in response to that visit stating that these issues would be resolved. The key factors informing our judgment about these two wards include:

- the location of the main office on Dinas ward did not allow for the effective observation of the patient group
- the layout of the corridors and associated blind spots on Dinas ward made effective patient observation very difficult
- there was no nurse call system in patient bedrooms on Dinas ward
- there were no vision panels on doors of patient rooms on Dinas ward meaning that if a patient was on regular observations they would be disturbed through the night.
- the bathrooms on Dinas ward were in need of refurbishment, including adjusting the position of the nurse call alarm which was not in an appropriate position.

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<sup>2</sup> See: <http://gov.wales/docs/hiw/inspectionreports/Ablett%20Unit%20-%20Inspection%20-%20June%202014%20-%20Action%20Plan.pdf>

On Cynnydd Ward there were issues regarding the location of the Section 136 suite, which when occupied did not allow safe access to the treatment room which also acted as the pharmacy for the ward. Often when staff needed to access the treatment room they had to in effect leave Cynnydd Ward, this impacting on patient safety.

On the night of the 20th November there were only male members of staff on shift despite there being two female patients accommodated on Cynnydd ward; this was inappropriate and should not happen.

It was apparent, following scrutiny of a number of care plans, that there was a lack of patient engagement with the care planning process, with some of the language being overly technical.

Despite the numerous issues regarding the environment, staff at ward management level were keen to develop the service being provided.

We found that the new patient care documentation being trialled on Cynnydd Ward was working well, reducing the volume of paperwork for staff. We also found that the Acute Care meeting process used on Dinas Ward was a good example of effective communication and of planning a patient's pathway.

We found that staff on Dinas ward did not have a clear understanding of intermittent observations, and some timings were not specifically stated on the observation sheets.

### 3. What we found

During our visit we saw some areas of noteworthy practice, these are set out below:

#### **Whole unit**

- All staff met by the inspection team were engaging with the inspection process
- The inspection team noted the motivated, enthusiastic and caring approach of staff on the wards and observed a good rapport between staff and patients
- Management at ward level were keen to develop the service with positive outcomes for patients firmly in mind.

#### **Dinas Ward**

- The team noted that the acute care meeting process in place is a very good example of effective communication and aided with planning the patient pathway.

#### **Cynnydd Ward**

- The team found that the patient care documentation being trialled on the ward, which has been designed to reduce the volume of paperwork staff needed to navigate, appeared to be working well
- The team felt that staff should be commended for the redecoration and personalisation of the ward.

However, during our visit we also found unsafe practice in some areas, mainly relating to the ward environment, meaning that we do not believe the wards we visited are currently fit for purpose. It is concerning that some of the issues found during this inspection mirror those found during our last inspection in June 2014. The issues that have influenced our view are set out below:

#### **Dinas Ward**

- There is no nurse call system within patient bedroom areas and some bedrooms are not easily observed by Unit staff. This issue potentially increases the risk to patient safety were an incident to occur on the ward. Furthermore this was an issue that was identified during our June 2014 inspection and noted on the health board's action plan as being due to be resolved by September 2014

- The layout of the numerous corridors and associated blind spots made effective patient observation very difficult
- The doors on patient bedrooms did not have appropriate vision panels, which means that at night some patients were disturbed every 15 minutes by staff carrying out observations, and all patients are disturbed at least every hour. We do not believe this to be appropriate
- The bathrooms need refurbishment; the nurse call alarm within the bathroom was not in a safe place and the shower curtains were not the correct size, with a gap below them and the shower cubicle. Additionally the bathroom floors were stained, baths were marked and panels on the baths were loose
- The location of the office provided poor visibility over the ward and in particular of the bedroom areas. Again this has the potential to increase risk to patient safety were an incident to occur on the ward
- A chair being used on 1 to 1 observations was blocking the fire exit. This was not acceptable
- The garden areas were unkempt, dark and there was litter on the floor. This was also an issue that was identified during our June 2014 inspection, and again the health board's action plan stated this issue would be resolved by September 2014
- Two care and treatment plans for patients were out of date and did not reflect their current placement. The content of one of the plans was too general
- One patient had a chest infection, however no care plan had been formulated
- Patient files (documentation) had extensive information and were difficult to navigate
- The patient consent information within patient care plans only stated who information cannot be shared with, therefore by implication suggesting it can be shared with everyone else
- The manager of the ward appeared to spend a considerable amount of time sorting out staffing numbers taking time away from performing the other duties of the role
- Staff did not have a clear understanding of intermittent observations e.g. 7,10 minutes that were described within the policy on observations.

## **Cynnydd Ward**

- We found issues regarding the Section 136<sup>3</sup> suite which, due to the physical layout of the ward, when occupied did not allow safe access to the treatment room that included the provision of the pharmacy for the ward
- As the Section 136 suite was attached to the ward, when occupied, staff from the ward would often be called to the suite, leaving the ward short of staff
- We found there to be a lack of patient engagement with the care plan process and a lack of patient signatures confirming that they were aware of the care plans on file
- Some of the language in the care plans did not appear to come from the patient even though it was attributed to them, for example, technical medical terms were used
- There were instances when male staff only were on the ward on the night shift; this was observed by the HIW team on the night of 20 November, even though two female patients were being accommodated on the ward.

## **Whole Unit**

- The care documentation for a Section 136 patient admitted on 20 November was examined by the team and contained a large amount of information which was very repetitive. A review is required to avoid valuable nursing being used to complete repetitive documentation.

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<sup>3</sup> Section 136 is part of the Mental Health Act. This means that the police have the power to remove an individual from a public place, and take an individual to a place of safety, for instance within a hospital. This is commonly referred to as a Section 136 suite.

## 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.

## 6. 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
<p>HIW raised concerns, during the inspection, about a number of environmental issues relating to the design and maintenance of the Unit (as listed in the body of this report)</p>	<p>This meant that there was an increased risk to patient safety</p>	<p>HIW spoke with Unit managers and maintenance/facilities managers whilst on site</p>	<p>Issue not resolved – whilst the health board provided details of refurbishment plans which seek to improve the Unit environment, further consideration needs to be given to how patient safety is maintained prior to any refurbishment. The health board should also consider whether refurbishment plans adequately address issues relating to layout</p>

## 7. Appendix B – Immediate improvement plan

**Service:** Ablett Unit  
**Ward/unit(s):** Dinas & Cynnydd  
**Date of inspection:** 20 & 21 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
Issues covered under Appendix A and Appendix C				

## 8. Appendix C – Improvement plan

**Service:** Ablett Unit  
**Ward/unit(s):** Dinas & Cynnydd  
**Date of inspection:** 20 - 21 November 2017

The table below includes 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
<b>Quality of the patient experience</b>				
The health board must ensure that adequate vision panels are installed on patient rooms on Dinas ward	4.1 Dignified Care	As part of the improvement work new doors with vision panels to be fitted for Dinas	Business Support Manager	31 <sup>st</sup> March 2018
The health board must ensure that the bathrooms on Dinas ward are refurbished	4.1 Dignified Care	As part of the improvement work the bathrooms are due to be refurbished	Business Support Manager	31 <sup>st</sup> March 2018
The health board must ensure that the gender mix of staff is appropriate to the gender mix of patients on the wards	4.1 Dignified Care	In exceptional circumstances where staff are absent at short notice leaving the ward without appropriate gender mix the ward manager/duty nurse will review	Ward Manager, Cynnydd	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>staffing across the Ablett Unit to ensure gender appropriate mix on the ward.</p> <p>The MH and LD division will commission an options appraisal of single sex wards for the rehab service.</p>	County wide services Clinical Network Manager	
The health board must fully engage with patients in respect of the care planning process	4.2 Patient Information	Cynnydd ward will engage with Caniad to improve patient involvement in the care planning process	Lead nurse	31 <sup>st</sup> January 2018
The health board must address the unkempt garden areas. This an issue that was identified during our June 2014 inspection, with the health board's action plan stating that it would be resolved by September 2014	4.1 Dignified Care	<p>The garden areas were immediately addressed by the Estates Department following the visit</p> <p>Longer term plan to maintain the gardens - the Central Management Team will employ its own gardener / maintenance person</p>	Business Support Manager	Complete  31 <sup>st</sup> March 2018
<b>Delivery of safe and effective care</b>				
The health board should ensure that a nurse call system is installed within patient bedrooms on Dinas ward. This was an issue that was identified during our June 2014 inspection and	2.1 Managing risk and promoting health and	Installation of a nurse call system has been agreed and funding has been allocated from the discretionary fund. Preparatory work is underway in	Business Support Manager	31 <sup>st</sup> March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
noted on the health board's action plan as being due to be resolved by September 2014	safety	readiness for when the call system is delivered. Immediate action has been taken to mitigate risk. Personal alarms are provided to patients.		
The health board must ensure that the position of the call alarm within the bathrooms on Dinas ward is appropriate	2.1 Managing risk and promoting health and safety	As part of the improvement work the patient call alarms within the bathrooms on Dinas will be repositioned	Business Support Manager	31 <sup>st</sup> March 2018
Due to the layout of Dinas ward impacting upon the ability of staff to observe patients, the health board must ensure that adequate measures are put in place to mitigate any risks to patient safety	2.1 Managing risk and promoting health and safety	The Central Management Team to have a formal re-launch of the Therapeutic Engagement and Observation Policy within the whole division which will involve all of the multi-disciplinary team.	Lead Nurses	28 <sup>th</sup> February 2018
The health board must ensure that fire doors are kept clear at all times	2.1 Managing risk and promoting health and safety	Routine reminders regarding need to ensure fire doors are clear to be circulated to staff across the unit  To continue to monitor the compliance of mandatory training  Matrons daily check list to be developed	Modern Matrons  Ward Managers	Immediate  Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		to include a check on fire doors  Bi Monthly Health and Safety walk abouts schedule for the division to be agreed and implemented.	Modern Matrons  Division Health and Safety lead	Immediate
The health board must ensure that care plans are formulated for patients who have physical healthcare issues	2.1 Managing risk and promoting health and safety	Care and Treatment Plans will be audited (lead nurses to develop audit tool) to ensure patients' physical health needs are identified with appropriate and timely interventions, outcomes and timeframes clearly identified	Lead Nurses	31 <sup>st</sup> January 2018 and audit monthly thereafter
The health board must review arrangements for safe access to pharmacy for Cynnydd ward	2.1 Managing risk and promoting health and safety	When the Section 136 suite is in use, the medication trolley can be moved to a secure location on Cynnydd Ward and locked to the wall.	Lead nurse	Completed
The health board should review arrangements to ensure that when the Section 136 suite is occupied, this does not leave Cynnydd ward	2.1 Managing risk and promoting health and	6 x HCSW in the form of a flexible resource are employed to facilitate demand and need across the unit which includes the S136 suite	Clinical Network Manager	Completed



Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should review whether care documentation can be made easier to navigate	3.5 Record keeping	<p>Ward clerks will be trained in correct record management procedures</p> <p>Division to review current practice and agree standard for core care documentation filing.</p>	<p>Business Support Manager</p> <p>Clinical Academic Lead</p>	31 <sup>st</sup> January 2018
The health board must ensure that patient consent information within patient care plans are sufficiently clear	3.5 Record keeping	An improved confidentiality and information sharing document to be incorporated into the admission process	Ward Managers	28 <sup>th</sup> February 2018
The health board must ensure that patients' care and treatment plans are up to date and reflect their current placement.	3.5 Record keeping	Care and Treatment Plans will be audited (lead nurses to develop audit tool) to ensure they reflect the current needs of service users and are signed and dated. This will be added to the division annual audit plan as a bimonthly audit, to commence March. Findings will be tabled at local Quality and Safety meetings and quarterly to the divisional Quality and Safety.	<p>Lead Nurses</p> <p>Clinical Academic Lead</p>	<p>31<sup>st</sup> January 2018</p> <p>March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Division will review current training in relation to risk profiling of patients to ensure proportionate actions are being taken	Lead Nurses	December 2018

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:**

Gaynor Kehoe	Clinical Network Manager Central
Teresa Baker	Dinas Ward Manager
Mark Jenkinson	OPMH Service Manager Central
Steve McCabe	Business Support Manager Central
Karen Jowitt	OPMH Service Manager Central
Lisa Mitchell	Quality and Safety Lead
Kathryn Thomas	Business Support Manager Central

**Date:**

10<sup>th</sup> January 2018