Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

NHS Mental Health Service Inspection (Unannounced)

Cefn Coed Hospital / The Tawe Clinic (Clyne Ward and Fendrod Ward) / 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 Cefn Coed Hospital within Abertawe Bro Morgannwg University Health Board on 19 and 20 June 2018. The following wards were visited during this inspection:

- The Tawe Clinic - Clyne Ward and Fendrod Ward

Our team, for the inspection comprised of two HIW inspection managers 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 saw staff on both wards treating patients with kindness and respect. However, the environment presented some challenges to promoting patient privacy and dignity.

We identified a number of areas for improvement in relation to the provision of safe and effective care.

During the course of our inspection we saw visible and supportive leadership on both wards. Staff were knowledgeable about the individual care needs of patients and most staff were up to date with mandatory training.

A range of clinical audit activity was taking place regularly with the aim of identifying areas for improvement. Given our findings, however, the health board needs to revisit the effectiveness of aspects of audit activity on both wards.

This is what we found the service did well:

- Staff were observed treating patients with kindness and compassion and were knowledgeable about the care needs of the patients
- Information about advocacy was prominently displayed
- Considerable efforts had been made to make the main entrance welcoming and the outside areas pleasant for patients to spend time
- Both wards had identified areas for improvement and this was being addressed through a quality improvement programme
- We observed visible and supportive leadership being provided by the ward managers
- Overall, there was good compliance with the health board's mandatory training.

This is what we recommend the service could improve:

- Aspects of the environment to promote patient, staff and visitor safety

- Addressing the lack of furniture within bedrooms to promote patient wellbeing
- Checking of emergency equipment to ensure it is safe to use
- Aspects of record keeping and the organisation of records to ensure they meet professional standards for record keeping and to make them easier to navigate
- Care and treatment plans to show they are being developed in accordance with the Mental Health (Wales) Measure 2010
- Aspects of clinical audit to ensure it is effective in promoting improvement.

3. What we found

Background of the service

Cefn Coed Hospital provides NHS mental health services at Bryn Derwen, Cockett, Swansea, SA2 0GH within Abertawe Bro Morgannwg University Health Board.

The services provided at the hospital include:

- The Tawe Clinic provides assessment, therapeutic interventions and support for individuals experiencing an acute mental health episode where inpatient care is necessary.
- Gwelfor provides a slow stream rehabilitation service and a step down service.

  A slow stream mental health rehabilitation service gives patients the opportunity to achieve goals, increase their independence and makes sure that they do not lose any of the gains they have already made before returning into the wider community. Step down units provide people with the support and care they need before going back into the wider community
- Ysbryd y Coed provides extended assessment, treatment and a range of therapeutic intervention for patients who for one reason or another cannot be managed in any other setting at that time in their illness.

For this inspection, Clyne Ward and Fendrod Ward within the Tawe Clinic were considered.

Clyne Ward provides 14 female only inpatient beds and Fendrod Ward provides 20 male only inpatient beds. At the time of our inspection, there were 12 patients accommodated on Clyne Ward and 20 patients accommodated on Fendrod Ward.

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 saw staff on both wards treating patients with kindness and respect. Those patients we spoke to also confirmed that staff were kind to them.

The ward teams had identified that improvement was needed around the provision of activities and action was described and demonstrated to address this. Considerable efforts had been made to make courtyards pleasant areas where patients could spend time outdoors.

The environment presented some challenges to promoting patient privacy and dignity. We identified that improvement was needed in this regard.

We also identified that more information could be made available for patients about the role of HIW and how patients could make a complaint.

Staying healthy

We saw some health promotion material was available. This included sessions about wellbeing organised through the Living Life Well programme[1] and leaflets on mental health conditions. The information on the Living Life Well programme was out of date as it related to the 2016 programme. There was no information displayed about how patients could improve their physical health.

[1] http://www.wales.nhs.uk/sitesplus/863/page/47545

During the course of our inspection we saw that patients on both wards were engaging mainly in indoor activities, such as watching television, reading, playing group word games and playing pool. Patients we spoke to confirmed that they could go outside for walks. Outdoor courtyard areas were available for use by patients on both wards. We saw that considerable efforts had been made to make these pleasant places for patients to spend time. The courtyard (also the designated smoking area) used by patients on Clyne Ward, however, was in need of cleaning, particularly the canopy.

The ward teams had identified that the provision of meaningful activities was an area that needed improvement. An activity coordinator had recently been appointed to support patients on Fendrod Ward and it was planned to have activity coordinators on Clyne Ward. These arrangements were on a trial (pilot) basis and were due to be reviewed after six months.

Improvement needed

The health board is required to provide HIW with details of the action taken to provide patients with relevant and up to date health promotion information.

Dignified care

The ward environments did not meet current standards[2] for adult acute mental health units in Wales. This presented challenges around aspects of dignified care.

Both wards provided single gender accommodation. Each patient on Clyne Ward had their own individual bedroom that they could use. Most patients on Fendrod Ward had their own individual bedroom (there were two shared bedrooms, each with two beds). These arrangements helped somewhat to promote patient privacy and dignity.

[2]Welsh Health Building Note (WHBN) 03-01 - Adult Acute Mental Health Units http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHBN%2003-01%20Adult%20Acute%20Mental%20Health%20Units%20-%20final.pdf

Whilst communal lounges and dining rooms on both wards were furnished to provide a homely environment, we found patients' bedrooms were very sparse and unwelcoming. There was minimal furniture in bedrooms on both wards, consisting only of a bed and cupboard to store clothes. Whilst some patients had personalised their bedrooms on Clyne Ward with pictures, this was not the case on Fendrod Ward. In addition, bedroom window curtains on Fendrod Ward were of a paper disposable type to promote effective infection prevention and control. These had a stark clinical appearance and it was doubtful that the curtains would adequately block out light to enable a restful sleeping environment. Some of the bedrooms on Fendrod Ward also felt cold.

Bedroom doors on both wards had see through vision panels in them that could be opened and closed. These are used by staff, especially at night, to check that patients are safe without disturbing them. During a tour of the wards, we saw that some were unnecessarily in the open position. This meant that patient privacy was not promoted as much as possible. In addition, not all vision panels could be operated by patients when in their bedrooms.

Senior staff explained that patients, as part of their recovery, would have periods of leave away from unit. Whilst efforts were described to ensure their bedroom remained vacant in the event that they needed to return early from leave, we were told this could not always be guaranteed. This was attributed to demands on the service for inpatient beds. This had resulted in patients having to be relocated to another unit on the hospital site or a unit located elsewhere within the health board. This has the potential to impact negatively on patient experience.

All washing and toilet facilities on both wards were shared.

There was limited space available off the wards for patients to meet with their families in private and where they could hold private conversations. We saw that efforts had been made to create a suitable room adjacent to Fendrod Ward that could be used by patients on both wards.

Patients on Clyne Ward could use a quiet room that was adjacent to the communal lounge on the ward. Patients on Fendrod Ward could use the separate dining room on the ward. Whilst these areas provided a degree of privacy, there was potential for patients to be interrupted.

All the patients we saw were appropriately dressed to maintain their dignity. We saw many examples of staff being kind to patients and treating them with respect. Patients we spoke with also confirmed that staff were kind to them.

We found that patients' care records were kept securely with the aim to prevent unauthorised access to confidential information. Both wards used Patient Status at a Glance Boards. Important information about patients was recorded on the boards to help staff deliver patient care. We saw that both boards were located in the offices on each ward. These could be covered when not being used to protect patient information.

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- provide appropriate and sufficient furniture and furnishings within patient bedrooms taking into account current standards and the individual care needs of patients
- promote patient privacy when patients are in their bedrooms
- ensure patient bedrooms are maintained at a comfortable temperature

The health board is required to provide HIW with details of the action taken to minimise the occurrence of patients having to be relocated to other units when it is necessary for them to return from a period of leave.

Patient information

We saw information was available to help patients and their families understand their care, as well as details about organisations that can provide help and support to patients affected by mental health conditions. Information on advocacy was prominently displayed.

Information was displayed on how patients and their families can provide feedback about their experiences of the care provided on the wards. There was no information displayed about how patients could raise a concern (complaint) about their care (see section - Listening and learning from feedback) on either ward.

There was also no information available on the role of Healthcare Inspectorate Wales and how patients can contact us. This is required by the Mental Health Act 1983 Code of Practice for Wales[3].

Improvement needed

The health board is required to provide HIW with details of the action taken to provide patients with information about the role of Healthcare Inspectorate Wales.

Communicating effectively

During the course of our inspection we observed friendly, yet professional, interactions between staff and patients on both wards. Staff took time and used appropriate language when speaking to patients to promote their understanding of what was being said.

Individual care

People's rights

Not all patients were detained under the Mental Health Act (MHA). There was information displayed for informal patients[4] staying on the wards on their right to leave.

We reviewed a sample of care records for those patients detained under the MHA on both wards. We saw that documentation required by legislation was in place. This demonstrated that patients' rights had been promoted and protected as required by the Act.

[3] Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en

[4] An informal patient is someone who is being treated for a mental disorder in hospital and who is not detained under the Act (also sometimes known as a voluntary patient).

Information informing patients of their right to advocacy was clearly displayed in both wards.

As previously described, a room was available for patients to meet with their families in private. Patients could also use their mobile phones to keep in contact with their friends and family. Patients who did not have a mobile phone had access to the wards' phones.

Listening and learning from feedback

The health board had arrangements in place for patients and their families to provide feedback about their experiences and to raise a concern (complaint) about their care.

Whilst information was displayed on how patients and their families could provide feedback, there was no information displayed about they could raise a concern (complaint) about the care received. Limited information about the complaints procedure was available in the patient information booklet for each ward. This only referred to whom patients could contact within the hospital and did not set out the Putting Things Right[5] arrangements. Patients should have access to this information without having to ask for it.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. Where this was not possible, they were aware that patients could escalate their concern (complaint) via the health board's procedure. There appeared to be an inconsistent approach being followed by senior ward staff when responding to complaints. We informed hospital management of our findings so that this could be explored further and appropriate action taken as necessary.

[5] Putting Things Right is the process for managing concerns in NHS Wales. http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

Improvement needed

The health board is required to provide HIW with details of the action taken to provide patients with full and clear information on how they may raise a concern (complaint) about the care they have received.

Information provided must take into account the arrangements under Putting Things Right.

Delivery of safe and effective care

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

We identified a number of areas for improvement in relation to the provision of safe and effective care.

These included improvements to make the environment safer and to ensure that equipment for use in the event of a patient emergency (collapse) was safe to use. In addition, we identified aspects of record keeping, which needed improvement.

Patient care records did not always show that care and treatment plans were being developed in accordance with the Mental Health (Wales) Measure 2010.

Overall, medicines were well managed. We identified improvement was needed, however, in relation to the completion of drug charts, on Clyne Ward.

We found that action was being taken to make improvements via an agreed quality improvement programme.

Safe care

Managing risk and promoting health and safety

The Tawe Clinic is located in the original Cefn Coed Hospital building and consists of two wards, Clyne Ward and Fendrod Ward.

There is level access to the main entrance of the building and Clyne Ward. This makes access to the ward easier for patients and visitors with mobility difficulties. We saw that considerable efforts had been made to clearly identify the main entrance and make the approach pleasant and welcoming for patients and visitors to the hospital. This is commended.

Fendrod Ward is located on the first floor of the building and can only be accessed via stairs. Whilst not a locked unit, on the days of our inspection, both

wards were locked due to the care needs of some of the patients accommodated. This was to promote the safety of these patients.

Overall, both wards appeared well maintained and systems were in place to report environmental hazards that required attention and repair. During a tour of the wards we identified visible environmental hazards that required attention. These included possible ligature points on both wards, a track from a previous stair lift fixed to the stairs between the two wards and loose flooring on the stairs were a potential trip hazard. We brought these to the attention of senior staff so that corrective action could be taken. In addition, we saw gaps around some of the bedroom doors on Fendrod Ward, where the fire seals were not fitting properly.

In relation to the ligature points risk assessments had been completed within the last year and we saw that controls had been identified to mitigate the risk. On Clyne Ward, however, we saw that trunking to cover television electrical/aerial cables was missing. On Fendrod Ward the risk assessment referred to remedial work being requested for a number of areas and it was not clear from the risk assessment whether this work had been completed.

As described previously, the courtyard area outside Clyne Ward required cleaning. This included the canopy covering part of the courtyard. We were told that this was cleaned but staff had to request this. Arrangements should be made to clean this regularly as part of a rolling programme of cleaning and maintenance work, rather than on request only.

A patients' smoking room was located on Fendrod Ward. We saw that this was ventilated to remove smoke and the door was observed to be closed when patients were using the room. A smell of smoke was still apparent, however, when we initially visited the ward. Patients using the room could be clearly observed by staff from outside the room in the interests of staff and patient safety. A written risk assessment had been completed within the last year. The assessment referred to the former name of the health board (Abertawe Bro Morgannwg University NHS Trust). The health board should satisfy itself that the risk assessment is compliant with the current risk management arrangements.

Storage rooms and cupboards were locked to prevent unauthorised and accidental access by patients and visitors to the wards.

An alarm system was installed on both wards. This was for the use by staff to call for assistance in an emergency. Staff were also provided with personal alarms that they could wear on their person. We saw that a number of staff were not wearing these through choice. This is because they perceived there

was no or a low risk to their safety. On both wards, we were told call points within patients' bedrooms had been deactivated. This was attributed to a number of false alarms. This meant, however, that staff in these areas (and not wearing personal alarms) may not be able to summon assistance without leaving the area. There was also no call system for patients to summon assistance whilst in their bedrooms. To mitigate the risk of patient harm we were told that staff could activate alarms in individual bedrooms and regularly check on patients.

Call points within shared bathrooms and toilets were said to be working. We confirmed this on Clyne Ward and the alarm could be easily heard in other areas of the ward.

Senior ward staff provided a summary[6] of training completed by staff. We considered that in relation to health and safety. This showed that all of the staff on Clyne Ward were up to date with violence and aggression training and most were up to date with fire safety training (approximately 90 per cent). We identified that improvement was needed around moving and handling training with less that half of the staff having completed this in the last year. We identified that training compliance for moving and handling had declined since August 2017.

All of the staff on Fendrod Ward were up to date with above training.

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- address the environmental hazards identified during the inspection and minimise the risk to patient, staff and visitor safety
- confirm that fire seals around doors would be effective in the event of a fire
- complete the outstanding work identified in the ward environment risk assessments

[6] The summary of training covered the period August 2017 - May 2018.

- identify cleaning and maintenance work that is needed regularly and include this in a rolling programme of work
- satisfy itself that the ventilation arrangements for the smoking room are adequate
- satisfy itself that the risk assessment for the smoking room on Fendrod Ward is compliant with current risk management arrangements, and take corrective action as necessary to promote the health and safety of patients, staff and visitors
- ensure staff always have a suitable means of seeking assistance in an emergency to maintain their and patient safety
- ensure patients always have a suitable means of seeking assistance from staff when patients are in their bedrooms.

Infection prevention and control

We saw that Clyne Ward was visibly clean and generally tidy on both days of our inspection. We visited Fendrod Ward during the afternoon of the first day of our inspection and identified that the cleanliness of the shared washing/toilet facilities could be improved. During the second day we saw an improvement in this regard.

Hand washing and drying facilities, together with hand sanitising gel were available on both wards. Posters providing instructions on effective hand washing were also displayed. Effective hand washing is important to reduce cross infection.

We saw that appropriate personal protective equipment such as disposable gloves and aprons were available for staff use to reduce cross infection. We saw that cleaning chemicals and equipment were stored safely when not being used.

We saw that arrangements were in place for the safe disposal of medical sharps (needles) into coloured bins designed for this purpose. Whilst the safety lid on the bin used on Clyne Ward was closed, the lid was open on the bin being used on Fendrod Ward. This may increase the risk of injury to staff from used needles.

A system of regular audit in respect of infection control was described for both wards we visited. These were completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary.

The staff training information provided by senior ward staff showed that most of the staff on Clyne Ward were up to date with relevant infection prevention and control training. We identified, however, that training compliance had declined since August 2017. All of the staff on Fendrod Ward were up to date with training.

Improvement needed

The health board is required to provide HIW with details of the action taken to promote the safe storage of used medical sharps in containers waiting for disposal.

Nutrition and hydration

We found that patients were provided with a choice of food and drink. Outside of the main mealtimes, snacks and drinks were available throughout the day. Main meals were pre-prepared off site and delivered in pre-packed containers to the wards. These were then heated by hostess staff before being served.

We observed meals being served on both wards. Menu choices for the day were not displayed; however, staff were helpful in explaining the choice available. Dining rooms on both wards were clean and tidy and provided suitable environments for patients to eat their meals. Patients appeared to enjoy the meals provided.

Both wards had kitchens that patients could use. The level of supervision of patients by staff when using the kitchens was determined using a risk based approach.

A breakfast club run on both wards, two days per week. This provided opportunities for social interaction where patients could help prepare, cook and eat breakfast together as part of their recovery. This formed part of the activities programme.

Medicines management

Both wards had designated lockable rooms for storing medicines. We saw that medicines were stored securely within the treatment rooms on both wards to help prevent unauthorised persons accessing medicines. Lockable fridges for storing medicines that require refrigeration were also located in both rooms. We saw records showing that temperature checks of the fridges had been done routinely. This was to check that such medicines were being stored at a temperature recommended by their manufacturer. The temperature of the treatment rooms, however, was not being checked. This meant that we could

not be assured that other medicines were being stored at an appropriate temperature. This is an important patient safety issue.[7]

Staff had access to a policy that aimed to promote the safe management of medicines on the unit. Arrangements were described for the effective ordering and receipt of medicines, including medicines required in an emergency. Pharmacy staff were available to provide help and advice to staff on the medicines used on the wards.

An up to date rapid tranquillisation policy was in place. This aimed to promote the safe use of tranquillisation medicine.

We found that Controlled Drugs (CDs), which have strict and well defined management arrangements, were managed safely on both wards. We saw records that showed regular stock checks of the CDs had been conducted by staff.

We reviewed a sample of patients' drug charts on both wards. Staff were expected to sign the charts to show that medicine had been administered or use a code to explain why a medicine had not been administered. We saw that drug charts used on Clyne Ward had not always been signed or a code used. This meant we could not be assured whether patients had been administered their prescribed medication. The drug charts used on Fendrod Ward were completed correctly in this regard.

Patient identification details had been recorded on the charts but we saw on both wards that these had not been recorded on every page. This may increase the risk of medication administration errors.

We saw the Mental Health Act (MHA) legal status of patients was recorded on the drug charts used on Fendrod Ward but was not always recorded on those used on Clyne Ward. This information helps ensure patients receive the correct medication and that their rights are protected.

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[7] Patient Safety Notice PSN 030 / April 2016, The safe storage of medicines: Cupboards http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN030%20Safe%20storage%20of%20medicines%20cupboards.pdf

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- demonstrate that medicines are being stored at a temperature recommended by their manufacturers

  Consideration must be given to Patient Safety Notice PSN 030 / April 2016, The safe storage of medicines: Cupboards

- promote the correct completion of drug charts by nursing staff in accordance with health board policy.

Safeguarding children and adults at risk

Both wards provided care to adults only. Ward staff had access to the health board's safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they suspect abuse.

A designated safeguarding lead was available. This meant that ward staff had a named person to contact for help and advice on safeguarding matters.

The staff training information provided by senior ward staff showed that most of the staff on Clyne Ward and all of the staff on Fendrod Ward were up to date with safeguarding training.

Medical devices, equipment and diagnostic systems

We saw that each ward had access to emergency equipment for responding to a patient emergency (collapse). We were told that in the event of a patient collapse, ward staff would contact 999 and administer immediate life support until the emergency ambulance arrived.

On Clyne Ward the emergency equipment was stored within the treatment/examination room and required staff unlocking two doors to access it. The health board should explore other options for storing this equipment so that it can be accessed more easily in the event of an emergency. The equipment on Fendrod Ward was stored in the office, which was centrally located. Ligature cutters were readily available on both wards and stored separately from the emergency equipment. Given that both the ligature cutters and the emergency equipment may be needed at the same time, the health board should consider storing these together, subject to a suitable risk assessment being completed.

Records showed that checks had been made of the emergency equipment on both wards. Staff confirmed that these needed to be performed daily. Whilst the records showed daily checks had been completed on Clyne Ward, there were a number of gaps in the records for Fendrod Ward. In addition, we found that some items of equipment on both wards had passed their expiry date. This meant these items may not have been safe to use. We informed senior management of our findings and immediate action was taken to address this.

The staff training information provided by senior staff showed that all of the staff on both wards were up to date with resuscitation training.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that emergency equipment is always available and safe to use.

Effective care

Safe and clinically effective care

Staff on both wards demonstrated they were knowledgeable about the care needs of the patients. During the course of our inspection, we saw staff supporting patients to promote their safety and wellbeing.

We found improvement was needed to demonstrate that care and treatment was planned and being delivered in accordance with the Mental Health (Wales) Measure 2010 (see section - Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision).

Strategies were described for managing challenging behaviour to promote the safety and wellbeing of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was giving cause for concern. Senior staff confirmed that the physical restraint of patients was used, but this was rare and only used as a last

resort. When restraint was needed, arrangements were described to protect the patient's privacy and dignity. Neither ward had areas used for seclusion[8].

Both wards provided acute psychiatric inpatient care. Through reviewing care records and speaking to staff, it was apparent that some patients had been in patients for a long time. Senior staff confirmed that a continuous focus was maintained on securing more appropriate long term placements for patients. The arrangements for monitoring complex cases had been recently changed and senior staff described that this should lead to improvements in this regard.

Quality improvement, research and innovation

Both wards had identified areas for improvement. These related to the planning process and quality of associated care and treatment plans and maximising opportunities for engaging with carers.

Key individuals had been identified to coordinate and facilitate this work through an agreed formal quality improvement process and programme. Work was still at an early stage but we saw evidence of action being taken to achieve the improvement needed. This demonstrates a commitment to improving services for patients and is commended.

Record keeping

We found that records held at the unit were kept securely when not being used. Staff knew where to find relevant records and were able to provide these in a timely way when requested.

We reviewed the care records of eight patients. This included care and treatment plans and statutory detention documentation. Paper records were being used. We saw efforts had been made to organise the information using dividers within the care and treatment plans. Some of the plans, however, were difficult to navigate due to paper records being filed inconsistently. Similarly,

[8] The supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. (The Mental Health Act 1983 Code of Practice for Wales (2016))

files containing statutory detention documentation were sometimes overloaded and difficult to navigate.

Our specific findings around the quality of care records are described in the following sections.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across both wards in the unit.

We found that applications for detentions had been made in accordance with the Mental Health Act (MHA). These demonstrated that the patients' rights had been promoted and protected as required by the Act. The files were being held securely on the unit but were easily accessible by those staff requiring access to them.

As described earlier, some of the files were overloaded with documentation and this made them difficult to navigate. We identified that associated documentation was not always dated or signed. Some written entries were also very difficult to read. In addition, some files contained no entries by the Responsible Clinician to support how clinical decisions relating to the MHA had been made.

Copies of the Mental Health Act 1983 Code of Practice for Wales (both Welsh and English language versions) were readily available for staff, patients, relatives and other interested parties, which is commendable.

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- ensure documentation associated with statutory MHA detention documentation is completed fully by relevant staff and that entries made are legible
- ensure individual files are not overloaded with documentation.

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

We reviewed the care plans of a total of four patients. These included the care plans of patients on both wards.

Clyne Ward

As described previously, dividers were being used to organise the care records into separate sections. Despite this, the care records on Clyne Ward were very difficult to navigate. This was mainly due to paper documentation not being filed in the correct section of the care record.

There was evidence within the care records for both patients of individual assessments being completed. Whilst, the assessment for one patient considered the areas of life set out in the Mental Health (Wales) Measure 2010, the assessment for the other patient did not. Documentation used to complete physical health assessments was sometimes incomplete.

Both patients had a care and treatment plan. The plan for one patient was comprehensive and addressed the areas of life as set out in the Measure. The plan that had been developed for the other patient did not address these areas. There was no evidence to indicate whether the patients or their nearest relative had been involved in the care planning process and whether patients agreed with their plans. It was also unclear as to whether a care coordinator had been identified for one patient. In addition, one of the plans referred to a name other than the patient to whom the plan related.

We found that risk assessments had been completed in relation to both patients; however, it was not always clear whether these had been reviewed and updated.

We found numerous examples where entries had not been dated or signed by the person completing the record. Recording such information is an expected part of professional record keeping practice.

There was evidence of care plan reviews having been completed but notes made were brief. It was unclear whether relevant members of the multidisciplinary team had been involved.

Fendrod Ward

Dividers were being used to organise the care records. Overall, the records that we reviewed were easy to navigate.

The care records for one patient did not contain evidence that an assessment, which considered the areas set out in the Measure, had been completed. The care record for another patient did not contain a completed physical health assessment.

Whilst, written care and treatment plans had been developed, actions described were sometimes vague and it was not always clear who had responsibility for delivering these actions. In addition, it was not clear from the care plan for one patient whether the actions had been completed. There was evidence in one of the plans that the patient had been involved in the planning process and agreed with the plan. We also saw that where a patient had not wished to be involved, this had been recorded. It was unclear as to whether care coordinators had been identified for each patient.

One of the plans referred to a name other than the patient to whom the plan related to.

There was evidence of risk assessments being completed. The written plans, however, did not always fully describe the actions to mitigate these risks.

There was evidence of care plan reviews having been completed but notes made were brief. Notes made within the care records of one patient indicated that such reviews had been infrequent. It was unclear whether relevant members of the multidisciplinary team had been involved in care plan reviews.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure care and treatment plans are developed in accordance with the Mental Health (Wales) Measure 2010 and demonstrate a multi-disciplinary team approach.

Consideration must also be given to the Code of Practice to parts 2 and 3 of the Mental Health (Wales) Measure 2010[9].

[9] https://gov.wales/topics/health/nhswales/mental-health-services/law/measure/part2/?lang=en

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.

A management structure was in place and lines of reporting between the ward managers and senior managers within the health board were described.

During the course of our inspection we saw visible and supportive leadership on both wards.

A range of clinical audit activity was taking place regularly. Given our findings, however, the health board needs to revisit the effectiveness of aspects of audit activity on both wards.

Staff were able to describe their roles and responsibilities and demonstrated they had the right skills and knowledge to meet the needs of patients.

Comments received during our inspection indicated more staff would be beneficial.

Governance, leadership and accountability

Both Clyne Ward and Fendrod Ward had a ward manager who was responsible for the day to day management of each ward and providing leadership to the ward team. A management structure was in place and lines of reporting between the ward managers and senior managers within the health board were described.

Both ward managers were present during each day of our inspection and were able to explain their individual roles and responsibilities. During the course of our inspection we found them to be visible and providing clinical and management support to the ward teams. Comments from staff praised the support and leadership provided by the ward managers.

During the course of the inspection, where we identified areas for immediate improvement, the management team responded quickly and effectively.

Arrangements for 'out of hours' management cover were described. This meant that ward teams had a senior person to contact should there be a need to escalate issues at night and that can not wait until the following day.

A range of audit activity was performed. This covered audits in relation to infection prevention and control, care planning documentation, medicines management workforce issues and number of complaints/compliments received. Arrangements were described for sharing the results from audit activity with senior managers. Where areas for improvement were identified, we were told that action plans would be developed and monitored. This was with the aim of improving the quality and safety of services provided.

Given some of our findings, the health board needs to revisit the effectiveness of aspects of audit activity on both wards. Especially in relation to checks on emergency equipment and completion of care records (including drug charts).

Arrangements were described for reporting, recording and investigating incidents together with sharing learning from such incidents and concerns. This helps to promote patient safety and continuous improvement of the service provided.

Improvement needed

The health board is required to provide HIW with details of the action taken to review its approach to aspects of audit activity on the wards to promote patient safety and service improvement.

Staff and resources

Workforce

Interviews with staff and observations made during the course of our inspection indicated that staff had the right skills and knowledge to meet the needs of patients.

Training records provided by senior ward staff showed there was close monitoring of staff training to ensure that health board standards for training were met. The information provided showed that most staff were up to date with mandatory training.

Senior staff explained that they regularly provided information on patient acuity and staffing levels. There appeared to be an inconsistent approach being used by the wards when providing information on baseline levels of observation. This may affect how the acuity information is interpreted. In addition, comments made indicated that ward teams had not been given any meaningful feedback on how the information submitted was being used.

Comments received from staff indicated that they felt that more staff would be beneficial and enable them to spend more time delivering care to patients without interruptions. For example, we were told that there had been occasions when patients on Fendrod Ward (located on the first floor) had not been able to use the courtyard area as there were no staff available to escort them. In addition, staff on both wards were often interrupted to greet and allow visitors to the wards (when locked).

Improvement needed

The health board is required to provide HIW with details of the action taken to promote a consistent approach for reporting acuity data and provide meaningful feedback to ward teams on how the information is being used.

The health board is required to provide HIW with details of the action taken to ensure staffing levels on the wards are sufficient to meet the care needs of patients.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

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

- Comply with the Mental Health Act 1983, Mental Capacity Act 2005, Mental Health (Wales) Measure 2010 and implementation of Deprivation of Liberty Safeguards
- Meet the Health and Care Standards 2015

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

Further detail about how HIW inspects mental health and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that some items of emergency equipment (for use in the event of a patient collapse) on both wards had passed their expiry date.	These items may have not been safe to use.	We informed hospital management of our findings.	Ward staff were instructed by the hospital management to check the emergency equipment. This was to identify items that had passed their expiry date so they could be replaced.

Appendix B – Immediate improvement plan

Service: Cefn Coed Hospital

Ward/unit(s): The Tawe Clinic - Clyne Ward and Fendrod Ward

Date of inspection: 19 and 20 June 2018

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 improvement plan was required.	-	-	-	-

Appendix C – Improvement plan

Service: Cefn Coed Hospital

Ward/unit(s): The Tawe Clinic - Clyne Ward and Fendrod Ward

Date of inspection: 19 and 20 June 2018

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 is required to provide HIW with details of the action taken to provide patients with relevant and up to date health promotion information.	1.1 Health promotion, protection and improvement	A range of Health Promotion leaflets are available on Clyne Ward and these will now be replicated on Fendrod Ward.	Ward Managers	Complete
The health board is required to provide HIW with details of the action taken to: provide appropriate and sufficient furniture and furnishings within patient bedrooms taking into account current standards and the individual	4.1 Dignified Care	• Tables and chair for all bedrooms have been ordered and awaiting	Service Manager/Locality Manager	October 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
care needs of patients promote patient privacy when patients are in their bedrooms ensure patient bedrooms are maintained at a comfortable temperature		delivery. • Link in with Swansea CC re Arts Project re bedroom space art project– patient involvement in art work. • Replacement curtains (Fendrod) have been ordered and awaiting delivery. • Ensure view matic observation door panels are routinely in the closed position. • Review all view matic panels to ensure they are in working order. • Maintenance team to monitor function of new Central Heating system.	HON Locality Manager Service manager Ward Manager Service manager/ maintenance Service Manager Maintenance	30th April 2019 0ctober 2018 Complete Complete Complete with ongoing monitoring
The health board is required to provide HIW with details of the action taken to minimise the occurrence of patients having to be relocated to other units when it is necessary for them to return from a period of leave.		• Daily capacity planning by Localities to avoid “sleeping out” undertaken via conference call • Discharge/Patient Flow meetings in all localities weekly to assist with demand & capacity management • Issues of “sleeping out” monitored by Nurse Director	Clinical Directors/ Locality Service Managers/ Nurse Director	Complete Complete Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to provide patients with information about the role of Healthcare Inspectorate Wales.	4.2 Patient Information	• Posters re HIW role to be displayed in entrance areas. • Leaflets to be displayed (requested from HIW 30.7.18)	Unit Managers HON	Complete
The health board is required to provide HIW with details of the action taken to provide patients with full and clear information on how they may raise a concern (complaint) about the care they have received. Information provided must take into account the arrangements under Putting Things Right.	6.3 Listening and Learning from feedback	• Display poster in foyers re: "Putting things right" -how to raise a complaint. • Stock laminated posters for replacing immediately if removed /damaged. • Update patient information booklet with "Putting things Right" information	Unit Managers Unit Managers QI lead	Complete Complete Complete
Delivery of safe and effective care				
The health board is required to provide HIW with details of the action taken to: address the environmental hazards identified during the inspection and minimise the risk to patient, staff and visitor safety confirm that fire seals around doors	2.1 Managing risk and promoting health and safety	• Stair lift rail has been removed. • Repair plaster damage- work requested • Repair damaged flooring on stairs- work requested • Maintenance Manager/Fire Officer	Estates Manager Estates Manager Estates Manager Service Manager	Complete End Sept 2018 End Sept 2018 Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
would be effective in the event of a fire		to assess door seals.		
complete the outstanding work identified in the ward environment risk assessments		• Upgrade 5 rooms to on each ward to anti-ligature standards	Locality Manager/Capital	End March 2019
		• Compile all outstanding environmental risks and audit actions outstanding into the single audit action plan format. Implement this plan and review actions on a monthly basis.	Service Manager and Tawe ward managers	November 2018
identify cleaning and maintenance work that is needed regularly and include this in a rolling programme of work		• TV in Clyne Room to be boxed in.	Service Manager Estates & Facilities Managers	Complete
satisfy itself that the ventilation arrangements for the smoking room are adequate		• Agree a cleaning/maintenance programme for Tawe Clinic	Service Manager/Estates Manager	Complete
satisfy itself that the risk assessment for the smoking room on Fendrod Ward is compliant with current risk management arrangements, and take corrective action as necessary to promote the health and safety of patients, staff and visitors		• Maintenance to service ventilation in smoking room		
		• Review risk assessment for	Service Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
ensure staff always have a suitable means of seeking assistance in an emergency to maintain their and patient safety		smoking – incorporate planned de-commissioning of smoking room adopting methodology successfully used in Caswell Clinic. • Staff from Clyne and Fendrod have access to an emergency response via a 2222 call from staff on the other wards on site and by night from the Night manager and relief nurse who are situated in the assessment suite. • Achieve 100% compliance with staff wearing personal alarms.	Ward Manager & Clinical Leads Ward Manager and clinical leads	Jan 2019 Complete
ensure patients always have a suitable means of seeking assistance from staff when patients are in their bedrooms.		• Review guidance for room alarm system use in Tawe Clinic. • Tawe Clinic does not have a nurse call system. However in each room there is an emergency call “red button” that can be used by staff and patients to summon assistance. The admission checklist for the ward has been updated to ensure that patients are made aware of the	Service Manager Service Manager	Complete Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		location of the emergency button in their room. • Following risk assessment patients at higher risk are placed in bedrooms closest to the Nurses' Station.		
The health board is required to provide HIW with details of the action taken to promote the safe storage of used medical sharps in containers waiting for disposal.	2.4 Infection Prevention and Control (IPC) and Decontamination	• E mail re safe (lids closed) storage sent 31.7.18 to all Ward Managers/Clinical Leads	HON	Complete
The health board is required to provide HIW with details of the action taken to: demonstrate that medicines are being stored at a temperature recommended by their manufacturers Consideration must be given to Patient Safety Notice PSN 030 / April 2016, The safe storage of medicines: Cupboards	2.6 Medicines Management	• Fridge and clinical room temperatures to be added to audit cycle and actioned daily. • Drug fridge on Fendrod to be locked and subject to ongoing monitoring.	QI Lead QI Lead	Complete Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
promote the correct completion of drug charts by nursing staff in accordance with health board policy.		• Monthly audit of drug charts to be completed. • Quarterly spot checks of drug charts completion by Locality SMT	Ward Managers /Clinical Leads Locality SMT	Commenced July 2018 Commenced July 2018
The health board is required to provide HIW with details of the action taken to ensure that emergency equipment is always available and safe to use.	2.9 Medical devices, equipment and diagnostic systems	• Audit processes have been up-dated and now include a date and presence check for all equipment ensuring it is safe and ready to use. • Emergency equipment on Clyne is now located in ward office to enable ease of access for use.	HON Ward manager	Complete Complete
The health board is required to provide HIW with details of the action taken to: ensure that documentation associated with statutory MHA detention documentation is completed fully by relevant staff and that entries made are legible ensure individual files are not overloaded with documentation.	Application of the Mental Health Act	• E mail to all medical and registered staff re compliance with improvement. • Table email outlining the requirement for all documentation to be completed in full and legible for DU Quality and Safety meeting. • Undertake spot checks of local audits in Cefn Coed RE mental	HON HON Locality SMT	Complete September 2018 Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		health Act documentation. • Implement a review and action quality issues re file content.	QI Lead	Complete
The health board is required to provide HIW with details of the action taken to ensure care and treatment plans are developed in accordance with the Mental Health (Wales) Measure 2010 and demonstrate a multi-disciplinary team approach. Consideration must also be given to the Code of Practice to parts 2 and 3 of the Mental Health (Wales) Measure 2010 .	Monitoring the Mental Health Measure	• DU to develop an action plan for improving compliance for CTPs. • Support and report attendance of staff at CTP training • Report CTP Quality Assurance at DU CTP Group (monthly) – action required for issues	Director of Nursing Ward Managers Ward Managers All ward and team managers	November 2018 Ongoing Commenced Commenced
Quality of management and leadership				
The health board is required to provide HIW with details of the action taken to review its approach to aspects of audit activity on the wards to promote patient safety and service improvement.	Governance, Leadership and Accountability	• Tawe Clinic to implement audit cycle approach to all its audit activities. Approach to include monthly up-date of single audit action plans – reported to SMT evidencing audits undertaken and current actions/objectives for compliance	Locality Senior Management Team / Ward Managers	Commenced September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to promote a consistent approach for reporting acuity data and provide meaningful feedback to ward teams on how the information is being used.	7.1 Workforce	• Both Wards are part of the National Acuity Programme with 1000 Lives. The Head of Nursing will feed back to the respective Wards at the end of each reporting period.	Head of Nursing	Complete
The health board is required to provide HIW with details of the action taken to ensure staffing levels on the wards are sufficient to meet the care needs of patients.		• When acuity increases above establishment the Nurse in Charge of the ward can source additional staffing as per Delivery Unit Policy. The Daily Conference Call chaired by a member of the Senior Management Team has a key role in monitoring risks and staffing across all in-patient areas.	Director of Nursing	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): **Malcolm Jones**

Job role: **Locality General Manager**

Date: **24th September 2018**