# NHS Mental Health Service Inspection (Unannounced)

Ysbyty Gwynedd

Hergest Unit

Betsi Cadwaladr University

Health Board

Inspection date:

3 - 5 September 2018

Publication date: 6 December 2018

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In writing:

**Communications Manager**

**Healthcare Inspectorate Wales**
**Welsh Government**

**Rhydycar Business Park**

**Merthyr Tydfil**

**CF48 1UZ**

Or via

**Phone:** **0300 062 8163**

**Email:** **hiw@gov.wales**

**Fax:** **0300 062 8387**
**Website:** **www.hiw.org.uk**

Digital ISBN 978-1-78964-018-2

# Contents

**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 Ysbyty Gwynedd, Hergest Unit within Betsi Cadwaladr University Health Board, on the evening of 3 September 2018 and following days of 4 and 5 September. The following sites and wards were visited during this inspection:

- Aneurin - Female acute mental health admission ward
- Cynan - Male acute mental health admission ward
- Taliesin - Psychiatric Intensive Care Unit (PICU)

Our team, for the inspection comprised of three HIW inspectors, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010) Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

# 2. Summary of our inspection

Overall, we found evidence that the Hergest Unit provided safe care. However, the health board must ensure that their provision of mental health services meets the requirements of its population and ensuring that patients access the most appropriate service in a timely manner.

This is what we found the service did well:

- Patients that we spoke to were complimentary of the care received
- Staff interacted and engaged with patients respectfully
- Established governance arrangements that assisted staff in the provision safe and clinically effective care.

This is what we recommend the service could improve:

- The capacity of mental health services within the health board to meet the needs of its population
- Medicines management practice
- Arrangements for maintaining safe and secure environment of care.

# 3. What we found

## Background of the service

The Hergest Unit provides NHS mental health services at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW, within Betsi Cadwaladr University Health Board.

The service has three wards: Aneurin, a 17 bed female acute mental health admission ward; Cynan, a 17 bed male acute mental health admission ward and Taliesin, a six bed mixed gender Psychiatric Intensive Care Unit (PICU). Hergest Unit has a dedicated Section 136 Suite[1].

[1] Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. A Section 136 Suite is a designated place of safety.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We observed, and patients we spoke with confirmed, that on the whole staff interacted and engaged with patients appropriately, and treated patients with dignity and respect.

There are capacity pressures within the health board's mental health provision that can restrict patients receiving the most appropriate care to meet their needs. The health board must review its model of care and in-patient capacity to ensure it meets the needs of its population in a timely manner.

### Staying healthy

There was a wide range of relevant information leaflets for patients, families and other visitors available in the reception areas of the Hergest Unit. There was also information displayed for patients on Cynan Ward; however this was not the case on Aneurin Ward and Taliesin Ward. We were informed that information was available; however the information could not be securely displayed on either of these wards.

The health board must ensure that patient information displays are appropriately secured so that information remains on display for patients on all wards. Information should include guidance on mental health issues, mental health legislation and physical well-being such as healthy eating. There should also be information on external organisations, such as advocacy services and charities, that can support patients, their families and carers.

Hergest Unit had a therapies area, which included an activities area with a pool table and cardio exercise equipment, an arts therapy room, and a crafts room. However, at the time of the inspection there were no staff trained to facilitate gym sessions with the cardio exercise equipment, so these could not be used by patients.

There was a team of occupational therapists and activity nurses that provided a range of activities for patients within the hospital, in the therapies area and on

the wards, along with community activities for those patients that were authorised to leave the hospital.

Patients' records evidenced detailed physical healthcare being provided to patients. Staff confirmed that there was good team-working with the general health services on site at Ysbyty Gwynedd including emergency response from the site Crash Team[2]. There was also input from a physiotherapist who attended the Hergest Unit as part of their role providing physiotherapy services for patients receiving metal health care in hospitals and the community.

Improvement needed

The health board must ensure that patient information displays are appropriately secured, and contain a range of appropriate information for the patient group.

## Dignified care

We observed that staff interacted and engaged with patients appropriately, and treated patients with dignity and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients.

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. We observed staff being respectful toward patients, including prompt and appropriate interaction, in an attempt to prevent patient behaviours escalating.

Taliesin was a six bed Psychiatric Intensive Care Unit (PICU)[3] that had six individual bedrooms. Aneurin and Cynan were both designated as 17 bed acute admission wards; both were a mix of individual bedrooms and dormitory areas. Aneurin and Cynan each had an additional bed within their dormitory areas that

[2] A medical team with special equipment able to be mobilised quickly to treat an immediate life threatening condition such as a cardiac arrest.

[3] PICUs are designed to look after patients who cannot be managed on open (unlocked) psychiatric wards due to the level of risk the patient poses to themselves or others.

could be utilised if a patient admission was required and the ward was fully occupied. The health board referred to the additional bed on each of the wards as an "escalation bed". When an escalation bed was being used, due to limited space within the dormitories, access to one bed was through the area occupied by the escalation bed, therefore this impacted significantly upon the privacy and dignity of patients.

Whilst we understand the necessity in providing a bed to maintain a patient's safety during a necessary admission, the health board must ensure that there is sufficient inpatient capacity within the health board to meet the needs of its population without impacting upon dignified care.

Senior managers within the health board confirmed that there was ongoing capacity and demand analysis being undertaken. At the time of the inspection the health board had a draft policy for the use of escalation beds. This is required to be ratified to provide guidance for all health board staff.

The individual bedrooms provided patients with an appropriate level of privacy. Beds within dormitories were separated with curtains which provided only the most basic form of privacy.

Due to capacity demands across the health board there were occasions when older persons with a diagnosis of dementia were admitted to the adult acute admission wards. This is not the most appropriate environment to care for these patients and impacts upon the dignity of care for the patients.

Hergest Unit had a Section 136 Suite where the police could bring people for a Mental Health Act assessment. The Section 136 Suite was adequately equipped to provide comfort and safety for a person awaiting and undergoing an assessment. There was an internal door leading from the Section 136 Suite to a staff area, however there was no privacy screen on the window of the door which could impact upon the privacy of the person within the Section 136 Suite. Staff had blocked the window as a temporary measure whilst awaiting a permanent solution.

There was a toilet available within the Section 136 Suite; however there was no door or screen within the toilet entrance to afford privacy to a person using the facility.

Improvement needed

The health board must ensure that there is a ratified policy for the use of escalation beds.

The health board must ensure that there is appropriate privacy measure for Section 136 Suite door.

The health board must ensure that there is appropriate privacy measure for the toilet located in the Section 136 Suite.

### Patient information

As detailed above there was information displayed for patients at the hospital. However, suitable information display boards are required on the wards to ensure that patient information is secure and remains on display.

### Communicating effectively

Through our observations of staff and patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to have discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to explain what they had said.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, their families and/or carers could also be present.

Patients we spoke to confirmed that staff communicated clearly and that they understood their care.

## Timely care

Each morning there was an Acute Care Meeting involving all ward managers, multi-disciplinary team members, and representatives from the community services. Each patient being cared for at the hospital was discussed in turn. We attended one meeting and observed detailed discussions around individual patient care and how best to meet their needs. There was a clear focus on timely patient recovery and appropriate discharge.

During our inspection all wards were at full occupancy with the "escalation beds" being utilised on occasions to manage patient flow. Staff confirmed that

full occupancy was regular occurrence and that this was the case for other mental health wards within the health board. Across the health board, occupancy levels were monitored daily by senior management.

As noted during previous inspections, due to the bed occupancy levels, there were occasions when patients were being admitted to a ward within the health board that had an available bed, instead of the ward at the patient's local mental health hospital. On occasions, where there were insufficient beds within the health board, the service would identify a hospital bed within other Welsh health boards, NHS Trusts in England, or an independent provider to fulfil the service need of the population. Any "Out of Area Placements" were monitored daily by senior management, so that attempts to return the patient to their local hospital could be facilitated as soon as possible.

There were also occasions when older persons with a diagnosis of dementia were admitted to the adult acute admission wards. The environment of care on acute mental health wards are not the most appropriate environment to meet the specific needs of those patients, lacking visual and orientation aids that are common place on dementia wards. Staff on acute mental health wards will also lack the skillset and be unfamiliar with providing care to patients with a diagnosis of dementia, in meeting their needs and managing their behaviours.

Some patients therefore require enhanced observations to overcome the difficulties on caring for a patient with dementia on an acute admission ward. This could delay the patient receiving care in a less restrictive environment appropriate to their needs, due to the patient requiring enhanced observations whilst at Hergest.

The occupancy levels and demand on the capacity of the mental health service caused delays to patients accessing timely care within their local mental health hospital most appropriate to their needs.

In addition, there was a high usage of the Section 136 Suite; this increased the demand on the health board's mental health service with unscheduled mental health assessments. Staff from Hergest would be required to facilitate the assessment within the Section 136 Suite. Where the person was assessed as requiring admission to hospital, Hergest staff would be required to remain with the patient in the Section 136 Suite until an available bed became available at Hergest or another hospital.

The health board monitored the use of the Section 136 Suite and engaged with the local police to ensure local protocols were followed to meet the needs of the individuals and both services.

Improvement needed

The health board must ensure that their provision of mental health services meets the requirements of its population. Ensuring that patients access the most appropriate service in a timely manner.

## Individual care

### People's rights

Legal documentation to detain patients under the Mental Health Act was compliant with the relevant legislation. However, we identified areas for improvement with regards to the Code of Practice for Wales; this is detailed further in the Monitoring the Mental Health Act section of the report.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service where a representative could be contacted via telephone or when they attended the hospital.

There was CCTV available for the observation within the Section 136 Suite and Seclusion Room. The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice[4].

Whilst there was appropriate access to the entrance of the Hergest Unit from the hospital car park, the doors to the reception were not automatic or power-assisted. Therefore it could be difficult to open, particularly for somebody with limited mobility. Senior managers informed us that these were being reviewed and options were being considered to improve the access to the reception area.

[4] https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf

The code also reflects the wider regulatory environment. When using, or intending to use surveillance systems, many organisations also need to consider their obligations in relation to the Freedom of Information Act 2000 (FOIA), the Protection of Freedoms Act (POFA), the Human Rights Act 1998 (HRA) and the Surveillance Camera Code of Practice issued under the Protection of Freedoms Act (POFA code).

Improvement needed

The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.

The health board must ensure that entry into the Hergest Unit is not restricted to persons with limited mobility.

## Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided via the NHS Putting Things Right[5] process.

The health board also collated electronic feedback with a Real-Time Experience Survey which people could complete using their smart phone or a paper version available at the hospital. People could also email the health boards Patient Experience Team.

There were suggestion boxes on the wards for patients to submit any recommendations, however we noted that there wasn't always paper freely available, so patients would have to request paper which may dissuade them from providing feedback.

Electronic devices (tablets) were also available within Hergest Unit for patients to provide feedback.

Improvement needed

The health board must ensure that there are arrangements in place to ensure patients can provide feedback without requesting paper from staff.

[5] Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns regarding treatment within the NHS

## Delivery of safe and effective care

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

The refurbishment of the hospital had provided a suitably furnished environment with furniture, fixtures and fittings for an acute mental health inpatient setting. However, improvements are required in some areas to maintain the safety of patients.

There were established clinical governance and audit arrangements in place at the hospital. This assisted staff to provide safe and clinically effective care, however improvements are required in respect of medicine management.

### Safe care

#### Managing risk and promoting health and safety

There were established processes in place to manage and review risks, and to maintain health and safety at the hospital. This assisted staff to provide safe and clinically effective care.

The Hergest Unit is located within the grounds of Ysbyty Gwynedd with its own entrance and staffed reception during the day. During the evening and night the entrance to Hergest Unit is secured to prevent unauthorised entry; during these times the wards can be contacted via the intercom located at the entrance.

The health board had undertaken significant anti-ligature refurbishment to mitigate the risk of patient self-harm. At the time of the inspection the health board, and external contractors, were finalising the refurbishment programme report.

On the whole the furniture, fixtures and fittings on each of the wards were appropriate for the intended patient group. However, as stated above, there were occasions when older patients, including those with a diagnosis of dementia, would be more suitably cared for within environments designed to specifically meet the needs of older patients with dementia.

Each ward had its own garden area that patients could access. We were informed that there was an ongoing program of work to remove a number of risks to patient safety within the garden areas, in the meantime these were being managed through staff observation and care planning arrangements.

Staff wore personal alarms which they could use to call for assistance if required. There were also nurse call points around the hospital so that patients could summon assistance if required.

There were established systems in place for assessing and monitoring patients' level of agitation, and staff were trained in recognised Restrictive Physical Intervention (RPI) techniques for managing patient behaviours. We reviewed training statistics which showed documented there were high completion rates for permanent ward staff: Aneurin 96%, Cynan 89% and Taliesin 84%. However, some staff reported that on occasions, not all bank staff that have worked on the wards have been RPI trained, and were unable to assist staff as would be required. This was the case during the first evening of our inspection. Whilst the health board' electronic staff record (ESR) system maintained records of which staff (including bank staff) were trained in RPI, this information was not readily available to ward staff on shift. Therefore, when we asked how many staff, and who was on shift with up-to-date RPI training, staff were unable to provide assurance that there were sufficient trained staff to manage an incident or incidents requiring RPI. This impacted upon ward staff's ability to maintain safety of the ward.

An electronic system was in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented. There was a hierarchy of incident sign-off with regular incident reports produced and reviewed so that the occurrence of incidents could be monitored and analysed.

We were informed that the current fire alarm system could be utilised by patients to gain unauthorised absence from the hospital. The health board confirmed that the system was in the process of being changed to prevent this. During the inspection, staff managed this risk through individual patient observations.

There were electrical sockets within the Section 136 Suite and the de-escalation area of Taliesin Ward, which staff could not isolate if required, this could impact upon patient safety.

Improvement needed

The health board must ensure that the programme of garden area work is completed.

The health board must ensure that wards are staffed with individuals trained in RPI.

The health board must ensure that the fire alarm system cannot be used by patients to gain unauthorised absence from the unit (whilst complying with all relevant regulations).

The health board must ensure that there are restrictions to live electrical sockets within areas where there are patients presenting with self-harming behaviours.

### Infection prevention and control

Throughout the inspection we observed that on the whole the hospital was visibly clean and free from clutter. There were schedules of cleaning undertaken by health board housekeeping staff across Hergest Unit. Cleaning equipment was stored and organised appropriately.

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

However, we noted that the ceiling of the shower room on Taliesin Ward was heavily stained. We were informed that this was due to ineffective ventilation, which was an ongoing issue that the health board were attempting to address. The health board confirmed that the shower room had been reviewed by the infection control team and it was not a health risk to patients or staff.

Improvement needed

The health board must ensure that there is effective ventilation in the shower room on Taliesin Ward

## Nutrition and hydration

Patients were provided with meals at the hospital making their choice from the hospital menu, patients had access to drinks and fresh fruit on the wards. The patients we spoke with were positive about the food provided.

However, we were informed that one ward had recently been provided with sandwiches passed their best before date. Staff returned these to the kitchen and fresh sandwiches were provided. We also noted that there were out of date condiment sachets on Aneurin Ward. These were immediately disposed of and arrangements made to regularly review the dates on these items.

## Medicines management

Medication was secured within the clinic rooms of each of the wards. We reviewed the clinic rooms on two wards, Aneurin Ward and Cynan Ward, which evidenced that there were established health board processes for assisting staff to practice safe and effective management of medicines.

Medication trolleys were secured within the clinic rooms and all medication cupboards and medication fridges were kept locked when not in use. There were systems in place to take regular temperature checks of the medication fridge and clinic room temperature to ensure that medication was stored at the manufacture's advised temperature. However, there were gaps in these records on Aneurin Ward.

All Controlled Drug cupboards were secure, and all entries in the Controlled Drug book were signed, as required by two members of staff..

There was medication still stored within Aneurin Ward clinic room despite the patient being discharged from hospital; this should have been disposed of appropriately.

The Medication Admission Record (MAR) charts we reviewed contained the required patient information including, where applicable, a copy of the most recent Mental Health Act consent to treatment certificate(s). However, there were MAR charts with occasional omissions around the recording administration or when medication had been refused by the patient.

There were also instances when PRN medication[6] had been recorded as administered on the MAR chart but the details of this and the reasons why were not recorded within the patient records as would be expected.

Improvement needed

The health board must ensure that all temperature checks are taken when required.

The health board must ensure that all personal medication is disposed of when a patient is discharged from the hospital.

The health board must ensure that registered nurses accurately record the administration of medication.

The health board must ensure that registered nurses document the administration of PRN medication within patient records.

### Safeguarding children and adults at risk

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

There were regular reports that were reviewed by senior managers within the health board to enable them to analyse information and monitor the progress of individual cases.

### Medical devices, equipment and diagnostic systems

There were regular audits of resuscitation equipment undertaken on each of the wards when required, which documented that all resuscitation equipment was present and in date. Each ward had ligature cutters that were stored in designated places.

[6] pro re nata (PRN) medication is administered as needed and not regular intervals.

## Effective care

### Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients. The arrangements for the hospital fed from ward level through to the executive board. These governance arrangements facilitated a two way process of monitoring and learning.

As detailed throughout the report the health board needs to address the deficiencies identified during the inspection and these are detailed, along with the health board's actions, in Appendix B.

### Record keeping

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

Patient records contained comprehensive standard documentation for assessing, providing and reviewing care. However, it was common to see that this information was not being fully completed by staff, resulting in incomplete documentation being stored within patient records. This meant that the information held was potentially not as worthwhile as intended, and therefore lessens the quality of care provided to the patient.

A number of patient records we reviewed were disorganised with information filed in the incorrect section, or missing altogether. There were two ward clerks for the three wards, however their roles also incorporated other duties at the Hergest Unit which impacted upon their ability to undertake their ward clerk duties fully.

The central patient records storage at the Hergest Unit was organised but over capacity. Staff had difficulty in physically accessing records or storing any additional volumes of patient records within the room. There was a potential for staff injury whilst attempting to access and manage patient records within the room.

Improvement needed

The health board must ensure that staff complete required information within patient records.

The health board must ensure that there is sufficient ward clerk input to the Hergest Unit.

The health board must review the central patient record storage at the Hergest Unit.

## Mental Health Act Monitoring

We reviewed the statutory detention documents of seven patients across the three wards. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act at the hospital.

It was evident that detentions reviewed had been applied and renewed within the requirements of the Act. The reason why detention was necessary was documented. It was also positive to note that copies of the Approved Mental Health Professional[7] (AMHP) were available in the patient records.

There was clear evidence that the Mental Health Act Administration Team were organised and proactive in monitoring the use of the Act within the hospital. There were clear records of planning patients' appeals against their detentions. It was noted however, that medical, nursing and social circumstances reports from individual professionals were not always received by the deadline date, which resulted in the Mental Health Act department having to chase reports. This can jeopardise the hearing being held and not postponed to a later date.

Where a patient's nearest relative[8] had not been contacted or identified when they were detained, the Mental Health Act Administration Team had clear records of their liaison with the relevant local authority to ensure that this

[7] An Approved Mental Health Professional is a person who is authorised to make certain legal decisions and applications under the Mental Health Act 1983.

[8] A person defined by the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative

process was completed to confirm that a nearest relative was in place for the patient.

It was not always documented within patient records that they had been informed of their rights (Section132 of the Act). Therefore, there was also little or no information recorded to evidence regular re-presentation of rights, or detail recorded of what was discussed, and whether the patient understood the information. The health board must ensure that there is a record of what information the patient has received as guided by the Code, chapter 4.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) a record of the statutory consultees discussion was not always completed and therefore missing from the SOAD documentation.

As stated earlier, consent to treatment certificates were kept with the corresponding MAR chart. This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms with patients also signing and receiving a copy.

Improvement needed

The health board must ensure that there is a record of what information the patient has received under Section132 of the Act, along with the details and outcome of the discussion, as guided by the Code, chapter 4.

The health board must ensure that all disciplines submit their hearing reports in a timely manner.

The health board must ensure that statutory consultees record their discussion with the SOAD.

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

We reviewed the Care and Treatment Plans of a total of three patients.

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.

Care documentation for patients evidenced a range of risk assessments that set out the identified risks and how to mitigate and manage them. There were also detailed physical health assessments and monitoring recorded in patients' notes.

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

It was positive to note that Cynan Ward had commenced the use of Positive Behaviour Support (PBS) plans for some patients to assist in the provision of individualised care through evidence based assessments. Staff stated that the PBS plans gave a clear summary of the patient and the management of needs. The psychologist was enthusiastic to encourage the expansion in the use of PBS plans and to support hospital staff in the development of individual PBS plans. The Health Board should support and encourage the adoption of PBS plans for all patients admitted for treatment at Hergest Unit.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.*

We saw clear management and leadership which were supported by the health board's organisational structures.

We observed a committed staff team who spoke of improved staff morale and evidenced a good understanding of the needs of the patients at the hospital. .

### Governance, leadership and accountability

There were defined systems and processes in place to ensure that the Hergest Unit focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure, which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

As stated earlier, there were established health board systems in place for recording incidents and complaints. Arrangements were in place to disseminate information and lessons learnt from these to staff at the hospital and the wider health board.

Since our previous inspection there had been changes in management structure and personnel at Hergest Unit and the health board's mental health directorate. The Head of Nursing had been appointed in June 2018 overseeing inpatient and community mental health services in the west location of the health board. The Matron was in post for Hergest Unit and one substantive ward manager and two interim ward managers on Aneurin Ward and Taliesin Ward.

Through our conversations with these key individuals and other members of staff there was clear leadership and vision for the Hergest Unit (and as part of the wider health board), to focus on development of the service to best meet

the needs of the population. This included the challenges faced across the health board's mental health service; particularly pressures on bed capacity.

On the whole staff spoke positively about the support from colleagues across the disciplines and they stated that morale had increased significantly since the previous inspection. We found that staff were committed to providing patient care to high standards.

However, disappointingly during the Acuity Care Meeting (ACM), we observed a number of attendees left the meeting before certain representatives of services had the opportunity to give their opinions. It appeared as though staff who left disregarded the inputs by these sections of the team. This does not display an open approach to multi-disciplinary working.

It was positive that, throughout the inspection, staff engaged openly and were receptive to our views, findings and recommendations.

Improvement needed

The health board must ensure that all disciplines views are heard and respected during meetings.

## Staff and resources

### Workforce

Hergest had established ward teams that evidenced good team working and motivated individuals to provide dedicated care for patients. There were newly qualified nurses starting during September 2018 filling vacant positions.

During each ACM the current and future staffing position, including leave commitments and any long term sickness forecasts, were discussed. When staffing rotas were unable to be filled by the ward teams at Hergest, the shortfalls in the shift were referred to the health board's bank system. As stated earlier in the report staff at Hergest felt that on occasions the bank staff were not always suitable to work on the wards at Hergest, lacking the skills required for the patient groups.

We reviewed staff training; it was evident that this was being monitored by the ward managers and senior management, with high compliance in mandatory training. Staff spoke positively of opportunities to access additional training specific to providing care for patients within mental health services.

Clinical supervision and managerial supervision were available to staff. However, speaking with some staff at the hospital they raised their concern that managerial and clinical supervision is not always separate and that the overlap of the two impacts negatively on the effectiveness of both.

Improvement needed

The health board must review the provision of clinical supervision and managerial supervision to ensure that they are completed effectively.

# 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:** Betsi Cadwaladr University Health Board

**Unit:** Hergest Unit

**Date of inspection:** 3 – 5 September 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 assurance issues identified | Not applicable | Not applicable | Not applicable | Not applicable |

## Appendix C – Improvement plan

**Service:** Betsi Cadwaladr University Health Board

**Unit:** Hergest Unit

**Date of inspection:** 3 – 5 September 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 must ensure that patient information displays are appropriately secured, and contain a range of appropriate information for the patient group. | 1.1 Health promotion, protection and improvement | Information display cabinets to be reviewed across the unit, and where appropriate replaced.<br>Information leaflets to be made immediately available within ward areas. | Matron | 31.10.2018<br>Complete |
| The health board must ensure that there is a ratified policy for the use of escalation beds. | 4.1 Dignified Care | The Policy and EQIA has been developed and is currently out for consultation. This is due to be ratified by Policy sub-group on 17.10.18 | Head of Nursing / Head of Operations and Service Delivery | 17.10.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The health board must ensure that there is appropriate privacy measure for Section 136 Suite door. | 4.1 Dignified Care | Section 136 observation window now consists of appropriate material which affords ability to monitor patients and provides for dignity and privacy. | Matron | Complete |
| The health board must ensure that there is appropriate privacy measure for the toilet located in the Section 136 Suite. | 4.1 Dignified Care | Section 136 suite toilet door is to be installed in line with privacy needs and anti-ligature specifications. | Head of Operations | 31.10.2018 |
| The health board must ensure that their provision of mental health services meets the requirements of its population. Ensuring that patients access the most appropriate service in a timely manner. | 5.1 Timely access | A patient's individual needs are always considered in an endeavour to ensure care in the most appropriate clinical environment. When this is not immediately possible, patients are relocated to the most appropriate care environment at the earliest opportunity. This process is embedded in practice and discussed in the daily Acute Care Meetings.<br><br>The Strategy and Service Redesign Group is to ensure that service models are fit for purpose. Models of service will inform capital bids to be received by the Health Board. | Medical Director MH/LD<br><br>Divisional Directors<br><br>Heads of Operations and Service Delivery<br><br>Heads of Nursing | Complete<br><br>31.03.2019 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice. | 6.2 Peoples rights | The Division will develop a CCTV policy for use in acute mental health unit, that is in line with best practice and ICO Guidance 2017. | Head of Governance | 31.12.2018 |
| The health board must ensure that entry into the Hergest Unit is not restricted to persons with limited mobility. | 6.2 Peoples rights | Access and egress to the Hergest Unit has been reviewed with an agreed specification and design identified as suitable for visitors and staff with limited mobility. Funding has been approved and will be a priority for the project commencing end October 2018. | Head of Operations and Service Delivery | 31.12.2018 |
| The health board must ensure that there are arrangements in place to ensure patients can provide feedback without requesting paper from staff. | 6.3 Listening and Learning from feedback | Paper is always available for patient's to provide feedback without the need to request it from staff.<br>Electronic methods (tablet) in order to obtain patient feedback is available across all wards.<br>Advice to be sought from BCUHB Service User Experience leads and Caniad regarding further feedback mechanisms. | Head of Nursing / Matron | Complete<br>Complete<br>30.11.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| **Delivery of safe and effective care** | | | | |
| The health board must ensure that the programme of garden area work is completed. | 2.1 Managing risk and promoting health and safety | A garden maintenance schedule is to be agreed and made available across all ward areas. | Head of Operations and Service Delivery | 31.10.2018 |
| The health board must ensure that wards are staffed with individuals trained in RPI. | 2.1 Managing risk and promoting health and safety | All rosters to be completed with one full RPI team per shift<br><br>Daily RPI staff team to be identified and recorded in acute care minutes and any deficiencies in cover to be immediately escalated.<br><br>RPI training compliance to be reviewed and staff prioritised for attendance on courses. Compliance is to be monitored monthly in the locality Quality, Safety, Effectiveness, Efficiency, Leadership Group (QSEEL). | Matron/ Head of Nursing<br><br>Matron<br><br>Head of Nursing | Complete<br><br>08.10.2018<br><br>31.10.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The health board must ensure that the fire alarm system cannot be used by patients to gain unauthorised absence from the unit (whilst complying with all relevant regulations). | 2.1 Managing risk and promoting health and safety | A review of the Hergest unit was undertake on 04.10.18 by the Fire Officer, and report is due which will indicate risks and required mitigation. | Matron/Fire Officer | 31.10.2018 |
| The health board must ensure that there are restrictions to live electrical sockets within areas where there are patients presenting with self-harming behaviours. | 2.1 Managing risk and promoting health and safety | Electrical sockets in section 136 suite have been deactivated and blanked out.<br><br>Electrical sockets in Taliesin de-escalation area are to be retained as patients are always supervised in this area. | Matron/ Head of Operations and Service Delivery | Complete<br><br>Complete |
| The health board must ensure that there is effective ventilation in the shower room on Taliesin Ward | 2.4 Infection Prevention and Control (IPC) and Decontaminati on | There is an agreed programme of environmental works scheduled to commence before the end of October 2018 and this will be addressed as part of that programme. | Matron/ Head of Operations and Service Delivery | 18.01.2019 |
| The health board must ensure that all temperature checks are taken when required. | 2.6 Medicines Management | Staff will be reminded of the requirement to undertake daily temperature checks of medicines fridges. Compliance will | Matron/ Head of Nursing | 15.10.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| | | be monitored via local monthly QSEEL meetings | | |
| The health board must ensure that all personal medication is disposed of when a patient is discharged from the hospital. | 2.6 Medicines Management | Pharmacy to arrange for medication disposal boxes to be collected on a daily basis. | Mental health pharmacist | 12.10.2018 |
| The health board must ensure that registered nurses accurately record the administration of medication. | 2.6 Medicines Management | HARM dashboard to be reviewed in daily acute care meetings to monitor medication administration and omissions.<br>All registered nurses to attend awareness training on the Omissions Trigger Tool. | Medicines Management Nurse / Matron | 08.10.2018<br>31.12.2018 |
| The health board must ensure that registered nurses document the administration of PRN medication within patient records. | 2.6 Medicines Management | All registered nurses to be made aware of recording standards. | Medicines Management Nurse / Matron | 12.10.2018 |
| The health board must ensure that staff complete required information within patient records. | 3.5 Record keeping | All registered nurses to be made aware of recording standards. | Medicines Management Nurse / Matron | 12.10.2018 |
| The health board must ensure that there is sufficient ward clerk input to the Hergest Unit. | 3.5 Record keeping | Ward clerk provision to be reviewed and resources to be allocated appropriately | Head of Operations and | 31.10.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| | | | Service Delivery | |
| The health board must review the central patient record storage at the Hergest Unit. | 3.5 Record keeping | Review of medical records storage to be undertaken with appropriate mitigation and business cases developed to secure funding. | Business Support Manager / Head of Operations and Service Delivery | 30.11.2018 |
| The health board must ensure that there is a record of what information the patient has received under Section132 of the Act, along with the details and outcome of the discussion, as guided by the Code, chapter 4. | Application of the Mental Health Act | To be included in existing rolling programme of Mental Health Act training already implemented across the Division<br><br>All registered nurses to be made aware of recording standards regarding the explanation of rights under section 132 | Mental Health Act Manager<br><br>Head of Nursing / Mental Health Act Manager | 31.10.2018<br><br>12.10.2018 |
| The health board must ensure that all disciplines submit their hearing reports in a timely manner. | Application of the Mental Health Act | Issue to be highlighted in Mental Health Act training.<br><br>Information leaflet to be developed to advise staff of their responsibilities with regard to timely submission of hearing reports. | Mental Health Act Manager | 31.10.2018<br><br>19.10.2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The health board must ensure that statutory consultees record their discussion with the SOAD. | Application of the Mental Health Act | Information leaflet to be developed to advise statutory consultees of their responsibilities.<br><br>A communication is to be provided to those staff identified as statutory consultees on SOAD forms, to advise them of the requirement to record in the notes following conversation. | Mental Health Act Manager<br><br>Mental Health Act Manager | 19.10.2018<br><br>12.10.2018 |
| **Quality of management and leadership** | | | | |
| The health board must ensure that all disciplines views are heard and respected during meetings. | Governance, Leadership and Accountability | The Chair for the acute care meeting needs to ensure that all representatives are treated equitably within the meeting and that all disciplines are heard. | Clinical Director / Head of Operations and Service Delivery | 08.10.2018 |
| The health board must review the provision of clinical supervision and managerial supervision to ensure that they are completed effectively. | 7.1 Workforce | The Division has a Supervision policy in place and is due for review in May 2020.<br><br>Compliance with the supervision policy is subject to monitoring via the Divisional Operational Accountability Meeting on a monthly basis. | Head of Operations and Service Delivery | Complete<br><br>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):** **Sam Watson**

**Job role:** **Head of Operations**

**Date:** **8 October 2018**