

# **NHS Mental Health Service Inspection (Unannounced)**

Ysbyty Glan Clwyd

Ablett Unit

Betsi Cadwaladr University

Health Board

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## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience.....	8
	Delivery of safe and effective care .....	16
	Quality of management and leadership.....	25
4.	What next?.....	28
5.	How we inspect NHS mental health services .....	29
	Appendix A – Summary of concerns resolved during the inspection.....	30
	Appendix B – Immediate improvement plan.....	31
	Appendix C – Improvement plan .....	32

**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 the Ablett Unit within Betsi Cadwaladr University Health Board on the evening of 16 January 2019 and following days of 17 and 18 January. The following sites and wards were visited during this inspection:

- Dinas - Adult acute mental health admission ward
- Tegid - Older person functional mental health ward
- Cynnydd - Male locked rehabilitation ward

Our team, for the inspection comprised of one HIW inspector, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and two lay reviewer(s). 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 Ablett Unit provided safe care, delivered by committed staff.

Improvements had been made to the environment of care which benefited the patient experience. However, further developments are required to ensure that the hospital reflects future service provision needs.

This is what we found the service did well:

- Patients that we spoke with were complimentary of the care received
- Staff interacted and engaged with patients respectfully
- Provided a suitably decorated and furnished environment
- Established governance arrangements that assisted staff in the provision of safe and clinically effective care
- Staff were positive about working at the hospital and the support they received from colleagues
- Enabled staff to complete additional relevant training.

This is what we recommend the service could improve:

- Support arrangements for patients on Tegid to help maintain their independence and dignity
- Arrangements for the storage of medication
- Mental health service provision within the health board to help meet the needs of its population.

### 3. What we found

#### Background of the service

Ablett Unit provides NHS mental health services at Ysbyty Glan Clwyd, Rhuddlan Rd, Bodelwyddan, Rhyl LL18 5UJ within Betsi Cadwaladr University Health Board.

The service has three wards:

- Dinas, an acute admission mental health ward which comprises of two areas, Dinas Male with 10 beds and Dinas Female with 10 beds
- Tegid, an older person mixed gender functional mental health ward with 10 beds.
- Cynnydd, a male locked rehabilitation ward with eight beds.

The Ablett Unit has a dedicated Section 136 Suite<sup>1</sup>.

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<sup>1</sup> 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 that staff interacted and engaged with patients appropriately, and treated patients with dignity and respect. Patients that we spoke with confirmed this.

Patients were supported in a range of activities, both within the hospital and the local community, which provided them with the opportunity to engage in a rehabilitative programme of care that promoted recovery and independence.

However, there are bed capacity pressures within the health board's mental health provision that can impact upon the timeliness of care. The health board must continue to develop its model of care and in-patient capacity to ensure it meets the needs of its population in a timely manner.

## Staying healthy

Each of the four wards had occupational therapy and activity co-ordinator input. These teams provided activities that were appropriate to each specific ward; be it the acute admission, male rehabilitation or older person functional wards. It was pleasing to hear from the patients and staff that we spoke with during the inspection, that they thought highly of the input from the occupational therapy team and the activity co-ordinators.



The occupational therapy team worked across the in-patient wards at the Ablett Unit and the local Home Treatment Team<sup>2</sup>. This enabled collaborative working within the community and hospital of occupational therapy assessments along the patient pathway which addresses barriers to discharge.

The Ablett Unit had a wide range of activities available to patients both on the ward, hospital grounds and within the local community. It was evident that there was great emphasis on utilising community services as part of rehabilitative programme of care. Where possible the wards worked with community based organisations which would enable patients to continue to engage with the organisations following their discharge from hospital.

The Ablett Unit had Activities of Daily Living (ADL) kitchens so that the occupational therapist could assess patients' abilities and needs. These facilities enabled patients to maintain and learn skills. Patients were able to, be supported when required, shop for ingredients and products as part of developing healthy eating, cooking and budgeting skills.

Cynnydd had an onward ADL kitchen equipped with two ovens with oven-top hobs. However, neither of the extractor fans were working, therefore there could be an unnecessary build-up of steam, smoke and odour within this area.

Patients from Dinas and Tegid accessed the ADL kitchen that was located within the centralised Ablett Unit activity area. This had two ovens with oven-top hobs, however, one oven was out-of-order at the time of the inspection and therefore, limited the opportunities for patients in this kitchen.

Cynnydd had a range of accessible facilities on the ward which enabled patients to participate in activities and therapies on the ward, these included a pool table, table tennis and arts and crafts.

Patients from Dinas and Tegid accessed the hospital's centralised activity area which we observed to be regularly utilised throughout the inspection. However, staff did state that it was difficult to motivate some patients from these wards, to leave the ward areas to participate in activities.

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<sup>2</sup> Home Treatment Teams are made up of specialist mental health professionals who can respond to acute mental health problems by providing intensive home based therapies and support as a safe alternative to admission as an inpatient.

Patients were encouraged to participate in exercise activities as part of healthy living, this included walks, cycling, swimming and accessing the local gym. We saw a number of patients utilising these activities during the inspection. It was positive to note that Cynnydd worked with other rehabilitation services within the health board to facilitate joint activities.

Patients' records evidenced detailed physical healthcare being provided to patients.

#### Improvement needed

The health board must ensure that there are working extractor fans within Cynnydd ADL kitchen.

The health board must ensure that all appliances within the central ADL kitchen are working.

### **Dignified care**

We observed that all staff interacted and engaged with patients appropriately and treated them with dignity and respect throughout the inspection.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

Patients' dignity was supported by gender specific ward areas. Further to this, Cynnydd is now a male rehabilitation ward, whereas during our previous inspection this was mixed gender and posed difficulties to maintain patient gender separation, and appropriate gender balance of staff.

Whilst Dinas is a mixed gender ward, there is a clear division between the male and female sides of the ward, where the ward is divided by a hospital corridor with a set of doors each side to enter each area. We were informed that on occasions if there was too great of demand for male beds, that a male patient may use a bedroom on the female side of the ward. Whilst this is not ideal, the bedroom used would be the closest one to the nursing station at the entrance to the female side of the ward. Staff would also be able to secure a ward door in-between the bedroom that the male patient was using, and the remaining female bedrooms to prevent direct access between the two bedroom areas.

Tegid is a mixed gender ward with designated gender bedroom areas. However, at the time of the inspection the bathroom and toilet on the male side of the ward were out-of-order. This meant that male patients had to access the facilities on the female side. We were informed during the inspection feedback session with the senior health board staff that the bath had been repaired during the inspection, and the required works around the toilet would be completed the following week.

Despite the repair to the bath this facility was not suitable with the use of a hoist. Therefore, patients who would require a hoist were unable to use the bath on the ward.

The toilet on the female side of Tegid was too narrow to support patients to enter and use the toilet, if using a walking aid such as, a Zimmer frame. Staff stated that on occasions they have had to support a patient in the toilet whilst leaving the door open which impacts significantly on the patient's privacy and dignity. This needs to be addressed promptly, so that staff can provide the required support to some patients when using the toilet, without impacting on their dignity.

Both Tegid and Cynnydd had individual bedrooms. Dinas accommodation was mostly individual bedrooms apart from one shared two bedded room on the male side of the ward, and two shared two bedded rooms on the female side.

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

It was positive to note that the health board had undertaken refurbishment of the ward environments, including bedrooms, bathroom and toilets, which assisted in providing the wards with a brighter and more modern feel, than we saw during our previous inspections, despite the structural limitations of the hospital. In addition, ward staff had shown a strong willingness and commitment by undertaking additional decoration to the ward environments, which further enhanced their appearance.

The Ablett Unit had an additional room near Dinas with a single bed that 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.

The health board had a policy for the use of escalation beds across its service. Senior managers within the health board confirmed that there was ongoing capacity and demand analysis being undertaken.

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 in-patient capacity within the health board to meet the needs of its population. This must be undertaken without impacting upon dignified care, with the use of escalation beds or sleeping patients in opposite gender bedroom areas.

On the whole it was evident that the health board and its staff were currently maintaining the privacy and dignity of patients within the structural constraints of the physical environment. It was positive that senior managers within the health board provided an overview of the planned developments for the hospital, and their visions for the future provision to further improve the environment of care to meet the needs of its population.

The Ablett 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. However, as identified on our previous inspection, the location of the Section 136 Suite impacted upon Cynnydd to which it was adjoined.

When the Section 136 Suite was in use, the staff nurse facilitating the Section 136 would use the clinic room on Cynnydd as their base therefore, restricting access to the clinic for Cynnydd staff. Whilst the health board had provided an alternative room for the medication trolley to be stored securely during these times, the arrangement was far from ideal.

In addition, patients on the ward could see through to the Section 136 area and staff stated that the presence of police officers within this area had on occasions disturbed patients on the ward. It was also said that if the person within the Section 136 Suite was presenting with challenging behaviours, that this disturbance could be overheard on the ward and was unsettling for some patients. The above issues also impacted on the privacy and dignity of the person.

The health board had considered these areas of concern in the plans for the redevelopment of the Ablett Unit, however, in the meantime it needs to review the current Section 136 Suite arrangements and consider what further improvements can be taken to lessen the impact upon Cynnydd for both patients and staff.

### Improvement needed

The health board must ensure Tegid ward has a bath that can be used with a hoist.

The health board must ensure that toilet facilities on Tegid allow for patients to be supported by mobility aids and/or staff members.

The health board must review the current Section 136 Suite arrangements and consider what further improvements can be made to lessen the impact upon Cynnydd, for both patients and staff.

### Patient information

There was a range of up-to-date information available within the hospital.

Notice boards on the wards provided a wide range of detailed and relevant information for patients in both English and Welsh, this included information on the Mental Health Act, advocacy provision and how to raise a complaint.

However, there was no information displayed on the role of Healthcare Inspectorate Wales and how patients and staff could contact us.

### Improvement needed

The health board must ensure that there is information displayed on the role of Healthcare Inspectorate Wales and how to contact us.

### 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 with confirmed that staff communicated clearly and that they understood their care.

Each ward had daily planning meeting every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

## **Timely care**

For Dinas and Tegid each morning there were Acute Care Meetings with multidisciplinary team members and representatives from the community services. Each patient being cared for at the hospital was discussed in turn, along with patients that may need admission if they required greater support and interventions than what could be provided within the community.

For Cynnydd these meetings were held twice weekly; these being less frequent was appropriate to reflect the longer duration that patients will remain in the care of rehabilitation services.

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 the adult acute ward (Dinas) at Ablett and other acute wards across the health board were at full occupancy. The escalation bed at Ablett was being utilised on occasions to manage patient flow. Staff confirmed that full occupancy was a 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. 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.

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 frequent use of the Section 136 Suite; this increased the demand on the health board's mental health service with unscheduled mental health assessments. Each shift there was a Duty Manager whose role incorporated the management on the Section 136 Suite and facilitated the assessment. Where the person was assessed as requiring admission to hospital, at least one staff member would be required to remain with the patient

in the Section 136 Suite, until a bed became available at Ablett or another hospital. This then impacted on the staffing levels within the ward.

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.

## **Individual care**

### **People's rights**

Legal documentation to detain patients under the Mental Health Act or the use of Deprivation of Liberty Safeguards was compliant with the relevant legislation. However, we identified areas for improvement with regards to the Mental Health Act 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. Staff and patients commented favourably upon the input of the advocacy representatives.

### **Listening and learning from feedback**

Staff throughout the inspection stated that they regularly deal with patients' requests and concerns as they occur on the ward. We observed this to be the case throughout the inspection on each of the wards and staff were compassionate yet professional in dealing with patient requests.

Patients were able to provide feedback using a feedback form "Tell Us.... We'll Listen" which was available at the hospital. Information was also available on the NHS Putting Things Right.

It was also positive to note that there were carers champions and with regular Carers Champion meetings held.

## 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 on the whole provided a suitably furnished environment with furniture, fixtures and fittings. However, there remains limitations to the improvements that can be made without significant structural work.

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 the storage of medicines.

Patient records contained comprehensive documentation for assessing, providing and reviewing care that evidenced clear multidisciplinary working.

### 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 Ablett Unit is located within the grounds of Ysbyty Glan Clwyd with its own entrance and staffed reception during the day. During the evening and night, the entrance to Ablett Unit is secured to prevent unauthorised entry. A telephone number was displayed to contact the unit when the entrance was closed. However, this required the person to have access to a phone. The health board should consider installing an intercom to assist communication with the wards.

The health board had undertaken significant anti-ligature refurbishment to mitigate the risk of patient self-harm. In response to our previous inspection the health board had also installed observation panels on bedroom doors and nurse call buttons within the bedrooms, so that patients could summon assistance if required.



Staff wore personal alarms which they could use to call for assistance. Since our previous inspection the health board had relocated the nursing office on Tegid which staff reported had aided observations. However, the lines of observation were still restricted due to the physical structure of the ward. The health board shared their proposed long-term plans to redevelop the Ablett Unit to further improve the environment of care.

On the whole the furniture, fixtures and fittings on each of the wards were appropriate for the intended patient group. However, on the female side of Dinas there was significant damage to seating and some damage to sofas and chairs on the male side. Also, as detailed in the dignified care section of the report, there were limitations in being able to provide support to patients on Tegid, to use the bath or the female toilet.

Each ward had its own garden area that patients could access. Since our previous inspection, the health board had significantly improved the Tegid garden area and resurfaced the space with all-weather flooring. The health board also had plans to improve other garden spaces at the hospital.

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 that there were high completion rates for permanent ward staff.

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.

#### Improvement needed

The health board must confirm that all damaged furniture on Dinas has been repaired or replaced.

#### Infection prevention and control

There were established systems of regular audit in respect of infection control in place. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that

cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control.

Throughout the inspection, we observed that the hospital was visibly clean and free from clutter. There were hand hygiene products available in relevant areas; these were accompanied by appropriate signage. Cleaning equipment was stored and organised appropriately. Staff also had access to infection prevention and control, and decontamination Personal Protective Equipment (PPE) when required.

The training statistics provided by the health board evidenced that the compliance rate for staff at Ablett Unit for Infection Prevention and Control was in excess of the organisational compliance rate target of 80%; with Dinas compliance above 90% and Cynnydd above 95%.

### **Nutrition and hydration**

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

As stated earlier, patients also had the opportunity to use the ADL kitchens to provide their own meals.

### **Medicines management**

Overall, medicines management at the Ablett Unit was safe and effective. There was regular pharmacy input and audits undertaken that assisted the management, prescribing and administration of medication at the hospital.

On the whole medication was stored securely with cupboards and medication fridges locked and medication trolleys secured. However on Dinas staff were unable to lock one medication cupboard. We also noted that on one occasion the individual drawers on the medication trolley were left unlocked within the clinic room. These jeopardised the security of medication.

There was evidence that there were regular temperature checks of the medication fridge and ambient room temperature of clinics to ensure that medication was stored at the manufacturer's advised temperature.

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

The Medication Administration Records (MAR Charts)<sup>3</sup> we reviewed, contained the required patient information, and where applicable included a copy of the most recent Mental Health Act consent to treatment certificate(s).

On the whole MAR Charts were signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. We reviewed a large sample of MAR Charts across the Ablett Unit, however, on three occasions it was noted that the record of administration of medication had not been completed.

The clinic room on Tegid was small with insufficient storage. It also lacked its own medication fridge and storage for Controlled Drugs. Therefore, medication that required refrigeration and Controlled Drugs were being held within a central clinic room at the Ablett Unit, which meant that registered nurses had to leave the ward to collect certain medication when required. It was confirmed that authorisation for the purchase of a medication fridge had been approved which when installed would assist staff.

#### Improvement needed

The health board must ensure that all medication cupboards are locked when not in use.

The health board must ensure that there is a medication fridge on Tegid.

#### 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.

#### Safeguarding children and adults at risk

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<sup>3</sup> A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

There were established processes in place to ensure that staff at the Ablett Unit safeguarded vulnerable adults and children, with referrals made 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.

Child visiting was facilitated off the wards in a designated room which was child friendly with paintings on the walls and a selection of toys and games available. This provided a safe area for child visitors.

## **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 disseminated 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 C.

### **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.

We reviewed a sample of patient records across the wards. Patient records contained comprehensive documentation for assessing, providing and reviewing care. Staff made detailed daily entries in records and when required fully completed relevant physical health assessment tools such as pressure sores and nutrition etc. It was evident that staff from across the multidisciplinary teams wrote detailed and regular entries that provided a live document on the patient and their care.

It was noted that some multidisciplinary team members and wards had stamps or stickers with their General Medical Council (GMC) or Nursing and Midwifery Council (NMC) registration number, to aid identifying their entry within patient

records. This is considered noteworthy practice and the health board should consider expanding this to all clinical areas.

Whilst patient files were well organised on Dinas and Cynnydd this was not the case for Tegid. The patient records that we reviewed on this ward were disorganised with information filed in the incorrect section, or missing altogether. This could cause issues with communicating pertinent patient information between the teams, and accurate records of patient care and treatment.

#### Improvement needed

The registered provider must ensure that patient records on Tegid are systematically organised and contain all relevant patient information.

#### Mental Health Act Monitoring

We reviewed the statutory detention documents of a total of eight patients across all three wards. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act.

It was evident that the 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<sup>4</sup> (AMHP) were available in the patient records. However, we did identify that for one patient that a copy of the renewal of their detention was not in the most recent ward file as would be expected; this was rectified during the inspection.

Whilst there was clear evidence of capacity assessments being regularly completed on Tegid. These were not in place during our review of patient files on Dinas.

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<sup>4</sup> An Approved Mental Health Professional is a person who is authorised to make certain legal decisions and applications under the Mental Health Act 1983.

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 scheduled hearings being held, and therefore being postponed to a later date.

The above issue was also identified at an inspection in 2018 elsewhere within the health board. Since then the Mental Health Act Administration Team had developed an information leaflet for clinicians, to provide clear guidance on their responsibilities in providing the required information in a timely manner.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. 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.

Whilst it was evidenced that patients were being informed of their rights under the Act on detention, there was no record of ongoing provision of rights as directed by the Mental Health Act Code of Practice for Wales (Revised 2016). The Mental Health Act Administration Team had developed a form for teams to complete, to evidence that rights were being regularly read but they were not being completed by staff. This means that patients may not be fully aware of their rights under the Act.

All patient leave from hospital had been authorised by the responsible clinician, on Section 17 Leave authorisation forms along with patients signing the forms and receiving a copy. Cynnydd had developed a patient detail log for Section 17 Leave, which provided staff with details of planned destination, clothing description, estimated time of return and other notable information, should a patient not return when expected to. This is noteworthy practice and the health board should consider sharing with other relevant wards and hospitals.

#### Improvement needed

The health board must ensure that copies of all detention papers are available in the current patient's record.

The health board must ensure that capacity assessments are completed, and that copies of these are available in the patient's record.

The health board must ensure that all disciplines submit their hearing reports in

a timely manner.

The health board must ensure that there is a record of what information the patient has received under Section 132 of the Act, along with the details and outcome of the discussion, as guided by the Code, chapter 4.

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

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

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Overall individual Care and Treatment Plans drew on a patient's strengths and focused on recovery, rehabilitation and independence. Care plans included good physical health monitoring and health promotion.

Care plans were developed with members of the multidisciplinary teams and encouraged patient involvement. To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them. However, each patient's Care and Treatment Plan was not written from the patient's perspective but written about the patient. It's important that Care and Treatment Plans are written from the patient's first person perspective to reflect that it is the patient's Care and Treatment Plan.

The health board's risk assessment documentation (part B) used by ward staff within the Ablett Unit, was different to that used by the mental health liaison team<sup>5</sup> located on the same hospital site. This meant that there was some unnecessary duplication of assessment when a patient was admitted via the liaison team to a ward within the Ablett Unit.

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<sup>5</sup> Mental health liaison team provide mental health assessment and treatment for people who are inpatients in general hospitals or for those who may go to an A&E department and are in need of a mental health assessment.

### Improvement needed

The health board must ensure that Care and Treatment Plans are written from the patient's first person perspective.

The health board must review the range of risk assessment documentation that is being used and where possible amend to a more uniform format.

### **Mental Capacity Act and Deprivation of Liberty Safeguards**

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



## Quality of management and leadership

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

We saw clear management and leadership which were supported by the health board's organisational structures. There was commitment from the health board to continuously improving its service.

We observed a committed staff team at the hospital 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 Ablett 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.

Through our conversations with key senior individuals and other members of staff, there was clear leadership and vision for the Ablett 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 by the structural restrictions of the current building and wider constraints across the health board's mental health service; particularly pressures on bed capacity.

It was positive to note that the health board had acted upon recommendations of our previous inspections and improved the environment of care within the physical restrictions of the current building. The health board provided

assurance that they were committed to further improve the environment of care at the hospital. The health board shared detailed redevelopment plans for the Ablett Unit that they expect to address the current shortfalls of the site and provide an environment that not only reflects a modern in-patient mental health service, but one that is adaptable to future service provision needs.

As with other areas within the health board, wards at the Ablett Unit were commencing the health board's ward accreditation programme with the aim to ensure high quality, safe and compassionate care. To provide a process of assurance from ward to board and include an Awarded Status, based on the level of success achieved.

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.

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

## **Staff and resources**

### **Workforce**

The Ablett Unit had established ward teams that evidenced good team working and motivated individuals to provide dedicated care for patients.

There were detailed workforce planning arrangements in place to monitor and manage current and future staffing position, including leave commitments and any long term sickness forecasts.

Each shift had allocated staffing establishment that could be increased to reflect changes in the needs of the patient group. When staffing rotas were unable to be filled by the substantive ward teams, the shortfalls in the shift were referred to the health board's bank system which sourced temporary staff when required.

Staff commentated favourably on the willingness of the ward teams to support each other across the hospital. This enabled the hospital to utilise the staffing resources appropriately to reflect the needs of the wards. During the night shift, there was further emphasis on the ward staff at the Ablett Unit, to work as one team to provide assistance; this included all three wards, the Duty Manager and the mental health liaison team.

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.

Statistics provided evidenced that nearly all staff had completed annual appraisals and that senior management were monitoring to ensure that any overdue appraisals were completed. Staff also had regular supervision which again was monitored by the health board to ensure that this was completed throughout the year.

## 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, measurable, 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 summarizes 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:** Ysbyty Glan Clwyd

**Unit:** Ablett Unit

**Date of inspection:** 16 – 18 January 2019

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:** Ysbyty Glan Clwyd

**Unit:** Ablett Unit

**Date of inspection:** 16 – 18 January 2019

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
<b>Quality of the patient experience</b>				
The health board must ensure that there are working extractor fans within Cynnydd ADL kitchen.	1.1 Health promotion, protection and improvement	Minor works form has been received by Estates and will progress the work through to completion.	Matron Regional Services	April 30 <sup>th</sup> 2019
The health board must ensure that all appliances within the central ADL kitchen are working.	1.1 Health promotion, protection and improvement	A replacement appliance has been ordered. All other appliances are in good working order.	Service Manager	Complete



Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure Tegid ward has a bath that can be used with a hoist.	4.1 Dignified Care	Following consultation with our patient group a decision has been taken to remove the bath and replace with a shower.	Service Manager	May 30 <sup>th</sup> 2019
The health board must ensure that toilet facilities on Tegid allow for patients to be supported by mobility aids and/or staff members.	4.1 Dignified Care	Four toilets in total. Two of these are suitable for able bodied older persons, two toilets located in separate bathrooms suitable for older persons who require mobility aids and or staff assistance.	Service Manager	Complete
The health board must review the current Section 136 Suite arrangements and consider what further improvements can be made to lessen the impact upon Cynnydd, for both patients and staff.	4.1 Dignified Care	The relocation of the 136 suite is included in the Ablett redevelopment plan In the short term other options are being explored to relocate the S136 suite.	Head of Operations and Service Delivery	October 31 <sup>st</sup> 2019
The health board must ensure that there is information displayed on the role of Healthcare Inspectorate Wales and how to contact us.	4.2 Patient Information	The health board have contacted HIW to request approved contact information posters and have been informed that this is not available at the present time. HIW will forward information to the Division as soon as it becomes available.	Business Support Manager	Awaiting official HIW information posters

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The health board must confirm that all damaged furniture on Dinas has been repaired or replaced.	2.1 Managing risk and promoting health and safety	New furniture has been ordered.	Service Manager	Complete
The health board must ensure that all medication cupboards are locked when not in use.	2.6 Medicines Management	Regular spot checks being carried out to ensure compliance with Medicine Management Policy.	Modern Matron	Complete
The health board must ensure that there is a medication fridge on Tegid.	2.6 Medicines Management	Medication fridge has been ordered.	Modern Matron	March 31 <sup>st</sup> 2019
The registered provider must ensure that patient records on Tegid are systematically organised and contain all relevant patient information.	3.5 Record keeping	Ward clerks have been trained in correct record management procedures. The ward clerks have received training from medical records and spot checks and matron audits are taking place.	Business Support Manager	March 31 <sup>st</sup> 2019
The health board must ensure that copies of all detention papers are available in the current patient's record.	Application of the Mental Health Act	Detention papers are filed in patients' records, compliance check carried out by audit.	Modern Matron	April 30 <sup>th</sup> 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that capacity assessments are completed, and that copies of these are available in the patient's record.	Application of the Mental Health Act	Capacity Assessments are filed in patients' records, compliance check carried out by audit.	Modern Matron	April 30 <sup>th</sup> 2019
The health board must ensure that all disciplines submit their hearing reports in a timely manner.	Application of the Mental Health Act	The Matron will ensure that dedicated time will be allocated for Practitioners to complete reports in a timely manner. Escalation process put in place for non-compliance.	Modern Matron	April 30 <sup>th</sup> 2019
The health board must ensure that there is a record of what information the patient has received under Section 132 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	Patient Rights (Section 132) are filed in patients' record, compliance check carried out by audit.	Modern Matron	April 30 <sup>th</sup> 2019
The health board must ensure that Care and Treatment Plans are written from the patient's first person perspective.	Monitoring the Mental Health Measure	Ongoing training being provided by Head of Nursing. Compliance check carried out by audit. The Acute Care Pathway is being reviewed to include a prompt.	Head of Nursing  Modern Matron Head of Operations & Service Delivery	May 31 <sup>st</sup> 2019
The health board must review the range of risk	Monitoring the	The WARRN risk assessment	Service Manager	March 31 <sup>st</sup> .

Improvement needed	Standard	Service action	Responsible officer	Timescale
assessment documentation that is being used and where possible amend to a more uniform format.	Mental Health Measure	documentation is the agreed tool in use across the Division. A review will be undertaken to ensure all assessments are in this agreed format with no deviation.		
<b>Quality of management and leadership</b>				
No areas for improvement were identified.	Not applicable	Not applicable	Not applicable	Not applicable

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 representatives

<b>Central Services:</b>	<b>Gaynor Kehoe</b>	<b>Head of Operations &amp; Service Delivery</b>
	<b>Tom Regan</b>	<b>Head of Nursing</b>
	<b>Jonathan Morris</b>	<b>Service Manager Adult Mental Health</b>
	<b>Karen Jowitt</b>	<b>Service Manager Older Persons Mental Health</b>
	<b>Huw Jones</b>	<b>Modern Matron</b>
	<b>Kathryn Thomas</b>	<b>Business Support Manager</b>
<b>Regional Services:</b>	<b>Carole Evanson</b>	<b>Head of Operations &amp; Service Delivery</b>

**Paul Hannah**  
**Simon Allen**

**Head of Nursing**  
**Service Manager Forensic and Rehab**

**Date: 7 March 2019**