

NHS Mental Health Service Inspection (Unannounced)

Maindiff Court Hospital

Ty Skirrid and Lindisfarne

Aneurin Bevan University Health Board

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

Our purpose

To check that people in Wales 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 Maindiff Court Hospital within Aneurin Bevan University Health Board on the evening of 20 May 2019 and following days of 21 and 22 May. The following sites and wards were visited during this inspection:

- Ty Skirrid - Open Mental Health Rehabilitation Ward
- Lindisfarne - Open Mental Health Rehabilitation House

Our team, for the inspection comprised of one HIW inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer.

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

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

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

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. Patients that we spoke with were positive about the care they received at the hospital.

Whilst the day-to-day upkeep of the wards was of an acceptable standard improvements are required in the maintenance of the hospital.

The service was not compliant with all aspects of the Health and Care standards and required improvements in the application of the Mental Health Act.

This is what we found the service did well:

- Patients we spoke with were complimentary of the care received
- Staff interacted and engaged with patients respectfully
- Provided individualised rehabilitative patient care
- Good team working and motivated staff
- Staff were positive about the supportive culture at the hospital.

This is what we recommend the service could improve:

- The maintenance of the hospital facilities
- Medicine management arrangements
- The application of the Mental Health Act
- Joint learning and completion of commitments following outcomes of inspections
- The skill mix and experience of staff working at the hospital.

3. What we found

Background of the service

Maindiff Court Hospital provides NHS mental health services at Maindiff Court Hospital, Ross Road, Abergavenny, Monmouthshire NP7 8NF, within Aneurin Bevan University Health Board.

The hospital is a male open mental health rehabilitation hospital, which provides patients with the opportunity to develop and relearn skills to assist with more independent living within the community.

The hospital comprises of two areas: Ty Skirrid is a 12 bed ward and Lindisfarne is a three bed house adjacent to the Ty Skirrid. The patient area is managed as one service and the staff team from Ty Skirrid provides support to the patients in Lindisfarne.

The service is part of the health board's mental health directorate and employs a staff team which includes a ward manager, two deputy ward managers and a team of registered nurses, health care support workers and an activities co-ordinator.

The hospital is supported by the health board's clinical and administrative structures.

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 also spoke with patients, who confirmed that staff interacted and engaged with patients appropriately, and treated patients with dignity and respect.

There was a clear focus on individualised care that was supported by the least restrictive practices, with great emphasis on utilising local community services as part of rehabilitative programme of care. However, the service would benefit from additional occupational therapy input to provide further expertise in supporting patients, in readiness for discharge to a less restrictive environment.

Staying healthy

Patients were provided with a range of opportunities as part of their rehabilitative care and supported in maintaining their health and well-being.

Patients at Ty Skirrid and Lindisfarne had access to a wide range of activities within the hospital, its grounds and the local community. Both Ty Skirrid and Lindisfarne had a patient lounge with TVs and a range of DVDs. Patients were also able to have TVs, music players and games consoles within their bedrooms.

On Ty Skirrid there was a pool table and a range of games and arts and crafts, which patients from Ty Skirrid and Lindisfarne could freely access. Patients were encouraged to participate in exercise activities as part of healthy living, this included walks, cycling, swimming and accessing the leisure facilities.

The hospital had developed good links with the local college and patients had education provision which included mathematics, English and computer skills. Previous patients had also attended skilled trade courses to enable them to apply for employment in those areas.

It was evident that there was great emphasis on utilising local community services as part of rehabilitative programme of care. The hospital worked with

community based organisations which would enable patients to continue to engage with the organisations following discharge from hospital.

Patients were supported to make their own meals whilst at Maindiff Court as part of Activities of Daily Living (ADL) to maintain and learn cookery skills. There were two kitchens on Ty Skirrid and one within Lindisfarne. Throughout the inspection, we observed patients accessing the kitchens to make their own meals, snacks and drinks.

There was a fulltime activity coordinator for the hospital who helps provide a range of activities. There was also input from an occupational therapist, which is essential for the development and completion of rehabilitation assessments, and supporting patients in readiness for discharge to a less restrictive environment. However, the occupational therapist was only allocated one day a week to provide their expertise at Maindiff Court which limited their involvement with the patient group.

Improvement needed

The health board must review the provision of occupational therapy at Maindiff Court, to ensure that it is sufficient to meet the needs of all patients at the hospital, as part of their rehabilitation care pathway.

Dignified care

Throughout the hospital, all the staff we observed interacted and engaged with patients appropriately, and treated patients with dignity and respect.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients at Maindiff Court. The patients we spoke with were complimentary about the staff at the hospital.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients. When patients approached staff members they were met with polite and responsive caring attitudes. There was clear mutual respect and strong relationship security between staff and patients.

Patients had their own bedrooms which maintained their privacy and dignity. Patients were able to lock their bedroom doors, although staff could override this if required. We observed a number of bedrooms, and it was evident that patients were able to personalise their rooms, and had sufficient storage for their possessions..

We however identified that there were no vision panels on the bedroom doors therefore, when staff undertook hourly observations they were required to open the bedroom door to observe patients; this could disturb patients' sleep. The health board should consider options on ensuring staff can check on the well-being of patients with minimal disruption.

Patient information

There was a range of up-to-date information available within the hospital. Notice boards provided a wide range of detailed and relevant information for patients. There was a particular emphasis on well-being which provided patients with an informed opportunity to take on this advice.

There was information displayed on statutory advocacy arrangements. However, information on the NHS (Wales) Putting Things Right¹ process for raising a concern, was not displayed. When we brought this to the attention of the ward manager, they ensured that this information was displayed on the notice board during the inspection.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake 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 clarify what they had said.

The hospital had daily morning meetings to arrange the activities, within the hospital and the community. These were alongside other activities and meetings, such as care planning, medical appointments and tribunals. We observed these meetings and it was evident that staff were listening to patients, and politely encouraging them to participate in activities, or prompted them for their views on what they wished to do that day and the next few days.

¹ Putting Things Right is the process for managing concerns when someone is unhappy about services provided by the NHS in Wales. www.wales.nhs.uk/sites3/home.cfm?orgid=932

Patients also had the opportunity to provide feedback on the care they receive at the hospital and discuss any developments or concerns. This could be as part of a patient group meeting or individually with a staff member, including their key nurse.

Staff also spoke of the positive initiative that they were implementing, regarding peer mentoring which included ex-patients returning to the hospital to meet with current patients.

Individual care

Planning care to promote independence

There was a clear focus on providing safe and effective care for patients at the hospital. Care was individualised and focused on recovery that was supported by the least restrictive practices. This was both in care planning and the ward or hospital practices.

Each patient had their own programme of care based on their individual needs such as medication, therapy sessions and activities. These included individual and group sessions, based within the hospital and the community.

Maindiff Court provided patients with an open rehabilitation environment to prepare them for discharge to a less secure environment. This was in part assisted by Lindisfarne, located next to Ty Skirrid, which afforded patients the opportunity to receive care within an environment with minimal support from staff.

As stated earlier, staff had established strong links with the local community that enabled patients at the hospital to access these services and activities, as part of their rehabilitative care whilst at Maindiff Court, and continue these upon discharge from hospital.

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.

Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided at the hospital; this included individual and communal meetings.

It was positive that there was a "You Said / We Did" board displayed at Maindiff Court. This provided patients with feedback on the areas of concern that they had raised with staff, and staff displayed what they had done to rectify or improve on these. Whilst these boards are a good initiative, the health board should consider how the detail of what is displayed upon the board is recorded for longevity, as once the boards are wiped the information is lost unless recorded elsewhere.

Delivery of safe and effective care

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

There were established policies and processes in place to support staff to provide safe and clinically effective care. However, improvements are required to the administration of the Mental Health Act and medicine management.

Improvements are required in the maintenance and upkeep of the hospital environment; this is of particular concern with regards to the shower and toilet facilities. The laundry and kitchens also require attention.

Safe care

Managing risk and promoting health and safety

Maindiff Court had implemented processes to manage and review risks, to maintain health and safety for all at the hospital. This enabled staff to continue to provide safe and clinically effective care.

A secure 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 also recorded. 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.

Staff confirmed that there had been low number of incidents at the hospital, particularly involving any need for staff to implement safe-holds or restraint. The clinical records, including the incident recording system, evidenced this. Senior managers described a number of incidents and what actions and learning had been taken subsequently.

Infection prevention and control

There were established infection, prevention and control arrangements in place at Maindiff Court Hospital. However, improvements in the upkeep of the fabric of the building and communal facilities are required.

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.

There were monthly internal infection control audits completed. Housekeeping cleaning equipment was stored and organised appropriately. Schedules of cleaning were completed and signed by health board housekeeping staff. This ensured that there was an audit trail in place to check and ensure that appropriate arrangements were in place, to maintain a good standard of cleanliness.

We did however identify, that there were issues with the toilet and shower facilities. In particular, there were long term staining around toilet and shower facilities, with strong unpleasant odours evident. The flooring surrounding one shower cubical was damaged and was raising, which must be addressed, as it made the surface uneven. This therefore posed a risk for a slip, trip or fall.

The external window panes were very dirty, and the paint on the window frames was largely peeling away. We advise that these issues are addressed.

The kitchen facilities were worn, with marks and stains on the units and work surfaces. We were informed that these areas were under consideration as part of a refurbishment programme; this would benefit the patient group. It was noted that in the larger kitchen, the extractor fan required cleaning, as there was a large build-up of grease. This had been reported via the health board's maintenance request system, but not yet actioned. Within the other kitchen on Ty Skirrid, an electric plug socket was not completely sealed to the wall, therefore there was a risk of moisture entering the socket, and must be rectified.

There were laundry facilities at the hospital that the patients were encouraged to use, and supported by staff were required, as part of ADL. However the area was small and prevented the doors from opening fully. Whilst patients were still able to utilise the facilities the health board should consider options to rearrange or relocate this facility.

Improvement needed

The health board must:

- Improve the condition of the toilet and shower facilities
- Ensure that the damage to the shower room flooring is repaired
- Ensure that the Kitchen extractor fan is cleared

- Ensure that the electrical socket is sealed appropriately
- Review the layout of the laundry facilities.

Medicines management

Medication for both Ty Skirrid and Lindisfarne was stored within the clinic on Ty Skirrid. The clinic was secured to prevent unauthorised entry. During our review of the clinic, the medication cupboards were locked, however, we identified that the medication fridge was unlocked. There was also no facility to securely tether the medication trolley within the clinic, to prevent it being removed by an unauthorised person.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse. On review of the log books these medications were accurately accounted for.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature. However, as identified during our inspections elsewhere within the health board, there were no regular checks recorded, to monitor the clinic room temperature, to ensure that other medication remained within acceptable temperature ranges.

The Medication Administration Records (MAR Charts)² reviewed contained the patient's name but did not include their Mental Health Act legal status. Nor were copies of the associated statutory consent to treatment certificate available. Therefore, it was evident that nurses were not referring to consent to treatment certificates to confirm that medication prescribed (for mental disorders), had been authorised under the Mental Health Act. This was addressed during the inspection with the relevant copies being placed with the MAR Charts.

² 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 was evidence of compliance with the additional physical health care checks that were required, when high dose antipsychotic medications were prescribed. These additional measures were recorded on an observation chart and located next to the medicine administration chart.

It was positive to note that a self-medication policy was in place, where as part of the patients' rehabilitative care, they could take further responsibility for their own medication.

Staff members we spoke with confirmed that they had access to relevant clinic room policies, however, most staff said they would rely on retrieving these from the health board's computer system. When asked, it was evident that retrieving these policies would be time-consuming. The health board should consider whether hard copies of relevant policies be made available within the clinic room. This would benefit bank or agency staff who may not have access the electronic systems.

Staff spoke positively regarding the health board pharmacy arrangements, where a pharmacist attended the hospital twice a week.

There was emergency resuscitation equipment available, and was easily accessible to staff, with evidence daily checks completed.

Improvement needed

The health board must ensure that:

- Staff keep the medication fridge locked when not being accessed
- The medication trolley can be secured within the clinic
- The temperature of ward clinic rooms containing medicines, are regularly monitored
- MAR Charts include the patient's Mental Health Act legal status, and also include the relevant consent to treatment certificate.

Safeguarding children and adults at risk

There were established health board policies and processes in place to ensure that staff at Maindiff Court Hospital, safeguarded vulnerable adults and children, with referrals to external agencies as and when required

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. However, as detailed throughout the report, the health board must address the issues 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. The patient records we reviewed were systematically filed.

Staff completed entries that were factual. Entries regarding patient daily routine was written in great detail, which provided clear information regarding each patient's care.

However, whilst there was range of different documents in use, some appeared to be duplicate and / or incomplete. Throughout our conversations with staff, there was not a consistent understanding for the expected standard for patients' physical health monitoring within Ty Skirrid.

Improvement needed

The health board must review the current documentation in use in Ty Skirrid, and agree the expected standard and documentation for physical health monitoring.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across the two wards.

The statutory documentation verified that the patients were legally detained. However, our scrutiny of statutory documentation and the review of processes regarding statutory responsibilities under the Act and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 (the Code), we saw omissions in practice. These were:

- In each set of statutory documentation reviewed, there was no record of the capacity to consent to treatment assessment by the patient's responsible clinician, paragraphs 24.29 to 24.37

- There was no record of regular review of treatment. For one patient their consent to treatment certificate that was in place was over three years old and no evidence that this had been reviewed, paragraph 25.80
- Consent to treatment certificates that no longer authorised treatment were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards, paragraph 25.87
- Section 17 Leave authorisation forms that no longer authorised leave, were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards, paragraph 27.17
- In one set of notes the Approved Mental Health Professional report was not available with the copies of detaining papers on the ward, paragraph 14.87
- There was no record of patients being read their medication rights and being supplied with information regarding their particular treatment, in a language and format that is best understood, paragraphs 24.32 to 24.34.

Despite the commitment of staff from the Mental Health Act department, it was evident that due to their capacity that they were required to prioritise their workload, which resulted in some areas of the Code being overlooked. This means the health board were unable to ensure that the safeguards of the Code are fulfilled; the capacity of the Mental Health Act department requires review.

Improvement needed

The health board must:

- Ensure that there are sufficient staff resources available, with appropriate knowledge to fulfil the health board's statutory responsibilities of the Mental Health Act, and that practice follows the guidance set out in the Code.
- Confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored.

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

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

Each patient had an up-to-date Care and Treatment Plan (CTP) in place which were written comprehensively. The CTPs in place were supported by risk assessments that set out the identified risks and how to mitigate and manage them. This was along with additional detailed care plans that support staff in providing care for the patients.

There was evidence of weekly reviews of care at the hospital, however, not all review documentation was fully completed therefore, lacking specific details or repetition from the previous reviews.

As stated earlier, patients' records also evidenced physical health assessments and monitoring. It was also evident that when required, there was input from a specialist diabetic nurse.

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.

During our inspection, the staffing levels appeared appropriate to maintain the safety of patients within the hospital.

There was good team working and motivated staff to provide dedicated care for patients. Staff were positive about the support they received from their colleagues.

The skill mix must be reviewed along with the development of staff, to help meet the rehabilitation needs of the patients at the hospital.

Governance, leadership and accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. These arrangements were clearly defined during the day, with senior management and doctor on-call arrangements in place for the night shift.

Overall there were systems and processes in place to ensure that Maindiff Court Hospital focused on providing safe and effective care. However, we saw evidence that, there was minimal investment by the health board to adequately maintain the upkeep of the hospital, which has been highlighted earlier in the report.

It is disappointing that the health board demonstrated a lack of shared learning following a previous inspection undertaken by HIW, in November 2018. This is evident since the same issues we identified at a different hospital within the health board in November, were also recognised during this inspection. This was particularly evident with our findings in relation to the administration of the Mental Health Act and medicines management.

Through our discussions with senior members of staff within the hospital and the health board's mental health rehabilitation service, they were keen to develop the service at Maindiff Court further. Staff shared their recent engagement with other

health board's mental health rehabilitation services and other related organisations, in order to share best practice and learn from other services. However, it was acknowledged that with the difficulties fulfilling staff resources and skill mix the priority of the hospital was the day-to-day care over developments for the rehabilitation service.

It was positive to note that patients and staff had partaken in fundraising activities to provide amenities for the hospital.

Throughout the inspection, all staff engaged openly and were receptive to our views, findings and recommendations.

Improvement needed

The health board must ensure that:

- There are arrangements in place for shared learning across the health board following inspection activity
- The management team at Maindiff Court are supported to continue the development of the open rehabilitation service.

Staff and resources

Workforce

The staffing levels appeared appropriate to maintain the safety patients within the hospital at the time of our inspection.

Staff evidenced strong team working and appeared motivated, to provide dedicated care for patients. Staff we spoke with were positive about the support they received from the colleagues, and leadership by their managers.

There were a number of registered nurses who had been at the hospital for a many years and were experienced in providing mental health rehabilitative care. Senior managers spoke positively of staff nurses progressing on to opportunities elsewhere, however, this left vacancies that were typically filled by less experienced staff nurses, or that had recently qualified as a registered nurse.

The health board had commenced an estate strategy, which included consideration for the future use of Maindiff Court Hospital site (as with all health board properties); there had been no clear decision made about the future of Maindiff Court by the health board. However, we were told that some staff viewed the lack of investment in to the hospital's upkeep and lack of refurbishment, as

an indication of the health board's intentions to move the rehabilitation ward; particularly as it was the final patient service remaining at the site. We were told that some registered nurses had therefore taken jobs elsewhere, and others were considering an alternative location for work,

This has unsettled the workforce and as a result the hospital has lost a number of experienced staff. Staff would benefit from clarity of the health board's estate strategy and what implications there are for staff and their roles.

Senior staff confirmed that there were a number of registered nurse vacancies and recruitment had been ongoing for these posts. At the time of our inspection, new recruits had yet to take up their posts, with some vacancy appointments offered to nurses within their final year of training and awaiting registration. This provided some assurance that staffing vacancies will be addressed, however, the staff workforce will be less experienced and reliant on the few remaining experienced nurses at the hospital, to ensure the newly registered nurses can complete their preceptorship and to be provided with mentoring and support.

On reviewing staff rotas, it was highlighted that due to the current under establishment of registered nurses, there were issues with appropriate staff cover, where it was planned for two registered nurses to cover all shifts, during the afternoon shift, predominantly there was only one registered nurse rostered to work, supplemented by an additional healthcare support worker instead of a second registered nurse. Therefore the health board had difficulty in maintaining its desired skill mix, and should considered patient safety with this practice.

Senior staff confirmed that an experienced mental health rehabilitation nurse had recently come to the hospital on secondment to provide additional experience for the team. It was also confirmed that bank staff were used to help cover any shortfalls in staffing. This often included staff from the ward itself or the mental health community team, some of whom had previously worked at the hospital. This provided continuity for the hospital however would be unsustainable long-term.

Training information provided by senior staff showed that staff were expected to complete mandatory training on a range of topics relevant to their roles. Training compliance was regularly monitored and was in excess of 70% apart from manual handling which the statistics provided stated that only 48% had completed this. We were provided with further information which evidenced that this was due to be addressed. Staff also attended additional training and conferences relevant to their roles. However it was acknowledged that due to the difficulties in fulfilling staff rotas that this impacted upon the ability to release staff for training.

Improvement needed

The health board must:

- Provide clarity to staff on its estate strategy process
- Review of staffing skill mix to enhance the experience of staff and benefit the patients
- Review the practice of rostering one registered nurse when there should be two rostered to work
- Ensure that all staff complete their mandatory training.

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 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: Maindiff Court Hospital
Wards: Ty Skirrid and Lindisfarne
Date of inspection: 20 – 22 May 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 improvement plan issued Maindiff Court Hospital	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Maindiff Court Hospital
Wards: Ty Skirrid and Lindisfarne
Date of inspection: 20 – 22 May 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
Quality of the patient experience				
The health board must review the provision of occupational therapy at Maindiff Court, to ensure that it is sufficient to meet the needs of all patients at the hospital, as part of their rehabilitation care pathway.	1.1 Health promotion, protection and improvement	The Head of Occupational Therapy (OT) for Mental Health will review the current OT establishment and make recommendations. This will inform the design of the Division's Rehabilitation Pathway, which will include a review of the provision of therapies.	Head of OT Mental Health Senior nurse Forensic Service Deputy Divisional Nurse	May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must improve the condition of the toilet and shower facilities.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>A Capital Bid has been submitted to totally refurbish the main shower room – confirmation has been received from the Capital Team that this has been approved and we are awaiting an authorisation email with the relevant cost code. Minor Works have confirmed that they will aim to commence works mid-August with an expected completion of early October 2019.</p> <p>In relation to the toilets – a Capital bid will be submitted to replace the flooring in all toilet areas and the other shower room.</p>	Minor Works Manager	October 2019 Bid to be submitted by Aug 2019
The health board must ensure that the damage to the shower room flooring is repaired.	2.4 Infection Prevention and Control (IPC) and Decontamination	The above-mentioned works will include a full investigation of the damaged floor and completion of repairs required.		October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the Kitchen extractor fan is cleared.	2.4 Infection Prevention and Control (IPC) and Decontamination	This has been cleaned and there is now a cleaning rota in place to ensure this is cleaned monthly.	Ward Manager	Complete June 2019
The health board must ensure that the electrical socket is sealed appropriately.	2.4 Infection Prevention and Control (IPC) and Decontamination	This has now been completed.	Ward Manager Works & Estates	7 June 19
The health board must review the layout of the laundry facilities.	2.4 Infection Prevention and Control (IPC) and Decontamination	A 'walkaround' meeting is planned on the unit on 23/07/2019 to assess the options for re-configuring the current laundry facilities. These will then be evaluated with regard to access, safety and feasibility.	Lead Nurse Ward Manager Works and Estates	Ongoing
The health board must ensure that staff keep the medication fridge locked when not being accessed.	2.6 Medicines Management	Staff have been reminded that the fridge must remain locked at all times. This will be randomly spot-checked by the ward manager.	Ward Manager	Complete (June 2019)

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the medication trolley can be secured within the clinic.	2.6 Medicines Management	A chain & fittings to fix the trolley to the wall has been requested.	Works and estates Ward Manager	August 2019
The health board must ensure that the temperature of ward clinic rooms containing medicines, are regularly monitored	2.6 Medicines Management	There is now a thermometer in the clinic room and temperatures are recorded twice daily & monitored by the Ward Manager. This standard is included in the newly developed AMH in-patient audit tool. Audit will commence in Autumn 2019.	Ward Manager Senior Nurse	Complete June 2019 October 2019
The health board must ensure that MAR Charts include the patient's Mental Health Act legal status, and also include the relevant consent to treatment certificate.	2.6 Medicines Management	Ward Manager has reminded ward staff that legal status must be included on the MAR chart. This standard is included in the newly developed AMH in-patient audit tool. Audit will commence in Autumn 2019.	Ward Manager Ward Manager, Senior Nurse	Complete (June 2019) October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		MHA Clinical Lead has established a rolling programme of audit from a Divisional perspective.	MHA Clinical Lead	Commencing September 2019
The health board must review the current documentation in use in Ty Skirrid, and agree the expected standard and documentation for physical health monitoring.	3.5 Record keeping	The AMH Directorate will review the documentation currently used on all wards and agree the standard, and include any recommendations from the Divisional Physical Health Group.	Lead Nurse AMH	October 2019
The health board must ensure that there are sufficient staff resources available, with appropriate knowledge to fulfil the health board's statutory responsibilities of the Mental Health Act, and that practice follows the guidance set out in the Code.	Application of the Mental Health Act	The Health Board has benchmarked against other HBs in Wales with regard to MHA Administration resource. As a result, the department will be restructured to include a Senior MHA Administrator post and further administrator support.	Head of Q&I, MH&LD	October 2019
The health board must confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored	Application of the Mental Health Act	MHA Clinical Lead has established a rolling programme of audit, and will deliver bespoke training sessions to the ward. It is anticipated that this work will be supported by the new	Clinical MHA Lead,	September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Senior MHA Administrator post mentioned above.		
Quality of management and leadership				
The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity	Governance, Leadership and Accountability	<p>Inspection reports and action plans are shared within the Directorate via the Quality & Patient Safety meeting, and via Ward Managers/ Team Leads meeting.</p> <p>Associate Director of Nursing shares learning at Corporate fora such as the QPS Operational Group.</p>	<p>Lead Nurse, AMH</p> <p>Associate Director of Nursing</p>	<p>September 2019</p> <p>October 2019</p>
The health board must ensure that the management team at Maindiff Court are supported to continue the development of the open rehabilitation service.	Governance, Leadership and Accountability	A Divisional group is due to commence work on the design of the Division's Rehabilitation Pathway. This will include the service based at Maindiff Court, and seek to develop the good practices promoted by Ty Skirrid.	Deputy Divisional Nurse	May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide clarity to staff on its estate strategy process.	7.1 Workforce	<p>Staff have been updated by the General Manager with regard to the intention of the Clinical Futures model, and that there are no immediate plans to withdraw the current in-patient services from Maindiff Court Hospital.</p> <p>The Division is developing its estates strategy to inform and be informed by the Health Board's estates strategy in line with the Clinical Futures Model.</p>	General Manager,	<p>June 2019</p> <p>October 2019</p>
The health board must review of staffing skill mix to enhance the experience of staff and benefit the patients.	7.1 Workforce	<p>The ward has experienced a significant fluctuation in staffing recently. The nursing staff establishment is under review with regard to numbers and grade with any recommendations considered by the Lead Nurse.</p> <p>Staffing will also be considered as part of the wider Rehabilitation</p>	Ward Manager Senior Nurse Lead Nurse AMH	<p>September 2019</p> <p>May 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Pathway, including non-nursing posts such as peer mentors.		
The health board must review the practice of rostering one registered nurse when there should be two rostered to work.	7.1 Workforce	An immediate review has resolved this issue. There are two RN's rostered on to each day shift. Where there are difficulties in achieving this, this is immediately escalated to the Senior Nurse and the Lead Nurse for AMH for resolution.	Lead nurse Senior Nurse Ward Manager	Complete June 2019
The health board must ensure that all staff complete their mandatory training.	7.1 Workforce	The Directorate acknowledges that nurse staff vacancies have impacted on the mandatory training compliance for the ward. The staffing situation is already improved, and the Ward Manager has planned training to increase the compliance to a satisfactory level by the end of October 2019	Senior Nurse Ward Manager	October 2019

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): Ana Llewellyn

Job role: Associate Director of Nursing/ Divisional Lead Nurse, MH & LD

Date: 12 July 2019