

NHS Mental Health Service Inspection (Unannounced)

Withybush Hospital

Canolfan Bro Cerwyn

St Caradog Ward & St Non Ward

Hywel Dda University Health Board

Inspection date: 10 - 12 June 2019

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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 Canolfan Bro Cerwyn within Hywel Dda University Health Board on the evening of 10 June 2019 and following days of 11 and 12 June. The following sites and wards were visited during this inspection:

- St Caradog Ward - Adult acute admission mental health
- St Non Ward - Older persons mental health

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

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

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

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

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

The health board needs to review the inpatient service provision for adult mental health, to ensure it has sufficient capacity to provide timely and dignified care to its population.

The service was not compliant with all aspects of the Health and Care standards, the health board need to review the implementation between the Mental Health Act and Deprivation of Liberty Safeguards.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Patients were provided with a good range of therapies and activities
- Good team working and motivated staff
- Safe and effective medicine management
- Completion of audits and clinical processes.
- Staff were positive about the supportive culture of their teams.

This is what we recommend the service could improve:

- The implementation between the Mental Health Act and Deprivation of Liberty Safeguards.
- Arrangements for maximising the independence of patients on St Non Ward to access toilet and bathroom facilities
- The capacity of its adult inpatient mental health service
- The provision of information on the wards for patients.

3. What we found

Background of the service

Canolfan Bro Cerwyn provides NHS mental health services at Withybush Hospital, Fishguard Road, Haverfordwest SA61 2PZ within Hywel Dda University Health Board.

The service has two mixed gender wards, St Caradog Ward and St Non Ward. St Caradog Ward is an adult admission mental health ward with 15 beds. St Non Ward is an older person mental health ward with 15 beds.

Each ward employs a staff team which includes a ward manager and deputy ward manager, and a team of registered nurses and health care support workers. Both wards also have an occupational therapy team; comprising of an occupational therapist on each ward and one occupational therapy technician on St Caradog Ward and two occupational therapy technicians on St Non Ward.

The wards are 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 staff interacting and engaging with patients appropriately, and treated patients with dignity and respect. The patients we spoke with confirmed this to us.

Patients were provided with the opportunity to maintain and develop skills through varied activity and therapy programmes.

Consideration needs to be given between the implementation of the Mental Health Act and Deprivation of Liberty Safeguards.

Staying healthy

Throughout the inspection, on both wards, we observed patients to be regularly engaged in activities and therapies. Each ward had a designated occupational therapist and two occupational therapy technicians. The occupational therapy input provided patients on both wards, with an appropriate range of assessments and activities, within the hospital and the community.

There were a range of Activities of Daily Living opportunities on both wards to assist patients in the development or upkeep of routine activities to promote greater independent living. These included activities of personal care, preparation of snacks, meals and drinks, along with mobility and public transport use. St Caradog Ward had an on ward occupational therapy kitchen that provided patient with an easily accessible facility to practice and develop their skills.

Both wards provided the opportunity for patients to take part in structured and ad-hoc activities on the ward and within the patient gardens. However, the garden area on St Caradog Ward required improvements in the upkeep, with the requirement for installation of garden drainage covers, as these were covered by cones to prevent patients tripping. The exterior wall in the garden area was also heavily marked, whilst this was on a scheduled programme of work, it requires prioritising.

To assist patients in maintaining physical activity, patients on St Caradog Ward also had access to an on ward gym with aerobic equipment.

It was positive to note that the occupational therapy team on St Non Ward were developing the use of cognitive stimulation therapy. There was a range of equipment available suitable for patients with dementia, which included empathy dolls and a pet therapy robotic cat. We were also informed that the team were perusing the development of reminiscence therapy¹ further with the use of electronic devices.

Improvement needed

The health board must ensure that:

- There are appropriate drainage covers in situ on St Caradog Ward
- The external garden wall on St Caradog Ward is cleaned.

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.

We heard staff speaking with patients in calm tones throughout our inspection, and 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 provided them with a good level of privacy, and assisted staff in maintaining the dignity of patients. Patients were able to lock their bedroom doors which staff could override if required. We observed a number of bedrooms, and it was evident that patients were able to

¹ Reminiscence sessions can be key in helping people, particularly with those who have Dementia, to remember and share their memories. These sessions enable people to communicate and socialise whilst they reflect and share their life experiences in a supportive environment.

personalise their rooms. Patients had sufficient storage for their possessions within their rooms.

Patient information

Outside both wards there was a wide range of relevant information leaflets for patients, families and other visitors. These areas contained information on mental health issues and physical well-being, along with information on organisations that can support patients, their families and carers.

There was additional information on display on both wards which provided patients with opportunity to refer to this information. However, there was no information displayed on either ward regarding the NHS Putting Things Right² process for raising a concern, guidance around mental health legislation nor the role and contact details of HW.

On St Caradog Ward, we were informed that the information boards that provided information on healthy eating and well-being in the dining room had been removed during a recent incident. The health board must ensure that this information is re-displayed on the ward.

Improvement needed

The health board must ensure that a range of information for patients is displayed within the wards that includes:

- The NHS Putting Things Right process
- Guidance around mental health legislation
- Healthcare Inspectorate Wales
- Healthy eating and well-being.

² 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

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.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers were also included in some individual meetings.

Timely care

The health board held bed status teleconference meetings three times daily to establish the bed occupancy levels. This was to identify any bed availability or possible discharges, along with any potential ward admissions. These meetings incorporated inpatient teams, crisis teams and community teams.

At the time of our inspection, St Caradog Ward was designated as a 15 bedded ward, however, throughout the inspection 17 patients occupied the ward. There was also an additional three patients who were admitted to inpatient beds on other adult mental health wards within the health board.

The health board had established "surge beds³" as a temporary solution across its adult mental health wards to provide an area for a patient to be admitted to hospital when there were no unoccupied bedrooms. This was to help alleviate immediate demands on inpatient service capacity, and provide the patient with the appropriate care and support required.

Whilst the use of the surge beds required authorisation from a senior manager, it is not appropriate for patients to be temporarily accommodated outside of a designated bedroom. The surge beds on St Caradog Ward were not appropriate, as they had no bed base but just a layer of mattresses. Despite being explained

³ Surge beds are additional beds above the number of commissioned beds on the ward to help meet the demand on the health board's in-patient service.

as a temporary measure, this is not acceptable and the health board must ensure that any bed provided to a patient is appropriate and fit for purpose.

The health board's adult mental health bed occupancy levels demonstrate that the demand for beds is regularly exceeding the number available. Throughout the inspection, the two rooms designated as surge bedrooms were occupied, giving the ward 17 beds.

Due to the high occupancy level of beds, on occasions, patients were being admitted to a ward within the health board, outside of their locality area. There were also occasions when patients had to be admitted to services outside of the health board, until a bed became available, so they could be repatriated. This collectively can be unsettling for patients and their families, due to the distances from their usual home base.

The two surge beds on St Caradog Ward were part of the hospital's Section 136⁴ facility. Therefore, if the surge beds were in use then the Section 136 facility would be closed and unavailable for its intended purpose within the Mental Health Act. We were informed that this would only occur if there were other Section 136 facilities available within the health board. However, using an alternative Section 136 facility, impacts upon the person being brought into hospital and all the professionals involved with increased time and travel requirements.

Senior managers confirmed that the health board was undergoing a review of its Section 136 facilities (as is part of wider transforming mental health agenda) and arrangements to ensure it meets the needs of its population in providing timely admissions to hospital under the requirements of the Mental Health Act (the Act). We request that the health board keeps us informed.

In addition, the health board has no adult mental health rehabilitation and recovery beds. This means that some patients may be required to stay on an acute admission ward until they are ready for discharge to community services, therefore, potentially prolonging their inpatient stay on an acute ward, thus hindering their rehabilitation and recovery, and delaying another patient admission, due to the bed capacity issues within the health board.

⁴ Section 136 Suite is a designated place of safety where police can bring a person to for a mental health assessment.

Improvement needed

The health board must:

- Review the bed capacity and service provision available for adult mental health services, to ensure it can timely meet the needs of its population
- Review its Section 136 facilities and arrangements, to ensure it meets the needs of its population in providing timely admissions to hospital under the requirements of the Mental Health Act
- Ensure that any bed provided to a patient is appropriate.

Individual care

People's rights

We reviewed the application and interaction of the Mental Health Act (the Act) and Deprivation of Liberty Safeguards (DoLS) at the hospital.

We reviewed two sets of records where the patients had been admitted in to hospital under Section 2 of the Act, but had subsequently been discharged from their section and an application had been made under DoLS. We were not assured that the health board were implementing the sets of legislation in the spirit of both legal frameworks.

Reviewing both sets of patient records and following the guidance set out in the Mental Health Act 1983 Code of Practice for Wales, revised 2016 at paragraphs 13.33, 13.38 and 13.49, the most appropriate legislation to use would be the Act and not DoLS.

The Act provides opportunity for the patient to gain timely access to Mental Health Review Tribunal. The Act also provides the patient's nearest relative with power of discharge under Section 23(2) of the Act. In addition, the use of Section 17 leave is an important consideration in order to test patients on leave, prior their final discharge from hospital. These cannot be afforded when transferred from the Act to DoLS.

It was also noted that there were no capacity assessments being recorded in patient records. Therefore, there was no record of capacity assessment to determine if the patient lacked capacity to make informed decision around:

- Administration of medication within the ward environment

- Understanding the salient points of having been admitted onto a locked ward with all of its inherent restriction

It was positive to note that throughout our discussions with ward staff and senior management regarding these matter, they were open, honest and responsive to our concerns.

Improvement needed

The Health Board must ensure that:

- Their policy/s on the interface between DoLS and MHA is compliant in law to ensure it does not diverge from the principle in law
- Capacity assessments are completed and recorded in patient records.

Listening and learning from feedback

Neither ward had structured processes for gathering feedback from patients or relatives and carers. As stated earlier, both wards must display information on the NHS Putting Things Right process.

It was positive to note that on St Non Ward there was a large display of thank you cards from former patients or their relatives and carers.

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 effective care. We found that staff were completing clinical processes and documentation as required.

However, there are improvements required from the health board to assist staff with the delivery of safe and effective care, and to support patients on St Non Ward to maximise their independence.

Safe care

Managing risk and promoting health and safety

The health board had established processes in place to manage and review risks and to maintain health and safety at the hospital. This assisted staff to continue to provide safe and clinically effective care.

Access to the wards was direct from the hospital car park which provided suitable access for people who may have mobility difficulties. Both wards were secured to prevent unauthorised access.

On the whole the furniture, fixtures and fittings on each of the wards were appropriate for the intended patient group. The health board had undertaken significant anti-ligature refurbishment to mitigate the risk of patient self-harm. However, on St Non Ward this included removing handrails from toilet and bathroom areas without a suitable alternative being installed. This has resulted in reducing the independence of some patients who without handrails, require assistance from staff members. It also increases the potential for falls for those patients who use the facilities without the support of staff. The health board must provide suitable alternatives, to ensure that patients are enabled to be as independent as possible.

It was positive to note that there had been significant consideration for providing a dementia friendly environment on St Non Ward. This included pictorial signs that were coloured to assist patients identify them, and clocks with large displays.

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

Improvement needed

The health board must ensure that patients are supported to use toilet and bathroom facilities as independently as possible.

Infection prevention and control

There were appropriate arrangements in place to safely manage infection prevention and control at the hospital.

There was a regular audit 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. This included ward based audits and the health board's infection prevention and control team audits.

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately. The health board employed dedicated housekeeping staff for the wards.

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

Staff had access to infection prevention and control and decontamination personal protective equipment when required.

There were hand hygiene products available in relevant areas of the hospital such as ward clinic and food preparation areas; these were accompanied by appropriate signage. Within the dining room whilst there was a sink, there was no hand drying facilities available in this area.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled. However, despite requests from the ward, there were no clinical bins available for the disposal of medicinal and pharmaceutical waste.

Improvement needed

The health board must ensure that:

- There are hand drying facilities within St Caradog Ward's dining room
- Clinical bins are available for the segregation of medicinal and pharmaceutical waste from other waste.

Nutrition and hydration

The care records we reviewed, evidenced that assessments of patients' eating and drinking needs had been completed. The wards, in particular St Non Ward, had access to specialised equipment such as adaptive cutlery and crockery, anti-slip table mats and plate guards. Where required input from dietician and speech and language team was sought.

On the whole we found that patients were provided with a choice of meals to meet their individual requirements and preferences. Fresh fruit, snacks and drinks were available on both wards. However, staff stated that on occasions there were difficulties in the provision of gluten free meals.

On St Caradog Ward the dining room did not have sufficient number of tables and chairs following recent damage to the furniture. We were informed that these were on order but had not been received. There were also non-working appliances within the kitchen area which included a microwave, the dishwasher and a toaster; these all required replacing.

Improvement needed

The health board must ensure that:

- Gluten free meals are available
- There is sufficient number of tables and chairs available on St Caradog Ward
- The non-working kitchen appliances are replaced.

Medicines management

Overall medicines management on both wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked.

There was a regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication on both wards. There were appropriate arrangements in place on both wards for the storage and use of Controlled Drugs and Drugs Liable to Misuse.

There was evidence that there were regular temperature checks of the medication fridges and clinic rooms, to ensure that medication was stored at the manufacture's advised temperature.

Medication Admission Records (MAR) charts reviewed were consistently signed and dated when prescribed and administered, and a reason recorded when medication was not administered. However, on St Caradog Ward there were common omissions of the patient Mental Health Act legal status or physical health measurements such as body mass index, weight or height.

Copies of Mental Health Act consent to treatment certificates were kept with the relevant MAR chart so that nurses could confirm that medication prescribed (for mental disorder), had been authorised under the Mental Health Act.

On both wards there was an emergency resuscitation equipment that was easily accessible to staff, with evidence daily checks completed.

Improvement needed

The health board must ensure that patient details are fully completed on MAR charts.

Safeguarding children and adults at risk

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

Effective care

Safe and clinically effective care

Overall, we found arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

A range of written policies and procedures were available to instruct and guide staff on providing safe care and effective care. These were available as electronic

versions on the health board's intranet and some as paper copies within the hospital.

However, there are improvements detailed throughout the report that highlight where the health board need to review and address both locally on the wards and wider throughout the health board.

Record keeping

Patient records were a combination of electronic documentation, which was password protected, and paper records that were stored and maintained within the locked offices.

The patient records we reviewed were systematically filed. Staff completed entries that were factual. Entries regarding patient daily routine was written in detail which provided clear information regarding each patient's care.

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

We reviewed the care plans of a total of three patients on St Caradog Ward.

The patient records we reviewed were systematically filed. There was evidence that care co-ordinators had been identified for the patients. The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

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.

It wasn't always recorded in patient records whether they had been advised of advocacy or not. However, the health board confirmed at the inspection feedback that referral to advocacy within 24 hours is monitored and this is completed within 90% of cases, although we did not see evidence of this.

Whilst there was a range of physical health documentation this was not always completed, nor a reason stating why it had not been done. Therefore, we were unable to confirm whether staff were simply not completing the documentation or that patients had refused.

On St Non Ward it was positive to note that where patients were unable to clearly state their preferences of care that staff would seek the views of their family members.

Improvement needed

The health board must ensure that:

- Patient records record whether a referral to advocacy has been made, or reasons why not
- Physical health documentation is completed, or the reason recorded why not.

Mental Health Act Monitoring, Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed the statutory documentation of two patients on St Nons ward. This is detailed within the People's Rights section earlier in this report.

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.

Both wards had effective processes and audit arrangements to support staff in maintaining safe and effective care.

There was passionate leadership, strong team working and motivated staff who provided dedicated care for patients. Staff were positive about the support they received from their colleagues and management.

However, the skill mix should to be reviewed and the development of experienced staff to help meet the 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.

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

There was dedicated and passionate leadership from the ward managers who were supported by committed ward multidisciplinary teams and senior health board managers. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward managers on both wards. Staff also commented that team-working and staff morale on the wards was good.

Both wards were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. This was supported by close and productive working with the respective community mental health teams.

Ward staff also spoke of positive links between the mental health wards and some of the medical wards and teams at Witherby General Hospital. However, staff confirmed that if there was an incident where a patient was required to have an X-ray, such as a fall, then the patient would have to attend the emergency department (ED), to be triaged and then referred for an X-ray. This can cause unnecessary delay to the process for the patient and impact upon staff time from the mental health ward and the ED. The health board should review this process.

There was an established electronic system 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 which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

Both wards had detailed shift handover documents that clearly identified the essential information regarding each patient. This was a good reference document for any member of staff requiring to learn key information of a specific patient.

During our discussions with ward staff and senior managers, they provided numerous examples where they were reviewing the provision of service on the wards and the wider health board. This was to assist in the modernisation of care and implement innovation to develop the service. However, as stated under the Timely Care section of this report, the health board must review the current adult service model to ensure that the provision of inpatient mental health services meet the needs of the health board's population.

Improvement needed

The health board must ensure that there is no unnecessary delay for patients requiring an X-ray.

Staff and resources

Workforce

There were a number of experienced registered nurses who had been working on the wards for a number of years. 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.

Senior staff confirmed that there were a number of registered nurse vacancies and recruitment had been made to these posts. At the time of our inspection, candidates had yet to take up their posts, with some vacancy appointments within their final year of training and awaiting qualification. This provided some assurance that staffing vacancies will be addressed, however the staff workforce will be less experienced and reliant on the few experienced nurses at the hospital, to ensure the newly registered nurses complete their preceptorship and provide general mentoring and support. The health board should review the skill mix and staffing experience for both wards to ensure that this is sufficiently resourced to provide both safe and effective patient care, along with peer support and mentoring for staff.

It was also confirmed that bank staff, registered nurses and health care support workers, were used to help cover any shortfalls in staffing. This often included staff from the ward itself or other staff who had previously worked at the hospital, this provided continuity of care for the patients and hospital.

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 on St Caradog Ward this was at 94% and on St Non Ward 79%. On St Non Ward there were a number of staff who required update training in Restrictive Physical Intervention; this needs to be addressed to maintain the safety of patients, visitors and staff.

Staff completed annual performance appraisal and development reviews. There was a supervision structure in place and staff confirmed that they had regular

supervision sessions. Staff also spoke positively about group supervision and reflective practice sessions. There were also staff meetings held on both wards.

Improvement needed

The health board must:

- Inform HIW of any review of staff skill mix and experience
- Ensure that staff complete their mandatory training, including Restrictive Physical Intervention.

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: Canolfan Bro Cerwyn
Wards: St Caradog Ward & St Non Ward
Date of inspection: 10 - 12 June 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: Canolfan Bro Cerwyn
Wards: St Caradog Ward & St Non Ward
Date of inspection: 10 - 12 June 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 ensure that there are appropriate drainage covers in situ on St Caradog Ward.	1.1 Health promotion, protection and improvement	St Caradog – Estates Requisition to be submitted for appropriate number of drain covers.	Senior Nurse	Complete
		Required work to be completed by HB estates department.	Estate Operations Manager	31/08/19
The health board must ensure that the external garden wall on St Caradog Ward is cleaned.	1.1 Health promotion, protection and improvement	St Caradog – Estates Requisition to be submitted for the external garden Wall to be cleaned	Senior Nurse	Complete
		Estates Department to complete cleaning of external garden wall.	Estate Operations Manager	31/08/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that a range of information for patients is displayed within the wards that includes:</p> <ul style="list-style-type: none"> • The NHS Putting Things Right process • Guidance around mental health legislation • Healthcare Inspectorate Wales <p>Healthy eating and well-being.</p>	4.2 Patient Information	<p>The required information will be sourced and displayed.</p> <p>A system will be put in place to regularly review and update displayed information which will be directorate wide.</p>	<p>Ward Manager</p> <p>Heads of Service</p>	<p>31/08/19</p> <p>30/09/19</p>
<p>The health board must review the bed capacity and service provision available for adult mental health services, to ensure it can timely meet the needs of its population.</p>	5.1 Timely access	<p>Desktop review of all Adult Mental Health (AMH) data to be completed.</p> <p>One day Task and Finish workshop to review the desktop review data and ask the 'So What' question.</p> <p>Following the task and finish workshop a draft 'Situation, Background, Assessment, Recommendation' (SBAR) report with recommendations to be completed and sent to members of the</p>	<p>Head of Service AMH</p> <p>Head of clinical innovation and strategy</p> <p>Head of Clinical Innovation and Strategy</p>	<p>31/08/19</p> <p>30/09/19</p> <p>31/10/19</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>task and finish group for review and agree.</p> <p>Submit approved SBAR to the Mental Health & Learning Disabilities (MH/LD) Business performance and Planning Group for consideration of the recommendations.</p> <p>Review recommendations and potential impact on the MH/LD transformation project.</p> <p>Submit paper based on recommendations to the MH/LD Transforming Mental Health Implementation Group.</p>	<p>Head of Clinical Innovation and Strategy</p> <p>Head of Clinical Innovation and Strategy</p> <p>Head of Clinical Innovation and Strategy</p>	<p>30/11/19</p> <p>31/12/19</p> <p>31/01/20</p>
<p>The health board must review its Section 136 facilities and arrangements, to ensure it meets the needs of its population in providing timely admissions to hospital under the requirements of the Mental Health Act</p>	<p>5.1 Timely access</p>	<p>Review the provision of surge capacity on St Caradogs.</p> <p>Identify space to re-provide surge capacity in an alternative space on St Caradogs Ward.</p> <p>Complete and submit costs to make alternative space fit for purpose if required.</p>	<p>Head of Service</p> <p>Senior Nurse</p> <p>Senior Nurse & AMH Business Manager</p>	<p>31/08/19</p> <p>31/08/19</p> <p>30/09/19</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that any bed provided to a patient is appropriate.	5.1 Timely access	Process to be introduced to monitor the progress of procured items/beds which includes an escalation process to senior management when required.	Heads of Service	09/08/19
The Health Board must ensure that their policy/s on the interface between DoLS and MHA is compliant in law to ensure it does not diverge from the principle in law.	6.2 Peoples rights	Following reviews of current legislation, interface guidance between DoLS and MHA will be developed and draft will be sent to HB legal department for review prior to ratification.	Medical Lead Older Adults Mental Health Deprivation of Liberty Safeguards Coordinator	31/07/20
The Health Board must ensure that capacity assessments are completed and recorded in patient records.	6.2 Peoples rights	Add to admission checklist – Where indicated complete decision specific capacity assessment and record in patients electronic records. Communication to be sent to all Registered Nurses working within MH/LD inpatient services reminding them of the requirement that capacity assessments are completed and recorded in patient records.	Ward Managers Senior Nurses	30/09/19 31/08/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Review CTP audit and consider including monitoring component of capacity assessments in readiness for implementation of the audits within MH/LD inpatient settings.	Senior Nurse QAPD	31/08/19
Delivery of safe and effective care				
The health board must ensure that patients are supported to use toilet and bathroom facilities as independently as possible.	2.1 Managing risk and promoting health and safety	St Nons- Occupational Therapy (OT) lead to provide advice regarding suitable alternative measures to ensure patients are supported to use toilet and bathroom facilities as independently as possible. SBAR to be provided to MH/LD Business and Performance Planning Group detailing requirements and recommendations to make bathroom facilities fit for purpose.	OT lead for MH/LD Head of Service	30/09/19 30/11/19
The health board must ensure that clinical bins are available for the segregation of medicinal and pharmaceutical waste from other waste.	2.4 Infection Prevention and Control and Decontamination	St Caradog – order the required clinical waste bins. Once supplied clinical waste bins to be cited appropriately.	Senior Nurse Ward Manager	31/07/19 31/08/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there are hand drying facilities within St Caradog Ward's dining room.	2.4 Infection Prevention and Control and Decontamination	St Caradog –Paper towel dispenser to be ordered.	Ward Manager	Complete
		Dispenser to be fixed within the dining room.	Estate Operations Manager	Complete
The health board must ensure that gluten free meals are available.	2.5 Nutrition and Hydration	Liaise with catering department to understand availability of gluten free food and ordering process.	Ward Manager	15/08/19
		Inform all ward staff of the process for ordering Gluten Free meals.	Ward Manager	31/08/19
The health board must ensure that there is sufficient number of tables and chairs available on St Caradog Ward	2.5 Nutrition and Hydration	St Caradog – Review current dining room furniture.	Ward manager	31/07/19
		Submit request for the furniture required.	Senior Nurse	31/08/19
		Order the required furniture.	AMH Business Manager	06/09/19
		Confirm that furniture has been delivered.	Senior Nurse	30/09/19
		If furniture not delivered escalate to Head of Service.	Senior Nurse	30/09/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the non-working kitchen appliances are replaced.	2.5 Nutrition and Hydration	St Caradog –Required appliances to be ordered.	Business Manager	Complete
		Confirm that appliances have been delivered.	Senior Nurse	31/08/19
		If appliances have not been delivered escalate to the Head of Service.	Senior Nurse	31/08/19
The health board must ensure that patient details are fully completed on MAR charts.	2.6 Medicines Management	Communication to be sent to registered nurses detailing the standard required.	Ward Manager	31/08/19
		Standard to be included on the weekly and monthly checks and redistributed via the Ward Forum.	Senior Nurse Assurance and Practice Development Team (QAPD)	31/08/19
The health board must ensure that patient records record whether a referral to advocacy has been made, or reasons why not.	Monitoring the Mental Health Measure	Communication to be sent to all members of registered nursing staff reminding them of the requirement to document in care partner that an advocacy referral has been made.	Senior Nurses	31/08/19
The health board must ensure that physical health documentation is completed, or the reason recorded why not.	Monitoring the Mental Health Measure	Communication to be sent to registered nursing staff reminding them that where a physical health risk assessment is not required the reason for this must be documented both on the form and in care partner.	Senior Nurses	31/08/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board must ensure that there is no unnecessary delay for patients requiring an X-ray.	Governance, Leadership and Accountability	<p>To gain an understanding of the context of this recommendation, a review of the waiting times of those patients who have required an X-ray over the past twelve months will be undertaken.</p> <p>Once the review is completed and the underlying cause of the delay has been established an action plan will be developed.</p> <p>The action plan will be submitted to and reported against in the MH/LD Quality, Safety and Experience Sub Committee (QSESC)</p>	<p>Ward Manager</p> <p>Senior Nurse</p> <p>Head of Service</p>	<p>31/08/19</p> <p>30/09/19</p> <p>30/11/19</p>
The health board must inform HIW of any review of staff skill mix and experience.	7.1 Workforce	<p>Both wards have participated in a review of acuity and staffing levels, as part of the HDUHB nursing staffing programme.</p> <p>Senior Nurses and Ward Managers attend a monthly KPI meeting which reviews staffing levels and scrutinises these in relation to acuity/absence/roster planning, Action log is completed and reported through internal governance</p>	<p>Head of Nursing</p> <p>Head of Nursing</p>	<p>Complete</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		arrangements. Where required actions are escalated to the Director of MH/LD.		
The health board must ensure that staff complete their mandatory training, including Restrictive Physical Intervention.	7.1 Workforce	A system to be put in place whereby mandatory training records are reported both through operational dashboard meetings and the MH/LD Business, Performance, Planning Assurance Group (BPPAG).	Senior Nurse	Complete
		Mandatory Training to be monitored/ discussed in all individual directorate staff Appraisal/ PADR	Ward Manager	Complete

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Kay Isaacs Head of Service AMH Melanie Evans Head of Service OAMH/LD

Job role: Senior Nurse Service Manager

Date: 29 July 2019