NHS Mental Health Service Inspection (Unannounced)

St Cadoc's Hospital

Aneurin Bevan University Health Board

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Contents

1. What we did 5

2. Summary of our inspection 6

3. What we found 8

Quality of patient experience 10

Delivery of safe and effective care 17

Quality of management and leadership 26

4. What next? 30

5. How we inspect NHS mental health services 31

Appendix A – Summary of concerns resolved during the inspection 32

Appendix B – Immediate improvement plan 33

Appendix C – Improvement plan 35

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 St Cadoc's Hospital within Aneurin Bevan University Health Board on the evening of 13 September 2021 and the following days of 14 and 15 September 2021. The following wards were visited during this inspection:

- Adferiad – Acute Mental Health Admission Ward
- Beechwood – Psychiatric Intensive Care Unit
- Belle Vue – Locked Female Rehabilitation Mental Health Ward
- Pillmawr – Locked Male Rehabilitation Mental Health Ward

Our team, for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one 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. Staff interacted with patients respectfully throughout the inspection.

Patient care plans were person centred and patients had good access to occupational therapy and community activities.

However, we found evidence that the health board was not fully compliant with all Health and Care Standards in all areas. In particular, significant improvements are needed in relation to the cleanliness of the St Cadoc's Hospital site to maintain the health and safety of patients, visitors and staff.

This is what we found the service did well:

- Staff demonstrated a good level of understanding of the patients they cared for
- Patients received physical healthcare assessments that were regularly monitored
- Patients were provided with a good range of therapies and activities
- Staff described appropriate strategies for managing challenging behaviour to promote the safety and well-being of patients
- The statutory documentation we saw verified that the patients were legally detained.

This is what we recommend the service could improve:

- Some blinds needs to be repaired to help protect the privacy and dignity of patients
- More information should be provided to patients in relation to healthy living, how to make a complaint and details of HIW
- The hospital site must be better maintained to protect the health and safety of patients, visitors and staff

- Patient care plans must document the conditions of use when patients use the Extra Care Areas at the hospital
- Medical Administration Record (MAR) charts must be completed appropriately and arrangements put in place to monitor compliance and identify errors
- Legal documentation for patients must be managed and scrutinised appropriately when patients are discharged from the hospital
- Audit activity across all wards must be consistent, timely and appropriate to identify issues and maintain standards.

The full list of improvements can be found in Appendix C.

We identified some issues that required urgent remedial actions to be taken which were dealt with under our immediate assurance process. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

3. What we found

Background of the service

St Cadoc's Hospital provides NHS mental health services at Lodge Road, Caerleon, Newport, NP18 3XQ, within Aneurin Bevan University Health Board.

The service comprises of:

- Adferiad is a 22 bed, mixed gender acute mental health admission ward. The ward also manages the hospital's Section 136 Suite[1].
- Beechwood is an eight bed mixed gender Psychiatric Intensive Care Unit (PICU).
- Belle Vue is a six bed locked female rehabilitation mental health ward that provides intensive care for a duration of a number of months to a few years.
- Pillmawr is a 13 bed locked male rehabilitation mental health ward that provides long term mental health rehabilitation prior to discharge to the community.

Within the hospital grounds are two, three bedded unlocked male rehabilitation mental health lodges. Each lodge provides patients who are able to function more independently with a less restrictive environment of care prior to progressing to community accommodation. The lodges did not form part of our inspection due to remedial work being undertaken in one lodge, and a patient recently testing positive for COVID residing in the other lodge.

Teams of administration staff, maintenance, catering and domestic staff support the day-to-day operation of the hospital.

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

HIW last inspected the hospital site in November 2018, and undertook a remote Quality Check of Adferiad in October 2020.

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. Patients we spoke with said staff were kind and helpful, and were always available to talk if they needed.

The care plans we saw were person centred and suitably enabled patients to achieve individual goals.

However, some improvements to the physical environment of the wards were needed and more accessible information must be provided to patients as standard rather than it being available upon request.

Staying healthy

During the inspection we reviewed a sample of patient records, and found evidence of detailed and appropriate physical healthcare assessments that were regularly monitored.

The hospital had occupational therapy input to support the provision of therapies and activities appropriate to patients on each ward. This enabled patients to engage in daily life activities to allow them to develop routines and lifestyle skills. Patients on Pillmawr had access to an Activities of Daily Living (ADL) kitchen that allowed patients to practice tasks related to meal preparation and cooking. Other activities arranged by staff included games and quiz nights and craft sessions. We saw timetables displayed on each ward to inform patients of what activities were available.

We were told that activities in the community such as walking, swimming and accessing the local gym had been suspended during the COVID-19 pandemic in line with government guidelines. Such activities have recently restarted since the relaxation of COVID-19 restrictions.

A range of facilities were available to patients that were appropriate to the specific type of ward, being it the acute admission, PICU or rehabilitation wards. Pool tables were available on Adferiad and Pillmawr, and computer consoles

were available on Bellevue. Each communal lounge had a variety of board games and DVDs. During our inspection several patients told us that they would like more books made available for them to read, particularly on Pillmawr. Patients on Adferiad had access to a computer room which they could use in line with individual care plans and risk assessments.

Each ward had access to an enclosed garden area and during our inspection we saw patients using the gardens during the day and in the evening. Smoking was not allowed inside the hospital buildings, however patients did have access to designated smoking areas located in the garden of each ward.

Improvement needed

The health board must consider making more books available for patients on each ward at the hospital where appropriate.

Dignified care

Throughout the inspection we saw respectful interactions between staff and patients across all wards. The staff we spoke to demonstrated a good level of understanding of the patients they were caring for. We observed staff treating patients with dignity and respect, and witnessed appropriate de-escalation techniques being used when necessary.

Along with 6 bedrooms on Adferiad, patients on Beechwood, Belle Vue, Pillmawr, had their own bedrooms. These provided patients with a good level of privacy and dignity. The bedrooms offered adequate storage, and patients were able to personalise their room with pictures and posters.

Each ward had separate bathrooms and shower facilities. We have raised concerns during previous inspections at the hospital about the provision of shower facilities, particularly on Adferiad, where there are only two showers for up to 22 patients. The health board must again review the provision of shared shower facilities throughout the hospital to ensure there are a sufficient amount available for patients.

We found that the conditions of the two shower rooms on Adferiad had improved since our previous inspection in November 2018. However, we were told that both shower rooms have drainage issues, and despite being reported to maintenance, these issues had still not been resolved.

We saw that a window on one of the dormitories on Adferiad did not have a blind. On the first night of the inspection, we were shown a spare room on

Pillmawr that was being used to accommodate a patient in addition to its establishment of 13 beds. The blind in this spare room was broken. Furthermore, we did not find a policy in place that set out the protocols to follow to ensure the bedroom was safe and appropriate to use as an extra patient bedroom.

Improvement needed

The health board must ensure that all windows throughout the hospital are covered by working blinds to protect the privacy and dignity of patients.

The health board must develop a policy that sets out the criteria for when rooms are to be used as an extra bedroom for a patient at the hospital, and the procedures to follow to ensure it is a safe and appropriate environment for the patient.

Patient information

On the first night of the inspection we had difficulty locating the main entrance to the hospital due to a lack of clear signage. The hospital is located on a large site and patients may be arriving at the hospital requiring urgent care. The hospital also accommodates the designated Section 136 Suite for the Gwent police area, which is located near Adferiad. Clear signage to the hospital is therefore important to ensure the timely arrival of patients both in the day time and at night time.

We saw that patient status at a glance boards[2] were located in the nurse's office on each ward and kept out of sight of other patients. This meant that the staff team were making every effort to protect patient confidentiality.

We were told that physical patient guides/leaflets were not being provided to patients, in line with COVID-19 guidance on infection prevention and control. However, during our time at the hospital we saw limited information displayed on the wards. We did not see any information available for patients on health initiatives such as oral health or smoking cessation. There was also no

[2] A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

information available on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales[3].

Staff told us that this information is readily available should patients require it. However, such information should be made more easily accessible for patients without having to request it. The health board should also ensure that all information is provided in formats that are appropriate to the patient groups.

Improvement needed

The health board must ensure that signage to the main entrance of the hospital is clear for patients and visitors.

The health board must ensure that a range of information is provided to patients that includes guidance on healthy living and information on the role of, and contact details for, Healthcare Inspectorate Wales. Such guidance should be in formats that are appropriate to the patient groups.

Communicating effectively

We saw staff communicating appropriately with patients, and observed a mutual respect and strong relational security between staff and patients. Overall, the patients we spoke with said that staff were kind and helpful, and that staff were available to talk to.

Daily meetings were being held by staff every morning on the rehabilitation wards to inform patients of upcoming activities and other relevant information, such as tribunals and medical appointments. On the acute ward, staff engaged with patients when appropriate to provide similar information.

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

It was clear from our discussions with staff that there was good engagement from the wider multi-disciplinary team to reach the best outcome for the patients when making decisions in relation to their care.

Individual care

Planning care to promote independence

The care plans we reviewed were person centred and showed support was provided in a structured way to enable patients to achieve individual goals. We saw evidence that patients and, when appropriate, relatives and family, were involved in the development of their care plans.

We saw that patients generally received care appropriate to their needs. On the rehabilitation wards, patients received individualised patient care that focussed on their recovery. On the acute ward, patients received intensive care to manage their individual risks. However, during the inspection we found one patient was being cared for in the extra care area (ECA) of the PICU to maintain the safety of the patient and other patients on the ward. We observed a high standard of care being delivered to the patient by staff, however we felt the patient was being segregated away from other patients. During our discussions with staff it was clear that no governance arrangements were in place to provide clear guidance to staff on the procedures for segregating patients in this way.

Our concerns regarding this issue were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Further information on the improvements we identified, and the actions taken by the health board, are provided in Appendix B.

People's rights

During the inspection we reviewed a sample of patient records of individuals that had been detained at the hospital under the Mental Health Act (the Act). We found that the legal documentation was compliant with the relevant legislation. Further information on our findings on the legal documentation is detailed in the Mental Health Act Monitoring section of this report.

While we did not see information on advocacy services displayed on the wards, it was clear that independent advocacy services were being made available to patients. We noted that an advocate visited patients at the hospital at multiple times during our inspection.

Due to Welsh Government restrictions associated with COVID-19 legislation, visitors were not allowed on to the wards at the hospital. However, some patients could meet outside with family and friends within the spacious hospital grounds which allowed for safe social distancing. All visitors are required to complete a COVID-19 checklist on arrival and wear PPE during their time on site.

Patients are risk assessed daily to determine whether they are able to have access to their personal mobile phone. It was pleasing to see that an action identified during our Quality Check in October 2020 to install Wi-Fi at the hospital had been completed. This has made it easier for patients to stay in touch with friends and family.

Listening and learning from feedback

We saw evidence that patients were able to suggest ideas to staff during their time at the hospital. You Said / We did boards were displayed on each of the wards, which provided patients with updates about the actions taken in response to their requests.

During our discussions with patients, one patient told us that they did not know how to raise a complaint about the care they received at the hospital. During our tour of the wards we did not see such information on display to inform patients on the procedures to follow to raise a complaint to staff, or through the NHS Wales Putting Things Right[4] process.

Any complaints and compliments made by patients are recorded onto Datix[5] to help identify potential areas of concern and lessons learned.

[4] Putting Things Right is the process for managing concerns in NHS Wales. http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright

[5] Datix is an electronic database used by health boards across Wales to report and manage all incidents, concerns, claims, risks and requests for information.

Improvement needed

The health board must ensure that a range of information is provided to patients that includes information on how to make a complaint via the NHS Putting Things Right process.

Delivery of safe and effective care

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

Patient care plans were being maintained to a good standard and in line with the criteria set out in the Mental Health (Wales) Measure.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

Robust procedures were in place to help control the risk of infection on the wards from COVID-19. However, significant improvements are needed in relation to the cleanliness of the wider St Cadoc's Hospital site.

Improvements were also needed to ensure medicines administration is fully documented, and legal paperwork is scrutinised appropriately.

Safe care

Managing risk and promoting health and safety

Improvements are required to maintain the health and safety of patients, visitors and staff at the hospital. St Cadoc's Hospital is a large building that accommodates a large number of administration and support staff that work alongside staff on the wards. On our arrival we saw that waste bins were overflowing outside the hospital, which meant that waste, including used face masks, were on the floor. The building has a staff canteen on site, and we saw a number of pieces of glass on the floor from broken windows in the outside seating area by the canteen. Unused furniture was being stored in some corridors which could cause a potential fire risk. In addition, we found an unacceptable standard of cleanliness in the corridors around the hospital. Further details on our findings in relation to this can be found in the infection prevention and control section.

We found the entrances to the areas the wards were located inside the hospital were suitably secured to prevent unauthorised entry. Nurse call points were situated around the wards and within patient bedrooms so that patients could

summon assistance if required. We saw that some, but not all, staff wore personal alarms which they could use to call for assistance if required. Staff alarms help ensure the safety of staff and patients in an emergency, and the expectations of the health board on the wearing of alarms should be communicated to staff at the hospital.

The furniture, fixtures and fittings on the wards were appropriate for the respective patient group. We were told that annual ligature risk assesments are undertaken on each ward. We were provided with the most recent ligature risk assessment undertaken on the PICU. We noted that a number of potential ligature risks had been identified in areas where patients are unsupervised for considerable periods of time, such as their bedrooms. Remedial works in these areas were due to be completed by December 2021 and the health board must ensure these are completed as scheduled. We saw minutes of the most recent divisional ligature risk meeting, which showed that current issues and updates from sites across the health board were discussed to share learning.

Weekly audits of resuscitation equipment were being undertaken to ensure that the equipment was present and in date, and we saw that staff had documented when these checks had occurred.

During our tour of the hospital on the first night of the inspection, we noted that the location of the Section 136 suite is isolated from any of the wards at the hospital. We were not assured that staff would be kept safe if an incident occurred, particularly at night, when senior nurses are required to manage the suite on their own.

Improvement needed

The health board must ensure the hospital site is checked to remove any broken glass and ensure furniture is not being stored inappropriately. Going forward the health board must ensure the hospital site is well maintained to best protect the health and safety of patients, visitors and staff.

The health board must clarify whether staff are to wear alarms on the wards and ensure staff are reminded of the requirements.

The health board must provide assurance to HIW that the safety of staff monitoring the Section 136 suite, especially at night, is being protected.

Infection prevention and control

We found robust procedures were in place to help control the risk of infection from COVID-19 on the wards. All staff and visitors to each ward are required to have their temperature taken, and complete a screening checklist, before being admitted. Good supplies of Personal Protection Equipment (PPE) were available throughout each ward and at ward entrances. We observed staff wearing masks on the wards, and staff did not highlight any issues relating to access to PPE during our discussions. Hand gel dispensers were also available throughout each ward.

Each ward was required to complete a COVID Safety Daily Assurance Form Report for submission to the Corporate Nursing Team. The form monitors compliance with areas such as social distancing, PPE and cleanliness. At the time of the inspection, three wards had a RAG (Red, Amber, Green) status of green, at 100 per cent. However, the RAG status for the PICU was red, at 67 per cent.

During the inspection we spoke with the Senior Nurse for Infection Prevention who described a suitable system of regular audit of infection control arrangements on the wards. This was completed with the aim to identify areas for improvement so that they could take appropriate action where necessary.

It was clear from our discussions with staff throughout the inspection that there were ongoing issues with insufficient levels of domestic cleaning staff available to work at the hospital. We were told that nurses and support workers are often required to undertake cleaning duties on the wards. While the undertaking of some cleaning duties by nurses can be appropriate, such as ensuring reusable medical devices and beds are decontaminated appropriately, these duties must not impact on the ability for nurses and support workers to provide care to patients, particularly at night.

The issues in relation to the insufficent levels of domestic cleaning staff did not appear to have affected the cleanliness within the wards; we found the wards to be generally clean and tidy. However, it was clear that significant improvements were required to the cleanliness, maintenance and general upkeep of the wider estate of the hospital. During our inspection we observed an unacceptable standard of cleanliness in the corridors around the hospital; corridors had layers of dirt, dust, and dead insects. This meant that although the wards were clean, staff and patients accessing the corridors could contaminate the wards on their return. The children’s visiting room near Adferiad also required cleaning.

On the second day of our inspection we saw bags of clinical waste and soiled linen left unattended in corridors near the canteen. Due to the potential impact

of cross-infection we escalated our concerns straight away. Details of this issue and the actions taken by the service during the inspection are provided in Appendix A.

Throughout the inspection we saw some staff were changing into their staff uniforms on arrival and then removing their uniform before leaving. However, we also observed some staff arriving and leaving the hospital in their uniform. The health board must remind staff to adhere to the health board policy around wearing of staff uniforms to ensure consistency.

Improvement needed

The health board must improve the COVID Safety Daily Assurance Form Report compliance on the PICU.

The health board must ensure the children's visiting room by Adferiad and the corridors of the wider hospital site are deep cleaned to improve the overall standard of cleanliness and ensure these areas are regularly cleaned going forward.

The health board must ensure staff adhere to the staff uniform policy.

Nutrition and hydration

Patients were able to select meals from a menu that is circulated the previous day. We attended a morning meeting on Belle Vue and heard staff and patients discussing and planning meals for the upcoming weekend. Staff told us that patients with specific/special diets were catered for, including vegan and gluten intolerance. Religious requirements were not automatically catered for but could be requested. Healthy options were denoted by a heart to help patients identify them.

As we found in previous inspections at the hospital, almost all patients we spoke with told us that they were dissatisfied with the quality of food provided to them. We noted that menu choices were limited and did not sound unappealing.

As well as the meals provided, patients were able to use the occupational therapy kitchens to prepare their own meals where appropriate. We saw that each kitchen had space for patients to store their own fresh and frozen food, and cupboards had been allocated to store packaged food.

Improvement needed

The health board must ensure that patient feedback on the menu is taken into account, and provide patients with a range of good quality food choices.

Medicines management

We reviewed the clinic arrangements on Adferiad and the PICU and found that on the whole, medicines were managed safely and effectively. Medication was stored securely within cupboards, and medication fridges were locked. However, we saw that the medicines management policy available on Adferiad was outdated. There was evidence that there were regular temperature checks of the medication fridges and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature. We did find one isolated occurence where the fridge temperature had not been not recorded on Adferiad, and staff should be reminded of the importance of these checks. We also found an out of date oxygen cylinder in the clinic on PICU, which was removed and replaced immediately by staff.

We found robust arrangements in place on the wards we reviewed for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Controlled Drugs were dispensed in line with relevant guidance and were recorded and signed for appropriately. It was clear that daily checks of the stock of Controlled Drugs were being undertaken against the logbooks on both wards.

We reviewed a sample of Medication Administration Record[6] (MAR) charts and identified a number of issues:

- The legal status of each patient was not always made clear
- Height and weight measurements and Body Mass Index calculations were not recorded for some patients

[6] 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.

- One consent to treatment form did not accurately reflect the current treatment regime in place for the patient
- High Dose Antpsychotic Therapy (HDAT) monitoring forms were not completed on three of the charts we reviewed
- Some charts were not being signed and dated when prescribing and administering medication to patients.

The issues we identified were similar to those we found in our previous onsite inspection in 2018. We are therefore not assured that there are sufficient oversight and audit arrangements in place to monitor and audit MAR Charts to spot such errors and identify improvements.

We saw a copy of a policy that outlined the process for staff to follow to prescribe and administer medication for rapid tranquillisation. The policy was in draft form and staff were unable to clarify when the policy would be fully operational.

Improvement needed

The health board must ensure that each ward has access to the most current medicines management policy.

The health board must ensure that oxygen cylinders throughout the hospital are in date and ready to be used in an emergency.

The health board must ensure that the issues we identified in this report in relation to MAR Charts are rectified going forward.

The health board must ensure that arrangements are in place to check that MAR Charts are being completed by staff on each ward clearly, accurately and kept up to date. A further review of the MAR Charts across the hospital must be undertaken by the health board to identify whether any further improvements are required.

The health board must clarify the current status of the policy for the use of medication for rapid tranquillisation, and if it is still in draft form, provide assurance on how staff are currently ensuring the appropriate use of medication for rapid tranquillisation until the policy is implemented.

Safeguarding children and adults at risk

We found established processes in place to help ensure that staff at St Cadoc's Hospital safeguarded vulnerable adults and children, and saw evidence that referrals were being made to external agencies as and when required. However, we looked at the training records for staff working at the hospital, and noted that not all staff were compliant in undertaking their Safeguarding Adults mandatory training.

Improvement needed

The health board must ensure all staff are up to date with their Safeguarding Adults mandatory training.

Effective care

Safe and clinically effective care

Staff should be commended for delivering high standards of care to patients during a challenging period in relation to the COVID-19 pandemic. The ward environments were generally tranquil and therapeutic throughout the inspection.

The hospital has several Extra Care Areas[7] (ECAs) which we found to be well maintained. During the inspection we observed one patient receiving appropriate care in an ECA. However, a review of the records for that patient showed that a care plan detailing the conditions of use of the ECA for that patient was not in place. We were shown a policy that described the procedures for the safe use of ECAs on adult acute mental health units across the health board. However, we were not clear whether the policy was up to date as the status, issue date and review by date fields had not been completed.

Staff described appropriate strategies for managing challenging behaviour to promote the safety and well-being of patients. We found Positive Behaviour

[7] An Extra Care Area is a low stimulus and sterile bedroom that allows staff to provide more intensive support to a patient presenting with greater challenging behaviours.

Support (PBS) plans[8] were in place for patients and were told that staff would observe patients more frequently if their behaviour was a cause for concern. An up to date Therapeutic Engagement and Observation policy was in place and we saw good examples of de-escalation techniques and observations being used positively on the wards. However, during our review of care plans, we identified some gaps in the recording of observations undertaken on patients.

Improvement needed

The health board must ensure care plans document the conditions of use when patients use the ECAs at the hospital.

The health board must clarify the current status of the policy for the safe use of ECAs on adult acute mental health units across the health board.

The health board must ensure that all observations undertaken on patients are documented appropriately within patient records.

Record keeping

Patient records were mainly paper files which we found to be stored appropriately inside the nurse's office on each ward. We were told that the hospital is moving to a full electronic patient record system in the near future.

The patient records we reviewed during the inspection were comprehensive and well organised, which made it easy to navigate through the sections. Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

[8] A PBS plan helps staff understand the behaviour of patients and how best to minimise escalation and reduce the risk of harm to the person and others.

Mental Health Act Monitoring

During the inspection we reviewed the statutory detention documents of a total of four patients, who were receiving care on Belle Vue and the PICU. The paper records were stored securely in the Mental Health Act administrator's office which was located on site.

The statutory documentation we saw verified that the patients were legally detained. We also found that they were generally well organised, easy to navigate and contained detailed and relevant information. However, we did find two instances where papers had been misfiled between the ward and the administrator's office, which meant that patients that had been discharged from the hospital were still appearing on the administrator's system as patients at St Cadoc's. This highlighted a potential lack of sufficient legal scrutiny of papers when patients are discharged from the hospital.

We found evidence that patients were involved in determining the conditions and outcomes of Section 17 leave[9]. However, we saw instances of Section 17 leave forms that did not have the signature of the patient to evidence their agreement.

During our discussions with staff we found that staff were not regularly undertaking training on the Mental Health Act. The health board must arrange for staff to take such training to ensure staff are discharging their responsibilities under the Act.

Improvement needed

The health board must ensure the legal documentation for patients is managed and scrutinised appropriately when patients are discharged from the hospital.

The health board must arrange for staff at the hospital to undertake training on the Mental Health Act and consider making it a mandatory training module.

[9] Section 17 leave allows the detained patient leave from hospital.

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

During the inspection we reviewed the care plans of a total of three patients. We found that they were maintained to a good standard and in line with the criteria set out in the Mental Health (Wales) Measure. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

Unmet needs were identified and risk assessments completed that set out the mitigations in place to manage identified risks. There was evidence of multidisciplinary involvement in the development and ongoing review of the care plans we saw.

It was positive to see that care plans demonstrated patient involvement in discussions about their care and were signed by the patient to indicate their agreement. Overall, the nursing documentation we reviewed was well maintained.

We noted that one patient at the hospital had a significant wound that required careful management. We were told that wound care specialists had input into the development of the care plan for the patient. However, due to the severity of the wound, we concluded that the care plan needed to be strengthened to ensure a consistent approach by all staff, at all times, including agency workers. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified and the actions taken by the service are provided in Appendix B.

Quality of management and leadership

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

We found that staff had a good understanding of the needs of the patients at the hospital and were committed to providing patient care to high standards.

Arrangements were in place to ensure compliance with mandatory training and annual appraisal completion rates were high.

Incidents were being monitored and analysed, but improvements are needed to ensure audit activities appropriately identify and address issues quickly and proactively.

Plans were in place by the health board to address a high number of staff vacancies, and existing staff must be supported to help protect their health and well-being.

Governance, leadership and accountability

It was positive that senior managers of the health board engaged openly during the inspection. We were provided with a copy of an organisational structure which showed lines of accountability from ward managers at the hospital through to the overall leadership of the Mental Health and Learning Disabilities Division at the health board. The ward managers were supported by regional and specialist senior nurses, who were not always located at the hospital. This meant that during the inspection, it was sometimes unclear who was in direct charge of the running of the hospital and all wards during the day and at night. We also noticed some inconsistencies across the hospital, for example, different versions of COVID-19 checklists were being used across wards. The health board should consider whether the current organisational structure provides the appropriate leadership to provide consistency across the hospital.

The Datix electronic system was being used to record, review and monitor patient safety incidents. We saw that information entered on to the system in

relation to any incidents included the names of patient(s) and staff involved, a description, location, time and whether or not any restraint was used. We were provided with regular incident reports that showed ward managers were monitoring and analysing incidents that had occurred at the hospital to identify any themes.

Due to the issues we identified in relation to medicines management and Mental Health Act monitoring, we were not assured that sufficient audit activities and monitoring systems and processes were in place to ensure the hospital focussed on continuously maintaining standards.

Improvement needed

The health board must review its system of audit activity across all wards and ensure it is consistent, timely and appropriate to identify issues.

Staff and resources

Workforce

During our time on the ward we observed good relationships between staff who worked well together as a team. Staff we spoke to were passionate and dedicated about their roles. It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings and recommendations.

Staffing levels appeared appropriate to maintain patient safety within the wards at the time of our inspection. However, it was clear from discussions with staff, and from a review of recent staff rotas, that appropriate levels of staff have only been maintained through a sustained use of bank and agency staff due to the high levels of Registered Nurse (Mental Health) vacancies across inpatient services at the health board. We were told that this is having a detrimental effect on the wellbeing and morale of staff, and potentially impacting on patient care. We were told about current plans being put in place by the health board to resolve these issues, and HIW will continue to seek assurance that the health board has sustainable and sufficient capacity to provide safe and effective care

to patients at the hospital through its Relationship Manager[10] role. The health board must also ensure that good systems are in place to support staff welfare.

We reviewed the mandatory training and annual appraisal statistics for staff at the hospital and found that completion rates were generally high, and that plans were in place to complete anything outstanding. The electronic system provided the senior managers with details of the course completion rates and individual staff compliance details.

Improvement needed

The health board must ensure that good systems are in place at the hospital to support the health and well-being of staff.

[10] HIW Relationship Managers provide a critical role by working closely with each health board and trust across Wales to understand the risks and issues faced by each organisation to help provide HIW with assurance on their performance.

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
On the second day of our inspection we saw bags of clinical waste and soiled linen left unattended in corridors near the canteen.	This meant patients, staff and visitors accessing the corridors were potentially at risk of infection.	We escalated our concerns straight away during the inspection to senior managers at the hospital.	Staff arranged for the bags of clinical waste and soiled linen to be removed immediately and we were assured that such waste would be stored and disposed of appropriately going forward.
During the inspection we found an out of date oxygen cylinder in the clinic room on PICU.	This meant we could not be assured of the quality and safety of the oxygen cylinder if was to be used in an emergency.	We escalated our concerns straight away during the inspection to senior managers at the hospital.	Staff arranged for the empty cylinder to be removed and replaced immediately and we were assured that better monitoring of the expiry dates of oxygen cylinders would be undertaken going forward.

Appendix B – Immediate improvement plan

Service: St Cadoc's Hospital

Date of inspection: 13-15 September 2021

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
During the inspection we felt that a patient being cared for in the extra care area of the PICU could become segregated from other patients on the ward. While this could best maintain the safety of the patient and other patients on the ward, it was clear that no governance arrangements were in place to provide clear guidance to staff on the procedures for segregating patients in this way. The health board must develop a policy for long term segregation (LTS) in line with the Mental Health Act (MHA) Code of Practice to provide clear guidance to staff on areas such as: • the rationale for LTS	3.1 Safe and Clinically Effective Care and 6.2 Peoples Rights	The Health Board recognises that there are two steps toward this process: a) An interim policy with regard to the management of this patient in LTS b) A Divisional policy for Long Term Segregation for all inpatient units in the Mental Health and Learning Disabilities Division.	Divisional Head of Quality and Improvement	a) Completed b) By December 2021

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
• the transition out of LTS supported by comprehensive care and treatment plans on reintegration • involvement of professionals and the patient and their family/carers • and how the rights of patients will be protected while on LTS.				
We noted that one patient at the hospital had a significant wound that required careful management. It was evident that specialist wound care advice had informed development of the care plan, however the care plan needed to be strengthened to ensure a consistent approach by all staff, at all times, including agency workers. The health board must ensure that the wound management aspect of the patient's care plan includes clear guidance for all staff, to ensure consistent proactive and reactive management of the patient's response to the wound, including actions by the patient that might prevent the wound from healing, or result in further harm.	3.1 Safe and Clinically Effective Care	An individualised wound care plan has been updated, with support from the District Nursing Team, Tissue Viability Service and Adult Mental Health Team.	Ward Manager/ Senior Nurse Lead Nurse for Adult Mental Health	Completed.

Appendix C – Improvement plan

Service: St Cadoc's Hospital

Date of inspection: 13-15 September 2021

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 consider making more books available for patients on each ward at the hospital where appropriate.	1.1 Health promotion, protection and improvement	The potential for a mobile library attending the site will be explored. The idea of a library for patients being situated by the Main Hall at St Cadoc's Hospital will be explored. Explore opportunities for newspaper/magazine subscriptions.	Ward Manager, Pillmawr Divisional Head of OT Head of Quality & Improvement	November 21 December 21 November 21
The health board must ensure that all windows throughout the hospital are	4.1 Dignified Care	A works order to replace/repair blinds has been submitted and approved.	Senior Facilities Operations	6 weeks from identification

Improvement needed	Standard	Service action	Responsible officer	Timescale
covered by working blinds to protect the privacy and dignity of patients.			Manager	of no asbestos survey if required)
The health board must develop a policy that sets out the criteria for when rooms are to be used as an extra bedroom for a patient at the hospital, and the procedures to follow to ensure it is a safe and appropriate environment for the patient.	4.1 Dignified Care	'The existing Adult Acute Mental Health Inpatient Bed Management Contingency' document will be updated to ensure criteria is included.	Lead Nurse for Adult Mental Health	December 21
The health board must ensure that signage to the main entrance of the hospital is clear for patients and visitors.	4.2 Patient Information	An assessment of signage/wayfinding on the St Cadoc's site will be conducted with rapid improvement plan to enhance information for visitors	Senior Facilities Ops Manager	January 22
The health board must ensure that a range of information is provided to patients that includes guidance on healthy living and information on the role of, and contact details for, Healthcare Inspectorate Wales. Such guidance should be in formats that are appropriate to the patient groups.	4.2 Patient Information	The QPS department will ensure the availability and provision of "Public Health" leaflets within clinical areas, as well as other key patient information.	Head of Quality & Improvement	November 21

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that a range of information is provided to patients that includes information on how to make a complaint via the NHS Putting Things Right process.	6.3 Listening and Learning from feedback	As above – each clinical area to have a display board containing all relevant information.	Head of Quality and Improvement	November 21
Delivery of safe and effective care				
The health board must ensure the hospital site is checked to remove any broken glass and ensure furniture is not being stored inappropriately. Going forward the health board must ensure the hospital site is well maintained to best protect the health and safety of patients, visitors and staff.	2.1 Managing risk and promoting health and safety	Weekly site walkabouts will be undertaken with Facilities & Clinical staff to ensure well maintained sites.	Facilities Manager	November 21
The health board must clarify whether staff are to wear alarms on the wards and ensure staff are reminded of the requirements.	2.1 Managing risk and promoting health and safety	An individual alarm device is available to each staff member on every shift. Ward Managers to ensure that all staff are aware of provision and the need to utilise for patient and staff safety.	Ward Managers	November 21
The health board must provide assurance to HIW that the safety of staff monitoring the Section 136 suite, especially at night, is	2.1 Managing risk and promoting	The 136 Suite is linked with the 'Atus' Alarm system insitu across the St Cadocs hospital site and staff are provided with individual	Lead Nurse	January 22

Improvement needed	Standard	Service action	Responsible officer	Timescale
being protected.	health and safety	handsets. A risk assessment is completed when a person attends the suite and police do not leave until it is safe to do so. Standard Operating Procedure will be developed for the 136 Suite.		
The health board must improve the COVID Safety Daily Assurance Form Report compliance on the PICU.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Ward Manager will ensure completion of the Covid audit tool consistently and robustly. Compliance will be monitored at weekly Divisional Covid Tactical meetings.	Ward Manager & Divisional Nurse	November 21
The health board must ensure the children's visiting room by Adferiad and the corridors of the wider hospital site are deep cleaned to improve the overall standard of cleanliness and ensure these areas are regularly cleaned going forward.	2.4 Infection Prevention and Control (IPC) and Decontamination	Arrangements have been made for a specialist cleaning contractor to undertake an initial deep clean. Cleaning schedules will be updated to ensure regular routine and deep cleans are completed.	Senior Facilities Operations Manager	December 21

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure staff adhere to the staff uniform policy.	2.4 Infection Prevention and Control (IPC) and Decontamination	The organisational dress code will be reinforced amongst staff. Adhoc Audits will be conducted to assess compliance.	Divisional Director	November 21
The health board must ensure that patient feedback on the menu is taken into account, and provide patients with a range of good quality food choices.	2.5 Nutrition and Hydration	Patient views of food provision will be routinely collected as part of patient experience surveys, with analysis and feedback to the Divisional QPS fora. The Health Board has recently commissioned a full review of patient catering across the Health Board's estate. This will assess a means of delivering a consistent, quality, nutritional and tasty meal service for all patients.	Divisional Nurse Senior Facilities Operations Manager	Bi-annual July 22
The health board must ensure that each ward has access to the most current medicines management policy.	2.6 Medicines Management	The out-of-date policy has been removed. The Health Board does not encourage printing of policies. The most up-to-date policy is available via the Intranet.	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The link to the most up-to-date Medicines Management Policy will be cascaded to all areas.	Head of Quality & Improvement	November 21
The health board must ensure that oxygen cylinders throughout the hospital are in date and ready to be used in an emergency.	2.6 Medicines Management	Out of date cylinder immediately removed. Resuscitation Equipment checks to be undertaken weekly on each ward. This is recorded on a chart and expiry date of the cylinder will be added.	Ward Manager, PICU Senior Nurse	Completed November 21
The health board must ensure that the issues we identified in this report in relation to MAR Charts are rectified going forward.	2.6 Medicines Management	Ward Managers and Senior Nurses will ensure weekly checks of MAR charts are undertaken.	Ward Managers, Senior Nurses	November 21
The health board must ensure that arrangements are in place to check that MAR Charts are being completed by staff on each ward clearly, accurately and kept up to date. A further review of the MAR Charts across the hospital must be undertaken by the health board to identify whether any further improvements are	2.6 Medicines Management	A formal Audit of MARS charts will be undertaken and reported to the QPS Fora.	Head of Quality Improvement	Bi-annual

Improvement needed	Standard	Service action	Responsible officer	Timescale
required.				
The health board must clarify the current status of the policy for the use of medication for rapid tranquillisation, and if it is still in draft form, provide assurance on how staff are currently ensuring the appropriate use of medication for rapid tranquillisation until the policy is implemented.	2.6 Medicines Management	Rapid Tranquilisation Policy has been updated and is available on the Intranet. The link as also been cascaded. The Division will review how to strengthen regarding new policies available.	Head of Quality & Improvement Divisional Director	November 21 December 21
The health board must ensure all staff are up to date with their Safeguarding Adults mandatory training.	2.7 Safeguarding children and adults at risk	The Educational Lead for Safeguarding will work with the Division to develop an improvement trajectory for safeguarding training compliance against various staff groups.	Head of Quality Improvement	January 22
The health board must ensure care plans document the conditions of use when patients use the ECAs at the hospital.	3.1 Safe and Clinically Effective care	A Divisional Seclusion & Segregation policy will be developed which will include use of the extra care area.	Head of Quality & Improvement	December 21
The health board must clarify the current status of the policy for the safe use of ECAs on adult acute mental health units across the health board.	3.1 Safe and Clinically Effective care	As above.		

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all observations undertaken on patients are documented appropriately within patient records.	3.1 Safe and Clinically Effective care	An internal memo will be distributed to remind staff of the importance of robust documentation of observations. A programme of auditing will be developed to assess compliance with the Therapeutic Engagement & Observation Policy.	Head of Quality & Improvement	January 22
The health board must ensure the legal documentation for patients is managed and scrutinised appropriately when patients are discharged from the hospital.	Application of the Mental Health Act	The MHA Administration team will liaise with wards to ensure a focus on timely discharge documentation being completed and submitted. MHA audit cycle to be reviewed to ensure this element is monitored robustly.	Head of Quality & Improvement	December 21
The health board must arrange for staff at the hospital to undertake training on the Mental Health Act and consider making it a mandatory training module.	Application of the Mental Health Act	The MHA Trainer will liaise with ward managers to arrange additional training for staff. MHA training as a mandatory module will be scoped by the Division.	Head of Quality & Improvement Divisional Director	December 21 February 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board must review its system of audit activity across all wards and ensure it is consistent, timely and appropriate to identify issues.	Governance, Leadership and Accountability	The Division will review its Audit schedule, updating it based on risks and prioritisation. The schedule will be presented to the QPS forum.	Head of Quality & Improvement & Divisional Lead for Audit	February 22
The health board must ensure that good systems are in place at the hospital to support the health and well-being of staff.	7.1 Workforce	Details of the ABUHB Employee Well Being Service will be cascaded. Psychological Debrief Sessions will be robustly introduced post-incident. The Division is developing a job description for a Clinical Lead for Staff Experience.	Divisional Director Divisional Director	December 21 February 22

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): Michelle Forkings

Job role:	**Divisional Nurse, Mental Health and Learning Disabilities**
Date:	**15 November 2021**