Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Hydref and Gwanwyn Wards, Heddfan Psychiatric Unit, Betsi Cadwaladr University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Heddfan Psychiatric Unit within Betsi Cadwaladr University Health Board on the evening of 07 November and the following days of 08 and 09 November 2022. The following hospital wards were reviewed during this inspection:

- Gwanwyn - a 13 bed mental health ward for older adults with an organic illness
- Hydref - 13 bed mental health ward for older adults with a functional illness.

Our team for the inspection comprised of three HIW Healthcare Inspectors, two clinical peer reviewers, a Mental Health Act reviewer and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good. We found a dedicated staff team that were committed to providing a high standard of care to patients. Staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke to were passionate about their roles and enthusiastic about how they supported and cared for the patients. Staff demonstrated that they had a desire to improve the quality of services and care delivered to patients.

This is what we recommend the service can improve:

- The broken dishwasher and faulty ceiling lights on Gwanwyn must be repaired or replaced to ensure staff and patient safety
- The ambient temperature of the wards must be reviewed to ensure the comfort of patients, staff and visitors
- The activities rooms on both wards should be tidied and maintained for the use of patients and staff
- Bedroom window and ensuite shower curtains must be provided for all patients to ensure that their privacy and dignity is protected.

This is what the service did well:

- Staff demonstrated a good level of understanding of the patients they cared for
- Staff treated patients with kindness and respect.

Delivery of Safe and Effective Care

Overall summary:
We found that staff were committed to providing safe and effective patient care. We were generally assured that processes were in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors at the hospital. Mental Health Act records were compliant with legislation and contained good evidence of visible advocacy involvement in patient care. Patient Care and Treatment Plans were well organised, easy to navigate and updated to reflect current needs and risks. However, we found that the quality of the Care and Treatment Plans was variable across the wards. Some improvements were

required in respect of governance, record keeping and medications management. During the inspection it was concerning to note that the monthly ligature audit workbook had not been completed since February 2022, which could threaten patient safety.

Immediate assurances:

We examined staff training records, staffing rotas and incident forms. We noted that staff compliance with Restrictive Physical Intervention (RPI) training was 16 per cent on Gwanwyn and 25 per cent on Hydref. We found that some staff had been involved in incidents of restraint who had not completed any RPI training or were out of compliance with their training. Therefore, we were not assured that staff and patients were being fully protected and safeguarded against injury.

Furthermore, the health board's Physical Restraint Policy was out of date; we noted the review date for the policy was October 2022.

This is what we recommend the service can improve:

- A formal governance audit structure should be put in place to ensure the clinic rooms on the wards are maintained in a tidy and presentable state and that medicines are securely stored
- Regular audits must be undertaken to ensure that Medication Administration Records (MAR charts) are fully completed and consent to treatment is regularly reviewed
- Care and Treatment Plans should be fully completed and kept up to date in accordance with the Mental Health (Wales) Measure 2010
- A robust governance programme of audit must be implemented to ensure that access cards issued to hospital staff are monitored and accounted for in order to prevent security breaches and to ensure the safety of patients, staff and visitors
- The ligature audit workbook must be completed in line with health board policy.

This is what the service did well:

- Legal documentation to detain patients under the Mental Health Act was compliant with the legislation
- Physical health care was monitored and recorded appropriately for patients
- Patients were involved in their Care and Treatment Plans where appropriate.

Quality of Management and Leadership

Overall summary:
Almost all staff members who responded to the HIW questionnaire recommended the hospital as a place to work and agreed that they would be happy with the standard of care provided for their friends or family. The leadership team was approachable and supportive to staff and had a good understanding of patient needs. We saw evidence of good collaborative working across the health board to support improvements and disseminate quick learning from incidents and serious untoward events. We noted that there were a high number of vacancies on both wards at the time of our inspection. Most staff told us they felt there were not enough staff on the wards to enable them to do their job properly. Senior management confirmed that maintaining adequate staffing levels was a challenge on the wards and that a block booking of agency staff had been requested to temporarily reduce staffing pressures.

This is what we recommend the service can improve:

- The health board must ensure that all staff are compliant with mandatory training and provide robust governance oversight of this
- Out-dated policies must be reviewed to ensure they are kept up to date and support staff in their roles
- The health board should conduct further consultations with staff to discuss ways of improving the visibility and involvement of the senior management team on the wards
- The health board should actively focus on the recruitment of staff into permanent vacancies.

This is what the service did well:

- We saw strong team working on both wards throughout our inspection
- Most staff told us they felt supported in their roles and described the leadership team as being approachable and supportive.

3.What we found

Quality of Patient Experience

We gave HIW questionnaires to patients during the inspection to obtain their views on the service provided at the hospital. In total, we received eight completed questionnaires. All patients who completed a questionnaire rated the care and service provided by the hospital as either good or very good.

Staying Healthy

Health Protection and Improvement
We observed that all patients received a physical health assessment upon admission to the hospital. Following admission, physical healthcare plans documented any required ongoing health promotion and preventative interventions, such as dietician support and access to GPs.

During our evening tour of the wards, we found the environment of care was generally clean and clutter free. There was a pleasant, relaxed atmosphere on both wards. Patients within both wards had access to their bedrooms, lounges and outside courtyards. The wards had a pleasant therapeutic environment for patients in keeping with their needs. Occupied rooms displayed patient names and room numbers in a large, raised font. The wards were bright and colourful with murals on the walls. There were outside garden areas with seating for patients.

We noted that the wards had de-stimulaton and relaxation rooms for the use of patients, but we found that the relaxation room on Hydref was untidy. We were advised that patients were not able to use it as much as they should due to staffing pressures. We recommend that this area be tidied and maintained for patient use. On Gwanwyn, we saw that a courtyard area connected to the de-stimulation room was overgrown and neglected. We recommend that this area be cleaned and maintained for patient use.

Both wards were supported by occupational therapists (OTs) who undertook therapeutic activities with patients. Staff spoke very positively of the role of the Activities Coordinator on Hydref ward. We were told that there was no Activities Coordinator on Gwanwyn, but the post was currently being recruited to. We recommend that the health board undertake robust measures to recruit an Activities Coordinator for the benefit of patients on Gwanwyn.

It was pleasing to see staff actively engaging with patients and undertaking meaningful recreational activities with patients throughout our inspection. Both wards had an activities room for patients which offered a wide range of activities including board games, puzzles and art and music equipment. However, we saw that the activities rooms were very untidy on both wards. We were advised that the Hydref activities room was being used more as a storage area rather than for patient activities, and that patient activities would usually take place in the communal areas of the ward rather than in the room itself. We found that the activities room was particularly cluttered and disorganised on Gwanwyn and saw minutes of ward meetings highlighting staff awareness and concern about this issue. We recommend that the activities rooms on both wards should be tidied and maintained for the use of patients and staff.

Most patients who completed a HIW questionnaire agreed that there were sufficient and appropriate leisure facilities on the wards and that they were able to go outside for exercise or wellbeing. We were advised that physical exercise for patients was limited to a group activity two or three times per week. The ward garden areas were used to provide outside space and exercise for patients but were small, providing only limited opportunities for walking. Staff told us that recreational activities for patients mostly included ward-based activities but also frequent trips into town to purchase food and occasional minibus outings. However, staffing pressures did not allow minibus outings to take place very often.

We observed that the communal patient facilities were in working order on Hydref ward. However, we found that there were several maintenance issues on Gwanwyn ward which required repair or replacement. The waste disposal unit isolation switch in the kitchen of Gwanwyn was covered by a sheet of kitchen towel which was stuck to the switch with Sellotape on which was written ‘faulty do not use’. This issue was discussed with staff who advised that the unit was broken and required removal rather than repair. We recommended that a more appropriate method of signage be erected to alert staff to the issue and that the faulty disposal unit be removed. We were further advised that the dishwasher on Gwanwyn had been broken for two years, which was causing additional work for cleaning staff. The health board must ensure that the dishwasher is repaired or replaced for the benefit of staff and patients.

In our discussions with staff, we learned that there are five ceiling lights outside patient bedrooms which were not working on Gwanwyn. These must be repaired to ensure staff and patient safety on the ward.

Dignified care

Dignified care

Throughout the inspection we observed committed and respectful interactions between staff and patients on both wards. Staff demonstrated a caring and understanding attitude to patients and communicated using appropriate and effective language. Patients we spoke to during our inspection confirmed that staff were responsive, supportive, and helpful. Nursing staff were very knowledgeable about patients and it was clear that good professional relationships had been developed to support patient health and wellbeing. Staff demonstrated that they had a desire to improve the quality of services and care delivered to patients. All staff members who completed our online survey agreed that patient privacy and dignity was maintained, and that patients were informed and involved in decisions about their care.

During our inspection we found that measures were in place to protect the privacy of patients but some improvements are needed in this area. It was positive to see that each patient had their own room with ensuite shower facilities which supported their privacy and dignity. Personal care of patients was administered in their bathrooms and bedrooms but there were no shower curtains fitted in the ensuite bathrooms to ensure privacy. We noted that this could compromise patient privacy and dignity if the bedroom was accessed whilst patient personal care was being administered. We recommend that the health board must provide appropriate shower curtains to ensure that the privacy and dignity of patients is protected.

During the inspection, we learned that some patients do not have blinds or curtains for their rooms and that patients had raised this issue with staff previously. On Gwanywn which is located on the ground floor of the hospital, we established that the patient bedrooms had reflective glass which prevented them from being seen from outside. We saw minutes of Hydref patient meetings in which patients complained that they felt that people could see into their room if their bedroom light was on. The health board must provide blinds or curtains for patient bedrooms to ensure the privacy and dignity of patients is respected.

We were advised that patients were provided with their own key card for their room when settled on the ward. It was positive to see that patients were able to personalise their rooms and store their own possessions. Patient bedroom doors had a vision panel which enabled staff to undertake observations from the corridor without opening the door, to minimise any potential disruption to patients sleeping. It was positive to learn that patients could also close the vision panels from inside their rooms if they wished. Patients we spoke to told us that staff knocked on their door before entering their rooms, which evidences the respect of staff for patient privacy.

Both wards provided mixed gender accommodation which can present challenges around aspects of dignified care. We saw there were no gender segregation areas on the wards, but bathrooms in the communal areas were clearly signed as male or female. We recommend that the health board should consider gender segregation on the wards by ensuring that proper safeguards are put in place, and that care plans and risk assessments are completed accordingly. Throughout our inspection we noted that the ambient temperature was uncomfortably hot on both wards. We viewed previous meeting minutes which indicated this was an ongoing issue affecting staff and patients. We were advised that patients had previously undressed on the wards due to the high ambient temperature, which compromised their dignity. We recommend that the health board must review the ambient temperature of the wards to ensure the comfort of patients, staff and visitors.

Communicating effectively

We saw some good examples of effective and personalised communication between staff and patients. Daily handover meetings were held for nursing staff to share patient information and to update the multidisciplinary team (MDT) on any concerns, issues or incidents that had taken place the day before. We attended Acute Care Management and Safety Huddle meetings during the inspection and saw that staff demonstrated a good level of understanding of the individuals they were caring for, and that discussions focused on what was best for the patient.

The wards used digital technology as a tool to support effective communication by way of online Teams meetings, telephone discussions and email exchanges to ensure timely patient care. We were advised that face-to-face meetings have recommenced following national guidance with COVID-19 restrictions, but digital technology was a more effective method of communication to share information around patient care. Staff advised that they also use Teams to maintain patient contact with family and carers which was often a more appropriate and convenient method for the patient group.

Patient information

It was positive to see that there were helpful organisational charts displaying staff names on both wards for the benefit of patients and visitors. On Gwanwyn this included photographs and names of the ward staff but on Hydref, the organisational chart was less personalised. There were no staff photographs, only pictures of staff uniforms to identify the staff roles on the ward. We recommend that the organisational chart structure of Gwanwyn be replicated on Hydref for the information of patients, staff and visitors.

We found plentiful information for carers displayed on the wards but saw limited information for patients. Some patient information was displayed outside of the ward entrances where it would not be visible to patients confined to the wards. There was a limited amount of health promotion information on display for

patients on the wards. We saw comprehensive patient information on falls prevention and addressing sleep problems, but information on smoking cessation was found to be located outside of the wards where it would not be visible to patients. There was no health promotion information displayed for patients relating to healthy eating, exercise and alcohol awareness.

We saw that comprehensive information on advocacy services was displayed on the wards, but there was no information displayed regarding the role of Healthcare Inspectorate Wales. Information on the Mental Health Act was displayed on the wards but was found to be out of date.

The health board should ensure that relevant and up to date patient information is displayed in the communal areas of the wards including health promotion, the role of the HIW and Mental Health Act information.

Timely care

Timely Access

The wards held twice daily safety huddle meetings to establish bed occupancy levels and to discuss patients care needs. Staff also attended regular multidisciplinary meetings in which information was shared to ensure the timely care of patients. We observed that there were various meetings and processes that supported the effective care of patients. These included a weekly falls meeting as well as monthly team manager and Quality Safety and Experience meetings. We observed that patients were regularly monitored and received timely care in accordance with clinical need.

Individual care

Planning care to promote independence

During the inspection we reviewed seven care and treatment plans (CTPs) of patients across both wards. Within the CTPs there was evidence of comprehensive risk assessments with supportive multidisciplinary team involvement. The quality of CTP completion was variable across the wards, but it was positive to see that CTPs were focused on the individual recovery and rehabilitation of patients. It was evident that patients had been involved in the development of their care and treatment plans wherever possible. We saw evidence of patients, their representatives and community services involvement in the care planning process. Half of the patients who completed our questionnaire told us they felt very involved or quite involved in the development of their Care and Treatment Plan. More findings on the Care and Treatment Plans can be found in the Monitoring the Mental Health (Wales) Measure 2010: care planning and provision section of this report.

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 legal documentation we reviewed was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). Further information on our findings on the legal documentation is detailed in the Mental Health Act Monitoring section of this report.

We found that satisfactory arrangements were in place to promote and protect patients' rights. Staff compliance with mandatory Equality, Diversity and Human Rights training was 100 per cent on Hydref and 92 per cent on Gwanwyn. Regular ward meetings were held to review and discuss practices to minimise the restrictions on patients based on individual patient risks. Patient care was consistent in accordance with the patient age group and requirements. The hospital had established policies to help ensure that the patients' equality and diversity were respected, and their human rights maintained. Reasonable adjustments were in place so that everyone could access and use services on an equal basis. The doors to the main unit opened automatically and were wide enough to accommodate wheelchair access. A lift was available for use to access the first floor. Mechanical hoists and specialist equipment such as motorised wheelchairs were available to be used by patients where required.

Both wards had visiting rooms for patients to see their families in private. Most patients who completed a questionnaire told us that they contact with friends or family by phone call. Arrangements were in place for patients to make telephone calls in private and many patients had access to their own mobile phones where appropriate. Rooms were also available for patients to spend time away from other patients according to their needs and wishes.

Patients had access to a mental health advocate who can provide information and support to patients with any issues they may have regarding their care.

Listening and learning from feedback

Senior ward staff on both wards confirmed that wherever possible they would try to resolve complaints immediately and share learning from incidents appropriately. The health board also had a process in place where patients could escalate concerns via the health board's Putting Things Right complaints procedure. Most staff who completed our online survey agreed that patient experience feedback was collected and that they received regular updates on patient experience feedback. Half of the staff who completed our online survey agreed that feedback from patients was used to make informed decisions within the hospital.

During our discussions with staff we learned that there was a fortnightly patient meeting on Hydref ward to discuss patient issues and obtain feedback. We saw minutes of meetings which showed that staff were keeping patients informed of what actions had been taken in response to issues that had been raised on the ward. We observed that there were patient feedback forms and a drop box outside Hydref ward which invited patient feedback, but this was not accessible to patients inside the ward area. There was a display board showing the outcome of patient questionnaire, and issues that that had been raised by patients, but this was dated June 2022. The information board outlined when the next patient meeting would be held, but there was no date shown for the next meeting. We noted that the previous meeting had taken place three weeks prior to our inspection.

Despite the presence of the display board showing the outcome of the patient questionnaire, we found there was no Putting Things Right information regarding the process of making a complaint displayed on Hydref. This means patients were not clearly signposted to the complaints process. We recommend that the patient feedback forms be accessible to patients on the wards, and the patient information boards should be kept up to date. We further recommend that Putting Things Right information should be displayed on the ward for the information of patients and visitors.

On Gwanwyn we observed that Putting Things Right feedback notices were displayed in sight of patients, but these were dated over a year prior to our inspection. During our discussions with staff, we learned that there was no patient meeting process in place on Gwanwyn to survey patients in order to obtain their feedback and ensure quality improvement. We recommend that a process be put in place to engage patients and carers to gain feedback of their experience on the ward, and that the patient feedback board should be kept up to date.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety
We observed that the hospital had processes in place to manage and review risks to help maintain the health and safety of the patients, staff and visitors at the hospital. The wards were secured from unauthorised access and all visitors would report to the reception area to gain access. Staff wore personal alarms which they could use to call for assistance if required. There were also nurse call points around the wards and within each bedroom so that patients could summon assistance if required. Both Gwanwyn and Hydref had bedroom sensors that would alert staff to patients rising from their beds so that staff could provide the required level of support for patients. We observed staff responding in a timely manner to alarms that activated. Almost all patients that completed a questionnaire told us that they felt safe while at the hospital. Most staff who completed an online survey told us they were satisfied with the quality of care they give to patients.

We were assured that there were sufficient personal alarms and access cards for all staff, including bank and agency staff working the wards. However, we found there was no governance process in place to oversee swipe card allocation and to prevent the retention of swipe cards by bank and agency staff. We were reassured that the access cards did not afford access to the main door of the hospital, but they did allow access to all areas of the wards. With no audit system in place, this could result in a security breach which compromised the safety of patients, staff and visitors if the access cards were not accounted for. We raised our concerns to staff around the management of security in Heddfan unit and the impact this could have on the safety of patients, staff and visitors. Senior staff immediately commenced a process of access card audit by creating a signing out sheet for the access cards. The health board must ensure that a robust governance program of audit is implemented to ensure that access cards issued by the hospital are monitored and accounted for to prevent security breaches and ensure the safety of patients, staff and visitors.

During our inspection we observed that not all staff were compliant with the health board's Uniform Standards Policy in relation to the wearing of jewellery on the wards. We recommend that the health board reinforce this policy to ensure compliance of staff and the safety of staff and patients.

We noted that the furniture, fixtures and fittings at the hospital appeared to be appropriate for the patient group. During our inspection, it was positive to observe

that maintenance staff were reviewing the fixtures and fittings on Gwanwyn to prevent ligature risks. However, we noted that the monthly ligature audit workbook of the wards had not been completed since February 2022 and the reassessment due date of March 2022 was not met. The health board must ensure that the ligature audits are completed to ensure the safety of the patient group.

During our evening tour of the ward, we saw a hoist left in the communal hallway outside Room 9 on Hydref. The hoist presented as an obstruction to the communal hallway as well as a ligature risk for patients. We raised this issue with staff and the hoist was moved and stored appropriately during the inspection. The health board must ensure that the wards are kept clutter free to ensure the safety of patient group.

Preventing pressure and tissue damage

We looked at a sample of patient records on both wards and saw evidence that patients received appropriate physical assessments upon their admission, and ongoing physical health checks including monitoring of pressure areas during their stay. The physical healthcare monitoring was comprehensive and included Waterlow risk assessments to help staff assess the risk of patients developing pressure ulcers.

Falls prevention

We saw that the physical healthcare monitoring of patients included monitoring their risk of falls. We saw that patients who were under observation due to being a falls risk were being managed effectively by staff. Weekly falls assessment and review group meetings took place to identify areas of concern and points of learning from falls incidents in order to prevent reoccurrence. Senior staff spoke passionately about the involvement of the hospital in a wider health board project focussing on patient falls. The project aims to identify areas of improvement, share learning with colleagues and to reduce falls by 30%. Senior staff reported that falls are generally well managed in Heddfan but their paperwork completion and debriefing could be improved in this area and they were actively engaging with staff to rectify this.

Infection prevention and control

We found suitable infection prevention and control (IPC) arrangements in place at the hospital. A range of up-to-date policies were available that detailed the various infection control procedures to help keep staff and patients safe. Regular audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures. Cleaning equipment was stored and organised appropriately. There was evidence of easily available gloves and PPE. Staff demonstrated a good knowledge of IPC and we saw the wards being cleaned regularly throughout our inspection. It was positive to note that staff IPC training

compliance was 93% on Hydref and 95% on Gwanwyn. The laundry facilities for the wards which were well maintained and well organised.

The majority of patients who completed a HIW questionnaire agreed that the environment was clean and tidy and this was generally evidenced throughout our inspection. Staff we spoke to during the inspection and staff who completed our online survey agreed there were appropriate infection prevention and control procedures in place on the wards.

We observed some IPC issues during our inspection which we alerted to staff and which were resolved during the course of our inspection. On Gwanwyn we saw a bed inside the ‘donning area’ room which was blocking the patient use of this area and there was a soiled sanitary product left on the bed. The bed and sanitary product were moved at our request.

We saw a commode in the shared bathroom of Gwanwyn and a hoist in another bathroom that did not display decontamination labels indicating they were safe to use. We note that cleaning staff immediately entered the bathroom and made the area safe by cleaning the area and placing an 'I am clean' sticker displaying the date, time and signature of the housekeeping staff. Cleaning staff confirmed there had been a very brief delay to clean the commode and cited that the delay was due to the extended time it took to wash the dishes after serving breakfast on the ward, given that the dishwasher had been broken for the past two years. The health board must ensure that patient bathrooms are promptly cleaned after use to ensure patient safety.

In our discussions with staff they expressed concern that the domestic cleaners only work from 7.00am to 2.30pm on the wards and after this time any domestic cleaning issues are the responsibility of the nursing staff. We were told that this distracts them from their nursing duties. We recommend that the health board review the ward cleaning arrangements to ensure there is adequate cleaning staff coverage throughout the day.

Nutrition and hydration

Patients were supported to meet their individual dietary needs and provided with diets in accordance with their medical needs. We observed that patient nutritional and hydration needs were assessed, recorded and addressed. We saw evidence of dietician involvement and of staff appropriately recording patient fluids and food intake. Comprehensive physical health assessments were undertaken by the ward doctor on admission to the wards. Weight management and monitoring was evident in the patient care and treatment plans we viewed.

Patients were given a menu with choices for each meal which they could choose to eat in their rooms instead of the dining room if they wished. Drinks and snacks

including fresh fruit were available throughout the day. We were advised that patients could also order food online, request shopping be bought in by relatives, or accompany staff to the supermarket for food items as required.

Half of the patients who completed a HIW questionnaire told us that the quality of the food was not good in the hospital. Staff who we spoke to agreed that they were concerned about the food quality and that this was an ongoing issue for patients. We were told that the hot food served to patients was pre-cooked in the main hospital and then sent to Heddfan on heated trolleys to be served to patients. Staff told us that the quality and preparation of the food was generally poor as the food was unappealing and sometimes overcooked. The issue had been raised many times previously and was the subject of an ongoing patient complaint at the time of our inspection. We saw minutes of patient meetings that highlighted that the food was of low standard. We noted that staff meetings had been held with the catering department in respect of this matter, but the issue was not yet resolved. We recommend that the health board undertake a review of the quality and preparation of patient food at the hospital to ensure that it meets patient needs and dietary requirements.

Medicines management

We observed that relevant policies, such as Medicines Management and Rapid Tranquillisation, were available to staff electronically on computers but were out of date. We noted that the health board's Medicines Management Policy expired in July 2022 and the Rapid Tranquilisation policy expired in March 2022. The health board must review any out-dated policies and ensure that policies and procedures are kept up to date and reviewed to support staff in their roles.

During our evening tour of the hospital, we inspected the clinic rooms on both wards. We found that the clinic room was well organised on Gwanwyn but on Hydref the clinic room was cluttered and disorganised. We saw several topical creams left out on the work surfaces. The sharps bin was overflowing and the drugs fridge containing vaccination medications was unlocked. The treatment bed was positioned in front of the crash trolley which prevented ease of access in an emergency. We discussed our concerns with staff and were advised that daily clinic checks of the clinic room were completed by the Nurse in Charge but there was no additional governance oversight in respect of this. Over the course of our inspection, it was positive to see that these issues were rectified in that the medicines were stored appropriately, and the clinic room was reorganised. The health board must ensure that the clinic rooms on the wards are maintained appropriately, and that medication is appropriately stored at all times. We further recommend that a formal audit structure is put in place in relation to the presentation and organisation of the clinic rooms of the wards.

We generally found that the Medication Administration Record (MAR) charts were completed to a good standard by medical and nursing staff. We saw no examples of overly excessive prescription or administration of medications. Minimal and least restrictive prescribing of medications was observed. Regular medication reviews were completed during weekly ward rounds and weekly patient reviews, to ensure they continued to be appropriate. Staff told us that there was good pharmacy support and involvement.

We found that controlled drugs were generally administered correctly, according to legislation and guidance. However, we saw one MAR chart on Hydref in which medication was not signed for on two occasions in November 2022. We saw another MAR chart in which depot medication was not signed for on the MAR chart but was signed as administered in the notes and on the depot information board in the Hydref clinic room. We highlighted this issue to staff during our inspection and the MAR chart was amended to reflect the correct information. The health board must ensure that MAR charts are consistently signed and dated when medication is prescribed and administered.

We saw evidence of staff ensuring that patients had individualised medication management plans and that patients had been involved in these plans wherever possible. Where required, consent to treatment forms were located alongside MAR charts. However, we found no evidence of consent to treatment audits being conducted on Hydref and we recommend that an audit process be put in place in respect of this.

We discussed the medicines management system with staff on Hydref. It was reassuring to learn that a Mental Health Pharmacist visited the ward regularly to audit MAR charts, however this appeared to be focussed on the prescription rather than the administration of medication. We were assured that ward staff conducted daily checks to ensure medicines management compliance, but there was no further governance oversight in respect of this.

We recommend that that the health board implement a programme of governance oversight in respect of the medicines management system, to ensure that areas of non-compliance and areas requiring improvement are identified and addressed appropriately.

Safeguarding children and safeguarding adults at risk

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

Both wards provided care to adults only. Staff had access to the health board safeguarding procedures on the intranet. Senior staff on both wards confirmed they were confident that staff were aware of the correct procedure to follow

should they have a safeguarding concern. During our discussions with staff, they were able to show knowledge of the process of making a safeguarding referral to the safeguarding team. We were advised that the safeguarding team were approachable and easily accessible and that the team had visited the wards several times to provide safeguarding advice to staff. We were further advised that senior staff members had visited the wards to confer with staff in light of recent whistleblowing concerns, to ensure that all staff were aware of the whistleblowing process.

We noted there was good corporate safeguarding oversight by the health board within Heddfan. Staff compliance with Safeguarding Adults training was 100 per cent on Hydref and 97 per cent on Gwanwyn.

Medical devices, equipment and diagnostic systems

We found appropriate resuscitation equipment in place on both wards. We saw evidence of weekly checks being undertaken on resuscitation and emergency equipment held on each ward. Staff had documented when these had occurred to ensure that the equipment was present and in date. Fridge temperature checks were completed appropriately on both wards.

Safe and clinically effective care

Over the course of our inspection we looked at the systems and governance arrangements in place to help ensure that staff provided safe and clinically effective care for patients. There was an established paper filing system in place for recording, reviewing, and monitoring patient safety incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents were investigated and managed appropriately. Incidents such as falls and use of restraint were documented. There was a process of incident management and escalation in place to ensure that incident reports were reviewed in a timely manner. Staff confirmed that debriefs take place following incidents and relevant learning was shared with staff verbally and electronically.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents within the unit and the wider organisation. In our discussions with staff it was reassuring to see that staff felt confident in reporting and raising these issues, which demonstrated professional integrity. The majority of staff who completed our online survey agreed that they would know to report concerns about unsafe practices and that the hospital encourages them to report errors, near misses or incidents. Most agreed that staff involved in errors, near misses or incidents were treated fairly and that the hospital took action to prevent reoccurrence. This culture of reporting should be encouraged and supported by the health board so that staff feel valued in contributing to change and are confident in reporting issues that affect staff and patient safety.

Most staff who completed a HIW online survey agreed they were able to meet the conflicting demands on their time at work and had adequate materials, supplies and equipment to do their work. However, some staff we spoke to during our inspection, and most staff who completed our online survey, told us there were not enough staff on the wards to enable them to do their job properly. We were told that a floating member of staff was previously allocated to oversee the patients in the day area of the wards, but this had ceased due to low staffing levels. Staff we spoke to described two previous occasions when a patient being monitored on a one-to-one basis had been left unattended whilst their monitoring staff member assisted in emergency situations on the wards which involved other patients. Senior staff confirmed that in response to such incidents the matter was appropriately recorded and that they had addressed the matter with the staff members concerned. All staff were advised that they were to use their personal alarms to summon additional staff in the event of an emergency, rather than leave a patient unmonitored.

On the evening of our inspection there a high degree of patient acuity on the wards. We noted that there were four patients requiring one-to-one observations on Gwanywn. On Hydref we were advised that two patients were on one-to-one observations, one of whom had been admitted to the medical unit for treatment, thereby reducing the staffing numbers on the ward. We witnessed therapeutic observations of patients being conducted and recorded correctly throughout our inspection. However, we noted that the health board Therapeutic Observations Policy was out of date and the review date was December 2021. The health board must review the Therapeutic Observations Policy to ensure staff awareness and patient safety.

During our inspection we found that some staff on both wards were not compliant with mandatory Restrictive Physical Intervention (RPI) training. We examined staff training records, staffing rotas and incident forms. We noted that majority of staff training compliance records were monitored on the Electronic Staff Record (ESR) system, however, their RPI training was recorded by other means and did not form part of their overall training compliance score on the ESR system. We were advised that RPI training compliance figures will eventually migrate to the ESR system but this was not yet in place. When the RPI compliance figures for the wards were collated, it was unacceptable to note that staff compliance with Restrictive Physical Intervention training was just 16% on Gwanwyn and 25% on Hydref. Senior staff advised us that had been challenges with the provision of RPI training for staff during the pandemic, but they were now offering regular training sessions for staff. It was concerning to note that there was no apparent evidence of governance oversight in respect of RPI training compliance. We were advised that there had been eight incidents of restraint on the wards since April 2022. We were shown six RPI records where staff members had been involved in incidents of restraint who had not completed any RPI training or who were out of compliance

with their training. We noted that some restraint records were no longer accessible to ward staff so it was not possible to identify if further incidents of restraint had occurred which involved untrained or non-compliant staff during our inspection.

Due to staff having engaged in incidents of restraint without RPI training or after their RPI training had expired, we were not assured that staff and patients were being fully protected and safeguarded against injury. 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.

Furthermore, the health board Physical Restraint Policy was out of date; we noted the review date for the policy was October 2022. The health board must review the Physical Restraint Policy to provide up to date information to staff and ensure patient safety.

It was positive to note that during our conversations with staff they showed understanding of the restrictive practices available to them as well as appropriate preventative measures which can reduce the need for restrictive responses to challenging behaviour. We saw evidence of restrictive practices being used as a last resort, with thorough monitoring around therapeutic effect and risk, and diversionary tactics in place as a method of de-escalation. Staff demonstrated that incidents of restrictive practice were appropriately recorded and monitored via individual patient care records, RPI records and updated Positive Behaviour Support plans.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with many examples where they were reviewing the provision of service on the wards and the wider health board. The health board launched a Ward Accreditation Scheme in 2018, which seeks to improve the standard and quality of patient care via a process of continuous performance assessment and improvement. It was positive to learn that Hydref had been awarded the health board's silver accreditation for its standards of patient care, while Gwanwyn had been awarded the health board's bronze accreditation. During our inspection we noted there were regular staff meetings in which information and learning was shared between staff. We were advised that senior nursing staff conducted monthly 'walkarounds' to review the ward environment and identify areas of improvement. The Quality, Safety and Experience committee held monthly meetings to identify issues, points of learning, themes and trends.

Record keeping
We generally found well-organised paper records completed on both wards, which were easy to navigate through clearly marked sections. Senior staff advised us the paper records system presented problems for them in respect of document completion, volume and storage. We were advised that staff sometimes had difficulty finding the desired information in the paper files due to paperwork falling out of folders, and that it can be difficult to read the writing of staff members in the files. Staff expressed that their working practices would be improved with the introduction of an electronic health record system which would resolve these issues. We recommend that the health board review the current health record system with a view to implementing an electronic health record system in future.

We saw that records were stored securely in a locked cabinet in the nursing office on Hydref. However, on Gwanwyn, the office door was wedged open and the Patient Status at a Glance board displaying private patient details was uncovered and visible inside. Furthermore, there was no lock on the fireproof medical cabinet containing patient files. It was unacceptable to see that patient records were not kept securely locked and out of view, and that anyone visiting the unit and office could access this information. We reported these breaches of patient privacy and confidentiality to staff and it was reassuring to note that they were rectified the following morning. The health board must ensure that patient records are securely stored at all times, to protect patient confidentiality.

We observed that the health board's Patient Records Management Procedure (including retention and destruction schedule) expired in August 2021. The health board must review this policy to ensure compliance with legislation and provide clear guidance to staff.

Mental Health Act Monitoring
We looked at four records for patients who were detained under the Mental Health Act and found that legal documentation to detain patients under the Act was compliant with the legislation. Patients were legally detained, and the documentation supported this. Mental Health Act files were well organised, easy to navigate and contained detailed and relevant information. Consent to treatment forms were completed and filed with the patient MAR charts. There was good evidence of visible advocacy involvement in patient case work, and evidence of Independent Mental Capacity Advocate and Independent Mental Health Advocacy involvement. However, within the records we found two minor errors that had been initialled but not fully signed and dated by the doctors concerned. We recommend that the health board ensure that errors in Mental Health Act records are signed and dated appropriately.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed a sample of Care and Treatment Plans (CTPs) and found that there was evidence that care co-ordinators had been identified for the patients and family members were involved in care planning arrangements where appropriate. The CTP records were well organised and easy to navigate. Within all the records there was evidence of comprehensive risk assessment. Multidisciplinary team (MDT) participation was evident across both wards and advocacy services were available to patients. We saw examples of good practice including the health board's Adult Inpatient Risk Assessment document, which provided a comprehensive range of risk assessments to determine the levels of care required on the ward. MDT reviews were undertaken weekly to conduct more formal reviews of patient care and included the involvement of external agencies where required. It was positive to see that discharge planning was evident throughout the patient admissions which clearly documented the view of the patient, their representatives and community-based services responsible for aftercare. To support patient care plans, there was an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

However, we found the quality of the CTP's was variable across the wards. On Gwanwyn ward, the patient CTPs were generally well-completed, but on Hydref, some of the CTPs we viewed were incomplete or out of date. We found that the care and treatment provided on the ward was led by a process of risk assessment rather than in accordance with the Care and Treatment Plan prescribed under the Mental Health Measure Wales 2010. We recommend that Care and Treatment Plans should be fully completed and kept up to date. We further recommend that the health board should ensure that Care and Treatment Plans are completed in accordance with the Mental Health (Wales) Measure 2010.

Despite the variable quality of the CTP plans, we saw good evidence of dynamic risk assessments and reviews of more specific care plans relating to the physical healthcare needs of patients. We observed a therapeutic management of risk that guided day to day patient interventions.

Quality of Management and Leadership

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total, we received 10 responses from staff at the setting.

Staff responses were mostly positive, with almost all respondents recommending the hospital as a place to work and agreed that they would be happy with the standard of care provided for their friends or family. Some of the questionnaire results and comments from staff members appear throughout the report.

Governance, Leadership and Accountability
It was positive to observe strong team working on both wards throughout our inspection. Staff we interviewed spoke passionately about their roles. Staff told us that they felt supported in their roles and described the leadership team as being approachable. Most staff who completed our online survey agreed their organisation encourages teamwork and that their immediate line manager was supportive and helpful to them.

However, the majority of staff members who completed our online survey told us that the senior management team was not visible to staff and that communication between senior management and staff was not effective. Most told us that they did not feel that senior managers try to involve staff in important decisions. Staff we spoke to during our inspection advised us that they felt the visibility of senior management could be improved by locating the Ward Manager's office within the wards rather than outside them, and with more ward visits and visible presence of the senior management team. We recommend that the health board conduct further consultations with staff to discuss ways of improving the visibility and involvement of the senior management team on the wards.

We found that overall mandatory training compliance rates were generally high on both wards, being 97 per cent on Hydref and 95 per cent on Gwanwyn. However, this did not include the low staff training compliance figures for Restrictive Physical Intervention (RPI) training which was recorded on a separate system and there was an apparent lack of governance in respect of this. We noted that Resus Level 2 and 3 training compliance was comparably low on the wards. Resus Level 2 Training Compliance was 84 per cent on Gwanwyn and 70 per cent on Hydref. Resus level 3 Training was 76 per cent on Gwanwyn and 66 per cent on Hydref. This was discussed with staff who advised they were aware of this deficiency and arrangements were in place to provide training to staff. All staff who participated in our online survey agreed that training helped them do their job more effectively and deliver a better patient experience. They further agreed that training helped

them stay up to date with professional requirements. Staff were asked to comment on training they would find useful and told us:

> *"ECG training"*

> *"I'm open and happy to take on any training provided to me."*

The health board must ensure staff that are mandatory training is completed and that staff are supported to attend the training. The health board must ensure that mandatory training compliance is regularly monitored by senior management to ensure compliance. We further recommend that all mandatory training should be recorded on one system for ease of governance and monitoring.

Over the course of our inspection, we noted that two health board policies were out of date, in addition to those not previously mentioned in this report. These include:

- Occupational Health and Safety Policy – review date March 2021
- Policy for Safe Recruitment and Selection Practices – review date June 2019.

It is important that policies and procedures are kept up to date and reviewed to support staff in their roles. The health board must review any policies which are past review dates.

Workforce

During our discussions with staff they cited low staffing levels as being the biggest challenge of working on the wards. We noted that there were a high number of vacancies on both wards at the time of our inspection. There were vacancies for 3.79 band 5 nurses and 2.92 band 6 nurses on Hydref. There were 3.8 vacancies for band 5 nurses on Gwanwyn. Staff we spoke to during our inspection and most staff who completed our online survey told us they felt there were not enough staff on the wards to enable them to do their job properly.

Staff told us:

> *"I think the only thing that lets us down as a whole is staffing levels are sometimes not sufficient therefore, we are unable to provide the quality of care we'd like to. We have recently had a few posts filled with permanent staff so hopefully this will improve."*

> *"Our health care support workers are burnt out. They often express that they cannot get jobs done on time for the elderly as being asked to move wards and often leaves the wards short as other wards don't count their*

nurses and we do, yet we're often left struggling, and it impacts staff health and well-being in the work place mentally and physically."

We were told that ongoing staff shortages were filled by regular staff voluntarily working overtime shifts as well as bank and agency staff. Senior management confirmed that maintaining adequate staffing levels was a challenge on the wards. We were advised that staffing issues were discussed in the twice daily safety huddle meeting as well as in weekly team manager meetings. Staff told us that there were ongoing recruitment processes in place to recruit more permanent staff on the wards. At the time of our inspection the health board had employed the services of a recruitment promotion company and were working closely with Wrexham University to recruit newly qualified nurses. A block-booking of agency staff had been requested to alleviate the staffing issues as a temporary measure. We recommend that the health board should actively focus on the recruitment of staff into permanent vacancies on the wards.

In our online staff survey, we asked a question about how the setting could improve service and received the following response:

"More staff to help with the demand, senior managers should take care more of the staff and patients and less about paperwork and budget. Sometimes they don't want to know "what can they do to help" but why did it happen? Budget is important but it should be done accordingly to the situation and place. Not just one will pay for everything. Leaving us short and not available of doing our jobs to the best of our knowledge, isn't the answer, because staff will be fed up and leave the work."

During our conversations with staff, many expressed concerns that Gwanwyn and Hydref staff members were regularly loaned to the Heddfan Psychiatric Unit Acute Adult Mental Health wards which left them understaffed and which increased their workload. Staff told us they felt this compromised patient safety on the wards as they felt they were not left with enough staff to deal with challenging patient behaviour or to administer patient care on the wards. They reported that they were often unable to take their allocated breaks as a result of this, which affected their performance and wellbeing. We were further told that bank staff had become reluctant to accept overtime shifts on Gwanwyn and Hydref, as there had been occasions when they had agreed to work shifts on these wards but upon their arrival they were instead sent to work on other wards at Heddfan Unit where the patient group and needs were different and which was not what they had agreed to do when accepting the overtime.

We recommend that the health board should undertake measures to improve senior management communication with staff to ensure that the staff working

arrangements are managed more effectively in order to ensure transparency and avoid any confusion or mistrust.

3.Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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
We found there was no governance process in place to oversee swipe card allocation and to prevent the retention of swipe cards by bank and agency staff. We were reassured that the access cards did not afford access to the main door of the hospital, but they did allow access to all areas of the wards.	With no audit system in place this could result in a security breach and compromise the safety of patients, staff and visitors if the access cards were not accounted for.	We raised our concerns to staff around the management of security in Heddfan unit and the impact this could have on the safety of patients, staff and visitors.	Senior staff immediately commenced a process of access card audit by creating a signing out sheet for the access cards.
During our evening tour of the ward, we saw a hoist left in the communal hallway outside room 9 on Hydref.	The hoist presented as an obstruction to the communal hallway as well as a ligature risk for patients.	We raised this issue with staff.	The hoist was moved and stored appropriately during the inspection.

On Gwanwyn we saw a bed inside the ‘donning area’ room which was blocking the patient use of this area and there was a soiled sanitary product left on the bed.	The bed presented as an obstruction to the patient facilities and the soiled sanitary product a potential infection risk for patients and staff.	We raised this issue with staff.	The bed and sanitary product were moved at our request.
We saw a commode in the shared bathroom of Gwanwyn and a hoist in another bathroom that did not display decontamination labels indicating they were safe to use.	These presented as a potential infection risk for patients and staff.	The matter was discussed with staff and was addressed immediately by cleaning staff without further HIW intervention.	Cleaning staff immediately entered the bathroom and made the area safe by cleaning the area and placing an 'I am clean' sticker displaying the date, time and signature of the housekeeping staff. Cleaning staff confirmed there had been a very brief delay to clean the commode due to other responsibilities on the ward.
The clinic room on Hydref was cluttered and disorganized. We saw several topical creams left out on the work surfaces. The sharps bin was overflowing and the drugs fridge containing vaccination medications was unlocked. The treatment bed was positioned in front of the crash trolley which	Staff could be prevented from accessing the crash trolley in the event of an emergency. The overflowing sharps bin was a potential health risk for staff. Unauthorised persons could have gained access	We discussed our concerns with staff.	Over the course of our inspection, the issues were rectified in that the medicines were secured appropriately, and the clinic room was reorganised.

prevented ease of access in an emergency.	to the medication inside the insecure fridge.		

Appendix B – Immediate improvement plan

Service: Heddfan - Hydref and Gwanwyn Wards

Date of inspection: 07-09 November 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The Health Board must: Ensure that all staff on Hydref and Gwanwyn are compliant with Restrictive Physical Intervention training		The MHLD Division within BCUHB has a Positive Intervention Clinical Support Services (PICSS) to oversee arrangements for Restrictive Physical Intervention	Positive Intervention Clinical Support Services Lead (PICSS Lead)	In place – 16 11 2022

		Inpatient nursing staff on Hydref & Gwanwyn who have not received Restrictive Physical Intervention training will be booked onto available training dates	Inpatient Clinical	24th November 2022
		PICSS manager has reviewed the team capacity and additional 4 trainers in place until September 2023	PICSS Lead	24th November 2022
Provide assurance that staff and patients will be fully protected on both wards to ensure only staff that are compliant with their RPI training are involved in incidents of restraint		‘Positive Steps’ - Reducing Restrictive Practice group established to review compliance with training, quality of restraint and any identified learning on a monthly basis	PICSS Lead	24th November 2022
		To share any learning through the local Divisional Putting Things Right meeting and any escalated issues into Divisional Quality & Safety Experience Meeting and escalated up to the Patient Safety Quality Group (reporting to Committee/Board) when required	PICSS Lead Director of Nursing	15th December 2022

		Arrangements put in place to ensure that the correct skill mix of staff is identified whilst completing staffing Rosters to include staff who are trained in Restrictive Physical Intervention & carry the response pager. This will be monitored and recorded in the daily acute care meetings	Inpatients Clinical Operations Manager	24th November 2022
		Leadership and communication arrangements in place to ensure that staff can only deliver restrictive physical interventions if they have received the training to do so This action will be assisted by safety huddles and leadership walkabout sessions	Heads of Operations	31st January 2023
Ensure the Physical Restraint Policy is reviewed to provide clear guidance to staff.		The Policy MHLD 0047 Physical Restraint Policy will be reviewed and updated by the 25th November 2022 with an expected approval date January 2023 as per BCUHB Policy on Policy & Procedures process	PICSS Lead	31st January 2023

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): **Teresa Owen**

Job role: **Executive Director**

Date: **17 November 2022**

Appendix C - Improvement plan

Service: **Heddfan - Hydref and Gwanwyn Wards**

Date of inspection: **07-09 November 2022**

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/ Regulation	Service action	Responsible officer	Timescale
The de-stimulation room on Hydref should be tidied and maintained for patient use.	Health Protection and Improvement	De-stimulation room tided and decluttered. Incorporated into daily documented checks by ward managers.	Kelly Griffiths –Older Persons Mental Health Inpatient Service Manager.	Completed. 8th November 2022
The courtyard connected to the de-stimulation room on Gwanywn should be cleaned and maintained for patient use.	Health Protection and Improvement	Housekeeper has led on focused piece of work to immediately tidy and de clutter this area. The importance of keeping this area clutter free and clean has been discussed with the ward team.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022

The health board should undertake robust measures to recruit an Activities Coordinator for patients on Gwanwyn.	Health Protection and Improvement	An activities coordinator has been recruited and commenced post in December 2022.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 12th December 2022
The activities rooms on both wards should be tidied and maintained for the use of patients and staff.	Health Protection and Improvement	Hydref and Gwanwyn activities rooms decluttered and tidied. Incorporated into daily documented checks by ward managers.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 12th December 2022
The faulty waste disposal unit in the kitchen of Gwanywn should be removed and a more appropriate method of signage be erected to alert staff to the issue.	Health Protection and Improvement	All staff on the ward are aware the waste disposal unit is not in use and has been removed. Laminated sign is in place and as a priority estates requested to attend. Estates completed works.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 16th December 2022
The dishwasher on Gwanywn must be repaired or replaced for the benefit of staff and patients.	Health Protection and Improvement	Gwanwyn Ward dishwasher delivered & installed. Hydref Ward dishwasher delivered, installed.	Mary Jones- Business Support Manager. Kelly Griffiths –OPMH inpatient service manager.	Completed. 06th December 2022 & 12th December 2022

The 5 faulty ceiling lights outside patient bedrooms on Gwanwyn must be repaired to ensure staff and patient safety on the ward.	Health Protection and Improvement	Estates work completed and lights are functioning. Incorporated into daily documented checks by ward managers.	Kelly Griffiths –OPMH inpatient service manager.	16th December 2022 Completed.
The health board must provide appropriate shower curtains in patient bedrooms, to ensure that the privacy and dignity of patients is protected.	Dignified care	East Senior Leadership Team will raise this through the Divisional Health & Safety Meeting scheduled for the 14th February 2023. As an interim measure, a privacy sign will be provided to each patient to place on bathroom doors when in use.	Becky Baker – Head of operations and service delivery East.	14th February 2023 Completed.
The health board must provide blinds or curtains for patient bedrooms to ensure the privacy and dignity of patients.	Dignified care	Temporary window frosting will be added to downstairs windows. Ligature risk reduction blinds to be installed in March 2023.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 31st March 2023

The health board must review the ambient temperature of the wards to ensure the comfort of patients, staff and visitors.	Dignified care	Incorporated into daily documented checks by ward managers. Escalation of concerns through daily safety Huddle if action required. Utilisation of extreme weather SOP to mitigate any risks to patients.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022.
The organisational chart structure of Gwanwyn should be replicated on Hydref for the information of patients, staff and visitors.	Patient information	Organisation chart structure for Hydref in place.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 5th January 2023.
The health board should ensure that relevant and up to date patient information is displayed in the communal areas of the wards including health promotion, the role of the HIW and Mental Health Act information.	Patient information	Welcome board for communal area's ordered Information for display sourced Awaiting installation date to be confirmed with Estates.	Kelly Griffiths –OPMH inpatient service manager. Kelly Arnold – MHLD Ward Accreditation Nurse.	31st March 2023.

Patient feedback forms should be accessible to patients on the wards, and the patient information boards should be kept up to date.	Listening and learning from feedback	Patient feedback forms have been placed on the wards and communal areas. Feedback forms collated by PALS. This will be audited through ward accreditation process. PALS information to be displayed on welcome boards when installed.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 10th November 2022 31st March 2023.
Putting Things Right information should be displayed on the wards for the information of patients and visitors.	Listening and learning from feedback	Welcome board for communal area's ordered Information for display sourced Awaiting installation date to be confirmed with Estates.	Kelly Griffiths –OPMH inpatient service manager. Kelly Arnold – MHLD Ward Accreditation Nurse.	Completed. 31st March 2023.
A process should be put in place to engage patients and carers on Gwanwyn in order to gain feedback of their experience on the ward, and the patient feedback board should be kept up to date.	Listening and learning from feedback	PALs services are regular attendees on the inpatient wards and gather feedback from patients which is shared in weekly Putting things right meetings and cascaded to workforce through quality and safety experience	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022.

		forum. PALS have a regular invite to Local and Divisional QSE.		
A robust governance program of audit must be implemented to ensure that access cards issued by the hospital are monitored and accounted for to prevent security breaches and ensure the safety of patients, staff and visitors.	Managing risk and promoting health and safety	Actioned immediately - main reception implemented signing In & Out signature sheet & out of hours nurse in charge on each ward is responsible. This will be audited monthly by the Business support manager and recorded on East MHLD storage drive for governance. Any escalations will be presented to Local Operational and accountability Meeting.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022.
The Uniform Standards Policy must be reinforced to ensure the compliance of staff and the safety of staff and patients.	Managing risk and promoting health and safety	Uniform policy shared with ward managers for dissemination and discussion with staff. The policy will be disseminated annually. Any non-compliance with the uniform policy will be addressed immediately with the staff by the ward manager.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 10th November 2022.

Ligature audits must be completed to ensure the safety of the patient group.	Managing risk and promoting health and safety	Ligature Audits completed monthly for all inpatient services and are submitted to the local bi monthly Health and Safety meeting. These are then reported and escalated through the MHLD Divisional Quality and Safety Meeting.	Kelly Griffiths –OPMH inpatient service manager.	2nd December 2022. Completed.
The wards must be kept clutter free to ensure the safety of patient group.	Managing risk and promoting health and safety	Wards tidied and decluttered. Daily documented check of environment incorporated into the daily ward managers walk around	Kelly Griffiths –OPMH inpatient service manager.	8th November 2022 Completed.
The patient bathrooms must be promptly cleaned and maintained after use to ensure the safety of patients.	Infection prevention and control	All patient rooms are cleaned daily by domestic services on all wards. House keepers and Health Care Support Workers (HCSW) support additional cleaning as and when required. Daily documented check of environment incorporated into the daily ward managers walk around	Kelly Griffiths –OPMH inpatient service manager.	8th November 2022. Completed.

The health board should review the ward cleaning arrangements to ensure there is adequate cleaning staff coverage throughout the day.	Infection prevention and control	Domestic staff are present throughout the day for all wards (8am – 8pm 7 days per week). Ward manager reviews the cleanliness of the environment during the documented daily ward manager audit. Care 4 Cleaning reports are submitted to East SLT monthly from Head of Hotel Services. Any gaps in the cleaning is escalated to Head of Hotel Services by the Head of Nursing.	Joanne Kendrick- Head of Nursing East	8th November 2022. Completed.
The health board should undertake a review of the quality and preparation of patient food at the hospital to ensure that it meets patient needs and dietary requirements.	Nutrition and hydration	The East SLT will approach the catering department to review the current menu. Invitation to Patient Experience Team to be included within the review	Kelly Griffiths –OPMH inpatient service manager.	1st February 2023.
The health board must review the Medicines Management Policy which expired in July 2022 and the	Medicines management	Rapid tranquilisation MM54 - Reviewed policy is out for standard 4-week consultation. Scheduled at	Chair of Divisional Policies group - Sarah Mcgarrity	31st March 2023

Rapid Tranquilisation policy which expired in March 2022.		Divisional Policy Group 14.03.2022 Medicines Management MM01- Ad Hoc updates undertaken in 2022 in response to incidents and arising issues. Full review planned for 2023 underpinned by review task and finish group.	Medication Safety Officer – Pharmacy Governance Judith Green.	30th June 2023
The health board must ensure that the clinic rooms on the wards are maintained appropriately, and that medication is appropriately stored at all times.	Medicines management	Appropriate medication storage incorporated into documented ward manager daily environment check. Standardised divisional ward manager daily environment checklist progressing through approval process before implementation to ensure consistency across the division.	Kelly Arnold – MHLD Ward Accreditation Nurse. Kelly Griffiths –OPMH inpatient service manager.	8th November 2022. Completed. 28th February 2023
A formal audit structure should put in place in relation to the presentation and organisation of the clinic rooms of the wards.	Medicines management	Ward clinics are reviewed during the documented ward manager daily environment audit. Ward clinics are audited through ward accreditation process. This	Kelly Arnold – MHLD Ward Accreditation Nurse. Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022.

		provides independent audit against ward accreditation standards. The outcome are included in the wider BCU ward accreditation report.		
The health board must ensure that MAR charts are consistently signed and dated when medication is prescribed and administered.	Medicines management	All Registered nurses to be reminded of their responsibilities under NMC of medicine administration. All Registered Nurses in charge review prescription charts prior to finishing shift. Any themes or consistent non-compliance will be managed through the medicine management policy.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 10th November 2022
The health board should implement an audit process in respect of consent to treatment forms.	Medicines management	Consent to treatment audits have been included on the audit cycle monitored by the Head of Nursing and will discussed through the weekly Putting Things Right (PTR) meeting PTR and fed back through	Joanne Kendrick- Head of Nursing East	Completed. 3rd January 2023

		the monthly local Quality Safety Experience (QSE) meeting.		
The health board should implement a programme of governance oversight in respect of the medicines management system, to ensure that daily checks, areas of non-compliance and areas requiring improvement are identified and addressed appropriately.	Medicines management	All Registered Nurses in charge review prescription charts prior to finishing shift. Any non-compliance with the medicines management policy/process is reported to Datix and reviewed at weekly PTR and Monthly QSE. Themes or consistent non-compliance are managed through the medicine management policy.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022
The health board must review the Therapeutic Observations Policy which expired in December 2021, to ensure staff awareness and patient safety.	Safe and clinically effective care	At final stage of ratification process via QSE Committee	Chair of Divisional Policies group Sarah McGarrity	31st March 2023
The health board should review the current health record system with a view to implementing an electronic health record system in future.	Record keeping	The Welsh Community Care Information System (WCCIS) is the EPR for inpatient mental health, a non-mental health pilot has started in Ynys Mon and the full	Head of Informatics, Programmes, Assurance and Improvement – Andrea Williams	31st March 2024

		roll out dates will be agreed in Q1 2023/24 subject to an evaluation.		
Patient records must be securely stored at all times, to protect patient confidentiality.	Record keeping	Cabinet on Gwanwyn ward with a broken lock - actioned immediately and resolved. Secure storage of patient notes incorporated into the ward manager daily environmental checklist.	Kelly Griffiths –OPMH inpatient service manager.	Completed. 8th November 2022
The health board must review the Patient Records Management Procedure (including retention and destruction schedule) which expired in August 2021, to ensure compliance with legislation and provide clear guidance to staff.	Record keeping	Patient Records Management Procedure HR1 and Patient Records Retention & Destruction Schedule HR1A, policies reviewed and updated. Scheduled for formal sign off prior to publishing February 2023.	Interim Deputy Head of Patient Records – Angharad Wiggin	28th February 2023
Errors in Mental Health Act records must be signed and dated appropriately.	Mental Health Act Monitoring	BCUHB Mental Health Act Manager communication to MHA Teams re "Amend, Initial and Date" corrections.	Wendy Lappin, Mental Health Act Legislation Manager	Completed 9th November 2022.

Care and Treatment plans should be fully completed and kept up to date.	Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision	This is monitored by ward managers and keyworkers and reviewed weekly by the service managers and reported into weekly Operational accountability meeting (OAM) attended by all members of the senior leadership team and chaired by the Head of Operations.	Becky Baker – Head of operations and service delivery East.	Completed. 8th November 2022.
The health board should ensure that patient Care and Treatment Plans are completed in accordance with the Mental Health (Wales) Measure 2010.	Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision	Monitored weekly by the East SLT and reported into weekly Operational accountability meeting chaired by the Head of Operations. Compliance with the Mental health (Wales) Measure 2010 is reported monthly into the divisional performance meeting and quarterly with the delivery unit.	Becky Baker – Head of operations and service delivery East.	Completed. 8th November 2022
The health board should conduct further consultations with staff to discuss ways of improving the visibility and involvement of the	Governance, Leadership and Accountability	All staff have monthly/bimonthly supervision from the line manager. The East area OAM monitor supervision compliance	Becky Baker – Head of operations and service delivery East.	Completed. 8th November 2022

senior management team on the wards		weekly and a report is presented by the Business support Manager. Inpatient service managers hold monthly forums for all staff to attend across inpatient unit, this provides an opportunity for staff to provide suggestions. Inpatient service managers conduct daily walkabouts of their areas engaging with both patients and staff. East Senior Leadership Team operate an open door policy and are visible on Heddfan site daily. Monthly forums are held in the evenings by Head of Operations and Head of Nursing to engage staff who work evenings or night shifts.	Joanne Kendrick – Head of Nursing East. Masood Malik – Clinical Director East.	
The health board must ensure staff that are mandatory training is completed and that staff are supported to attend the training.	Governance, Leadership and Accountability	The East SLT review all mandatory training weekly in OAM. Staff are supported to complete mandatory training to support	Becky Baker – Head of operations and service delivery East.	Completed. 8th November 2022

		staff competence and confidence in their roles. The East area have achieved and sustained compliance in mandatory training since March 2021.	Joanne Kendrick – Head of Nursing East. Masood Malik – Clinical Director East.	
The health board must ensure that mandatory training compliance is regularly monitored by senior management to ensure compliance.	Governance, Leadership and Accountability	The East Senior leadership team review all mandatory training weekly in OAM. Compliance is reported monthly into the divisional performance meeting.	Becky Baker – Head of operations and service delivery East. Joanne Kendrick – Head of Nursing East. Masood Malik – Clinical Director East.	Completed. 8th November 2022
All mandatory training should be recorded on one system for ease of governance and monitoring.	Governance, Leadership and Accountability	ESR workforce system is in place to monitor and record staff mandatory training. The Division is progressing an action to ensure that all mandatory training is recorded on ESR including RPI.	Becky Baker – Head of operations and service delivery East. Training, Development & Wellbeing Lead – Isabelle Hudgell	Completed. 8th November 2022 31st March 2023

The health board must review any policies which are past review dates including: • Occupational Health and Safety Policy – review date March 2021 • Policy for Safe Recruitment and Selection Practices – review date June 2019	Governance, Leadership and Accountability	Occupational Health and Safety Policy - Review finalised. Due at Strategic Health and Safety Group January 2023. Safe Recruitment and Selection Practices – policy reviewed, progressing through EQIA	Associate Director Occupational Health, Safety and Security. HR Manager – Llinos Jones	31st January 2023 31st January 2023
The health board should actively focus on the recruitment of staff into permanent vacancies on the wards	Workforce	All vacancies are currently out to advertisement for the East. This is monitored through OAM via weekly exceptions report from Inpatient Service Managers.	Becky Baker – Head of operations and service delivery East. Joanne Kendrick – Head of Nursing East.	Completed. 8th November 2022 Ongoing process.
The health board should undertake measures to improve senior management communication with staff to ensure that staff working arrangements are managed more effectively in order to ensure	Workforce	All staff have monthly/bimonthly supervision with line manager. Inpatient service managers hold monthly forums for all staff to attend across inpatient unit.	Ward managers. East Senior Leadership Team.	Completed. 8th November 2022

transparency and avoid any confusion or mistrust.		East Senior Leadership Team operate an open door policy and are visible on Heddfan site daily. Bi-Monthly forums are held in the evenings by Head of Operations and Head of Nursing to engage staff who work evenings or night shifts.		

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): **Paul Lumsdon**

Job role: **Interim Director of Nursing**

Date: **9 January 2023**