

# Inspection Summary Report

Pine and Ash Wards, Hafan y Coed Mental Health Unit, University Hospital Llandough, Cardiff and Vale University Health Board  
Inspection date: 09, 10 and 11 January 2023  
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This summary document provides an overview of the outcome of the inspection

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We found staff were committed to providing safe and effective patient care. Suitable protocols were generally in place to safely manage risk and health and safety. However, some improvements were required in relation to infection prevention and control, medications management, record completion and training compliance governance.

We found that some staff were deficient in Strategies and Interventions for Managing Aggression (SIMA) training yet had participated in incidents of patient restraint without any training or after their training had expired. This meant that we were not assured that staff and patients are being fully protected and safeguarded against injury during incidents of restraint. Our concerns regarding this were dealt with under our immediate assurance process.

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



## 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 at Hafan y Coed Mental Health Unit, University Hospital Llandough, Cardiff and Vale University Health Board on 09, 10 and 11 January 2023. The following hospital wards were reviewed during this inspection:

- Pine Ward - 12 beds providing in-patient detoxification services for adult patients
- Ash Ward - 11 beds providing neuropsychiatry services for adult patients

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

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



# Quality of Patient Experience



## Overall Summary

All patients who completed a HIW questionnaire rated the care and service provided by the hospital as either very good or good. Staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patient group.

## What we found this service did well

- We found sufficient and appropriate recreational and social activities provided on the wards for patients
- Both wards provided a calm, therapeutic environment for patients in keeping with their needs.

## Where the service could improve

- The health board must ensure that patients adhere to the Welsh Government smoking legislation in the hospital
- The cigarette butts in the raised planters in the garden area of Pine must be removed and the garden maintained for patient use
- A process should be put in place to engage patients and carers in order to gain feedback of their experience on the wards
- All patient bathrooms must have appropriate privacy doors fitted to protect patient privacy and dignity
- Patient specific language and communication needs should be reviewed to ensure effective, accessible, appropriate and timely communication is tailored to the needs of each individual patient.

*Patients were asked how the setting could improve the service it provides and told us:*

*“Food - more of it. Choice and variety”*

*“Water cooler would be nice”*

*“Better food choices. Not always enough choice for everyone”*

# Delivery of Safe and Effective Care



## Overall Summary

We found that staff were committed to providing safe and effective patient care. Various 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. However, we found that some improvements were required in respect of infection prevention and control, training compliance and medications management, to ensure staff and patient safety. Mental Health Act records contained good evidence of visible advocacy involvement in patient care. Patient Care and Treatment Plans and Addictions Care Plans were well organised and easy to navigate, but we observed that the quality of the care plans was variable across the wards. Improvements were required in respect of governance and record completion.

Immediate assurances:

We examined staff training records, staffing rotas and incident forms. We noted that overall staff compliance with Strategies and Interventions for Managing Aggression (SIMA) training was 51 per cent on Ash ward and 70 per cent on Pine ward. Following a review of Datix incidents we identified that some staff had been involved in incidents of restraint on Ash ward who were not compliant with their SIMA training. This meant that we were not assured that staff and patients are being fully protected and safeguarded against injury during incidents of restraint.

## What we found this service did well

- Legal documentation to detain patients under the Mental Health Act was compliant with the legislation
- Patients were involved in their Care and Treatment Plans where appropriate.

## Where the service could improve

- The health board must ensure that working personal alarms are provided for all staff
- The patient practice of placing clothing and bedding on their bedroom doors must be prevented to ensure the safety of patients, staff and visitors

- The security measures for Ash ward must be reviewed and addressed to prevent any potential unauthorised access or egress via the Day Unit, to ensure the safety of patients, staff and visitors
- The clinic rooms on the wards must be maintained appropriately, and medication securely stored
- Medication Administration Records must be consistently signed and dated when medication is prescribed and administered
- Measures should be undertaken to ensure that patient care plans are completed correctly, contain sufficiently detailed information and are individualised to patients.

# Quality of Management and Leadership



## Overall Summary

We witnessed strong team working on both wards throughout our inspection. 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 appeared supportive to staff and had a good understanding of patient needs, but some staff told us that working practices could be improved with better visibility and involvement from the senior management team. We saw evidence of good collaborative working across the health board to support improvements and disseminate quick learning from incidents and serious untoward events.

## What we found this service did well

- Most staff who completed a HIW online questionnaire agreed they were able to meet the conflicting demands on their time at work
- Staff demonstrated that they had a desire to improve the quality of services and care delivered to patients.

## Where the service could improve

- The health board must implement a robust programme of governance oversight to ensure that mandatory training is completed, regularly monitored and that staff are supported to attend the training
- Supervisory staff should be trained to utilise the training matrix system so that they can access staff training records and provide oversight of staff training
- The training matrix system should be reviewed to ensure that current and accurate training compliance figures can be retrieved for the effective management of staff training levels and the safety of patients and staff
- The training matrix system should be reviewed with a view to recording all staff training compliance on one system for ease of governance and monitoring.



**Staff told us:**

*“Senior management (not ward manager) should be more visible and share decision making with the staff to ensure cohesive and effective work. Offer more staff and patient feedback to help improve the service. Listen and act appropriately when staff raise concerns about other staff members”*

*“Staff are taken to cover other areas of the hospital daily. This puts extra strain on those on shift. We are therefore unable to spend as much time with patients”*

*“The health board are more concerned with saving money than about safe staffing levels, staff wellbeing, the care patients receive. I suppose what can be expected though when the NHS is run by this current government”*

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

