

# **NHS Mental Health Service Inspection (Unannounced)**

Cardiff & Vale University Health  
Board

Hafan Y Coed

Elm & Maple Wards

Inspection date: 10 - 12 February  
2020

Publication date: 03 August 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	17
	Quality of management and leadership .....	26
4.	What next?.....	30
5.	How we inspect NHS mental health services .....	31
	Appendix A – Summary of concerns resolved during the inspection .....	32
	Appendix B – Immediate improvement plan .....	33
	Appendix C – Improvement plan .....	35

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Hafan Y Coed within Cardiff and Vale University Health Board on the evening of 10 February 2020 and the following days of 11 and 12 February 2020. The following sites and wards were visited during this inspection:

- Elm Ward
- Maple Ward

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

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

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

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

## 2. Summary of our inspection

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

There was evidence of strong and supportive leadership on both wards.

We found the service provided safe and effective care. However, we found that improvements were required in the implementation and processes around the sleeping out arrangements, and significant improvements are required in relation to completion and monitoring of mandatory training.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Strong leadership on wards
- Care and Treatment plans were completed in line with the Welsh Measure.

This is what we recommend the service could improve:

- Some patients are sleeping out<sup>1</sup> from their designated ward due to additional demand and clinical need.

---

<sup>1</sup> Sleeping out is where a patient is required to spend a night on another ward within the same hospital. This is a clinical decision and is fully risk assessed taking into account the individual circumstances and needs of patients.

- Completion and monitoring of mandatory training
- Review and update of policies
- The range of therapies and activities available to patients
- The provision of information on the ward for patients.

## 3. What we found

### Background of the service

Cardiff and Vale University Health Board provides NHS mental health services at Hafan y Coed, Llandough University Hospital, Penlan Road, Penarth, CF64 2XX.

Our inspection concentrated on two locality wards, these being:

- Elm Ward – A low secure service to provide acute care for a maximum of 12 male adults over the age of 18 years
- Maple Ward - A low secure service to provide rehabilitation for a maximum 13 male adults over the age of 18 years who require rehabilitation for a mental disorder.

Each ward employs a staff team which includes a ward manager and deputy ward manager, and a team of registered nurses and health care support workers. The multidisciplinary team includes professionals from psychiatry, psychology, and occupational therapy.

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



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We observed staff interacting and engaging with patients appropriately, and treating patients with dignity and respect.

Patients we spoke to told us they were receiving good care at the hospital.

We had concerns around patients being required to sleep out on other wards, and the way in which this was implemented.

### Staying healthy

The hospital had a range of activities for patients use, a pool table, books and televisions were available in some of the sitting rooms on the wards. Although the hospital had a range of facilities to support the provision of therapies and activities we did not observe patients participating in any activities during the course of our inspection. Patients we spoke with told us they were bored. Staff we spoke with told us they wanted to engage in more therapeutic activities with patients, however there were limited opportunities available for them to do so due to other competing demands.

The ward areas were clean and tidy, and the environments still had a new feel to them. However both wards appeared very clinical with bare walls and limited information available on notice boards for patients and visitors. Some walls were damaged and required repair, we were advised that this issue had been reported to estates and would be actioned.

Patients on both wards did have access to an enclosed garden area. However due to the restrictions placed on patients in Elm Ward, staff had to accompany patients to the garden area. Staff alarms did not work on the stairs and so additional staff were needed to ensure patient and staff safety. As a result of these issues access to the garden area is severely restricted to 15 minutes, twice a day. We consider this to be inappropriate and the health board should review this. In addition the health board must make sure that staff alarms can operate in all areas of hospital.

Elm Ward had designated times for providing patients with drinks throughout the day. Hot drinks were served on a two hourly basis via a hot flask which was replenished every 2 hours. Although there was a snack area this was only open for 2 hours per day and there were no other facilities for patients to make their own snacks or meals. Jugs of squash were available, however we did not see an area where patients could readily access drinking water.

The health board must explore options to support patients in accessing hot drinks, water, and snacks throughout the day to lessen this institutional practice of designated times for hot and cold drinks and snacks.

The health board must ensure that :

- Damage to the walls is repaired
- Access to the garden area is improved
- Patients are able to easily access hot and cold drinks, and snacks throughout the day
- Patients participate in activities whilst on the wards
- The appearance of the wards are less clinical and more welcoming.

## **Dignified care**

We noted that all employees; ward staff, senior management and administration 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 patients. We observed most staff taking time to speak with patients and address any needs or concerns the patients raised, this demonstrated that staff had responsive and caring attitudes towards the patients.

Staff we spoke to demonstrated a good level of understanding of patients they were caring for. All patients we spoke to stated that they felt safe and able to speak with a staff member should they need to. There was clear mutual respect and strong relationship security between staff and patients.

On both wards there were a number of communal areas which provided sufficient space for patients to have personal quiet time away from their rooms. Each patient had their own bedroom. Patients were able to lock their bedroom doors with a wrist band which staff could override if required. The bedrooms provided patients with a high standard of privacy and dignity. The bedrooms

offered adequate storage and patients were able to personalise their room with pictures and posters.

Patients told us that staff respected their privacy and dignity. During the course of our inspection we saw many examples of staff knocking on patients' doors before entering the bedrooms and communal bathrooms. Within the communal ward rooms we noted that there were call bars which alert staff when pressed, however there were no nurse call points in the bedrooms, meaning that patients would not be able to raise an alarm to notify staff if they needed help or support.

Patient lockers where personalise items are locked away were located in a waste room, where sharps, dirty laundry and clinical waste was stored prior to disposal. This is an inappropriate area to store patients' lockers and the health board needs to reconsider the patients' lockers to ensure that they are not located near clinical waste.

Patients on both wards had access to a telephone, located in a separate room off the wards to enable patients to speak in private.

On the first night of our inspection on Elm ward, we noted a patient status at a glance board<sup>2</sup> in the nurse's office, displaying confidential information regarding each patient being cared for on the ward. The boards were designed in such a way that patient identifiers could be observed from the corridor. This was highlighted to staff who immediately removed the patient identifiers. The health board must make every effort to consistently protect patient confidentiality.

#### Improvement needed

The health board must ensure that:

- Patient lockers are relocated
- Patient identifiable information is maintained confidentially.

---

<sup>2</sup> A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

## Patient information

The information boards located in the airlock on entry to Elm Ward were dated November 2019. The signage in this area indicates that the information is updated on a monthly basis, however this had not been recently updated.

We noted that there was no information displayed in the hospital wards to help patients and their families understand their care, nor details about organisations that can provide help and support to patients affected by mental health conditions. There were small cards located near the nurses' station on display with contact details for the advocacy service. Both wards had some notice boards displayed throughout the ward, however, information was limited.

There was no information available on either wards on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales<sup>3</sup>.

There was no information displayed about how patients could raise a concern about their care which includes NHS Wales Putting Things Right<sup>4</sup>.

Facilities were available for patients to spend time with family and friends; a visitor room was available, however there was limited information available for families and visitors in this room.

The health board must review the notice boards on both wards and ensure that all information is up to date and relevant. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.

---

<sup>3</sup> Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. <https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>

<sup>4</sup> Putting Things Right is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

### Improvement needed

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

- The NHS Putting Things Right process
- Guidance around mental health legislation
- Healthcare Inspectorate Wales
- Healthy eating and well-being
- Advocacy Service
- Language Line facility
- Welsh language literature is available.
- Review the notice boards within both wards and ensure that all information is up to date and relevant.

### Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

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

Patients' morning meetings were scheduled to take place at 10:00am. During our inspection we observed patients waiting for the meeting to take place. However it appeared that the meeting was cancelled with no communication, as a result patients appeared agitated.

Staff at the hospital who spoke Welsh were issued with lanyards identifying them as Welsh speakers. This enabled patients and visitors to communicate in Welsh with staff members.

### Improvement needed

The health board must ensure that patients' meetings take place and if cancelled, the reason for the cancellation is communicated to patients.

## Timely care

The ward held a bed status management meeting every Monday to establish the bed occupancy levels, and to discuss patients who had been placed in other wards within the health board or independent providers.

The minutes of meetings we inspected highlighted that there were often more patients requiring inpatient care than beds available within the health board's provisions. This highlighted that the health board's adult mental health bed occupancy levels is regularly exceeding the number available.

We saw that there were more patients requiring inpatient care on the admission and treatment wards than beds available within the health board's provision. This has resulted in some patients sleeping out on the low secure wards within the hospital where a bed was available, this does not follow the principle of least restrictive care. This was not an isolated incident and demonstrated that health board's adult mental health service provision requires review to best meet the needs of its population.

### Improvement needed

The health board must ensure that they review the bed capacity and service provisions available for adult mental health services, to ensure it can meet the needs of its population in a timely manner.

## People's rights

Staff practices aligned to established health board policies and systems which ensured that patients' rights were maintained. Staff and patients confirmed that some items were restricted on the unit. Patients told us there were blanket restrictions put in place regarding access to fizzy drinks and coffee. The health board needs to review the blanket restrictions and ensure that any restrictions placed upon patients are individualised and care planned with a justifiable and proportionate reason recorded for the restriction.

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation, however, we found areas of improvement in the

application of the guidance set out in the Mental Health Act 1983 Code of Practice for Wales Revised 2016, which are detailed later in the report.

The health board operates a sleeping out practice where in the event of bed shortages, patients are required to spend a night on another ward. During a previous HIW inspection, an improvement plan was given to the health board stipulating that the health board must fully consider the impact on the rights of individual patients where there is a requirement for patients to sleep out on a more restricted ward. The health board provided assurances that the sleeping out guidance would be reviewed and updated to include information provided to patients who are required to sleep out.

The policy we reviewed during the course of this inspection had not been reviewed or updated since August 2018. We also identified that patients' notes did not record a clear rationale, or patient's views and consent, once a patient had been moved from one ward to sleep out on a more restrictive ward. Our concerns regarding the sleeping out policy were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

#### Improvement needed

The health board must ensure that :

Blanket restrictions are reviewed and any restrictions placed upon patients are individualised and care planned.

#### Listening and learning from feedback

Neither ward had structured processes for gathering feedback from patients or relatives and carers. Suggestion boxes were located on the wards, however there were no pens or paper available to enable patients and visitors to document any suggestions. There was also no information to report feedback to families on what improvements had been made based on suggestions received from patients and family members.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. The health board also had a process in place where patients could escalate concerns via the health board Putting Things Right complaints procedure. As stated earlier, both wards must display information on the NHS Putting Things Right process.

### Improvement needed

The health board must ensure that:

- Patients and visitors can provide feedback
- Both wards have a system to report back to families on what improvements have been made based on patient and visitors feedback.



## Delivery of safe and effective care

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

The hospital environment was equipped with suitable furniture, fixtures and fittings for the patient group. We found that staff were completing clinical processes and documentation as required.

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

We found that improvements were required with medicines management and updated policies, and staff training compliance required significant improvement.

### Safe care

The inspection team considered the staff training compliance on Elm Ward and Maple Ward. We were provided with a list of staff mandatory training compliance on both wards. Training figures for Maple Ward indicated that compliance was extremely low. Our concerns with this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

### Managing risk and promoting health and safety

Access to the mental health unit and wards was secure to prevent unauthorised access. Staff could enter the wards with their health board identification cards, and visitors rang the buzzer at the ward entrances.

There were nurse call points around the wards, but not within patient bedrooms. If a patient was in difficulty or distress within their bedroom, then they could not attract the attention of staff promptly. This issue needs to be reviewed, to provide clarity on how a patient should call for assistance.

Staff had access to personal alarms to call for assistance if required however we were told by staff that there were blind spots in areas of the hospital such as the stairs and garden area on Elm Ward where the alarms did not work which compromised staff and patients' safety. In addition to this there were no observation mirrors to assist staff in checking that access to concealed areas or corners are safe. We were told that these issue had been reported to senior

management. The health board must review security provisions for staff at the hospital and consideration must be given for staff to have access to personal alarms which work in all areas of the ward and observation mirrors that will support staff and patient safety on the wards.

There were a number of ligature cutters located on each of the wards, for use in the event of a self-harm emergency. During the inspection all staff we spoke with were aware of the location of ligature cutters. On the first night of our inspection we identified a potential ligature item within a patient room, this was brought to the attention of staff and immediately removed.

There were up-to-date safety audits in place, including ligature point risk assessments, however the audit only highlighted the doors and did not include specific areas of the door. The health board needs to review the ligature audit and ensure it is more specific.

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort.

#### Improvement needed

The health board must ensure that:

- Patients can alert staff that they require assistance from their bedrooms
- Security provisions for staff at the hospital are reviewed so that staff have access to reliable personal alarms and observation mirrors that will support staff and patient safety on the hospital wards
- The health board needs to review the ligature audit and ensure it is more specific.

#### Infection prevention and control

The health board employed dedicated housekeeping staff for the wards. Cleaning schedules were in place to promote regular and effective cleaning of the hospital, and staff were aware of their responsibilities around infection prevention and control. Staff had access to Personal Protective Equipment when required. All communal areas of the hospital were visibly clean, tidy and clutter free.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

No hand hygiene products were available at the entrance point of the wards. We would recommend that hand hygiene products are available within the airlocks for use by staff, patients and visitors. Within these areas patients are accompanied by a staff member which will prevent any misuse of the hand hygiene products.

There was an up to date infection control policy for sharps and needle stick injuries, however the general infection control policy is out of date.

There was a laundry facility on Maple Ward, however there was no washing machine for the patients to use.

#### Improvement needed

The health board must ensure that:

- Hand hygiene products are available at the entrance point of the hospital
- Update general infection and control policy
- Washing machine is available for patients to use in Maple Ward.

#### Nutrition and hydration

Two weekly menus were displayed on the ward which was located by the servery door. Patients receive four meals a day, breakfast, lunch, evening meal, and supper.

Staff said patients make their food choices in advance and stated if a patient changes their mind they can usually be accommodated with another option.

We had mixed feedback from patients about the food. Some said it was “samey” whilst others stated it was tasty. The health board must ensure that there is means for patients to provide feedback on the food provided and that their views are considered for future meal options.

As highlighted earlier, the health board need to review the current arrangements around access to hot and cold drinks.

### Improvement needed

The health board must ensure that patients are able to provide feedback and that their views are considered for future meal options.

### Medicines management

Medication was stored securely with cupboards and medication fridges being locked and secure. Medication trolleys were also secured to the clinic room, to prevent them being removed by an unauthorised person.

Medication fridge temperature recordings were mostly completed however we did identify some missing days on both wards. In addition there was no evidence that clinical room temperature checks being undertaken on both wards. Temperature checks of fridges and clinic rooms must be completed to ensure that medication is stored within the manufactures' recommended temperature range.

We reviewed a sample of medication charts and the clinical rooms on both wards and found all to be correct with the exception of a small number of missing witness signatures in the Drugs Liable to Misuse (DLM) medication book on Elm Ward. There were evidence of five missing signatures from the Controlled Drugs (CD) book between January and February 2020. This matter was brought to the attention of the ward manager and we were satisfied that this matter would be addressed with staff.

During the course of inspecting the controlled drugs cupboard, we noted that patients' money was being stored in this area. There was no formal monitoring system being logged for money coming in and out. This system must be reviewed and a policy implemented to protect patients and staff.

Consent to treatment certificates were not kept with the corresponding Medication Administration Record (MAR)<sup>5</sup> on Elm Ward for four patients. On the

---

<sup>5</sup> A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

first night of inspection we witnessed the medication round taking place without the staff being able to reference the Consent to treatment certificates, this practice can increase the potential for drug administration errors. Best practice allows for staff administering medication to refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act. When requested staff were able to locate the paperwork and rectified the concerns, however the health board must ensure that consent to treatment certificates are always kept with MAR charts.

In addition patient drug charts were not always completely filled out. The patients' legal status was not always recorded whilst others did not have any information in the allergy section. The omission of patients' legal status and the absence of consent to treatment certificates was highlighted as an area which required improvement during a previous inspection on Hafan Y Coed. The health board must ensure that patient legal status is always recorded and that consent to treatment certificates are with patients records. The health board must undertake robust checks to ensure staff compliance across all wards within Hafan Y Coed.

We observed staff discussing medication with patients on ward rounds and found that these discussions with patients had been documented and recorded in patients' care and treatment plans. It was disappointing to see that the clinical rooms did not have a cold water tap for staff to provide water to patients when taking their medication. Staff were presently providing patients' medication with jugs of cold water which were brought into the clinical room. The health board should review this practice and install a cold water supply into both clinical rooms.

There was regular pharmacy input and audit on medication charts undertaken that assisted the management, prescribing and administration of medication on both wards.

We requested to view a selection of clinic room policies. We were provided with a range of policies, however, upon review most of the versions we received had passed their review date. The following policies were found to be out of date:

---

- Prevention and management of violent and aggressive situations – Review due date February 2016
- Extra care area policy – Review due date October 2016
- Infection control – Review due date August 2019
- Ward operational Policy – Due for review
- Control of substances – Review due date August 2018

We were not assured that staff were obtaining or being provided with the most up to date guidance to direct their professional practice. The health board must make sure that all policies are updated and reviewed.

### Improvement needed

The health board must ensure that:

- Temperature checks on fridge's and clinical rooms are consistently taken and recorded
- The most recent consent to treatment certificate is held with the corresponding MAR chart
- The registered provider must ensure that Controlled Drugs are accurately signed for by staff at all times.
- A cold water supply is available in both clinical rooms
- That all policies are reviewed and updated
- That there is a routine audit of policies to ensure that ward staff have access to, and are referring to, the most recent version.

### Safeguarding children and adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required. During discussions with staff they were able to demonstrate the process of making a safeguarding referral. We saw evidence of the safeguarding process having been utilised, and a robust system of safeguarding management was shared with the health board as a whole.

## Medical devices, equipment and diagnostic systems

Weekly audits of resuscitation equipment were taking place and staff documented when these had occurred to ensure that the equipment was present and in date, however we did identify that some electrode pads were out of date on Elm Ward, this issue was brought to the attention of staff and the pads immediately replaced with new ones.

We found that nobody was recording that cleaning of clinical and emergency equipment was taking place. We spoke with the ward manager who confirmed that an additional column would be added to their current audit checks to record and reflect that cleaning was taking place.

### Improvement needed

The health board must ensure that:

- Checks on medical equipment include reviewing the expiry date of individual items
- Cleaning audits include medical and emergency equipment.

## Effective care

### Safe and clinically effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. However, as detailed within the report the health board needs to address the deficiencies identified during the inspection and these are detailed, along with the health board's actions, in Appendix C.

### Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with numerous examples where they were reviewing the provision of service on the ward and the wider health board. This was to assist in the modernisation of care. It was positive to hear staff speaking about innovative ideas which were supported by senior managers to develop and improve the wards and enhance patient experience. During discussions with staff there was a clear vision for the future of the hospital. Research projects were being undertaken in relation to homelessness and impact upon delayed discharge, and the health board were exploring the demand and necessity for a female low secure ward within Hafan Y Coed.

One of the ward managers had also secure gym equipment through a health charity. Nominated staff were attending a gym instructor's course to make best use of the gym equipment and raise awareness on health and well-being issues for both patients and staff.

### **Record keeping**

Patient records were held in an electronic format and were password protected to prevent unauthorised access and breaches in confidentiality. The system was well organised and very easy to navigate. The records we viewed contained detailed and relevant information.

We reviewed a sample of patient records across all wards. It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries which provided a live document on the patient and their care.

We saw that staff were completing care documentation and the majority of risk assessments in full.

### **Mental Health Act Monitoring**

We reviewed the statutory detention documents of four patients across both Elm Ward and Maple Ward. All records were found to be compliant with the Mental Health Act and on the whole followed the guidance set out in the Code of Practice for Wales. We also spoke to patients to ensure they had been provided with their rights and entitlements.

We spoke to the Mental Health Act Administration Team in relation to our findings surrounding the consent to treatment forms not being in four patients' notes on the first night of the inspection. We were told and shown documentary evidence that every consent to treatment form sent to the ward is accompanied by a letter requesting the ward to keep a copy of the certificate in the records and one copy with the MAR charts. This highlighted that the ward managers need to ensure compliance and consistency within this area on the wards.

During a review of the paperwork, we highlighted that Section 17<sup>6</sup> leave forms did not include a section for family involvement where relevant. The Mental

---

<sup>6</sup> Section 17 leave allows the detained patient leave from hospital



Health Act Administration Team were receptive of our findings and assured us that they will review and incorporate this information within the forms. We also highlighted that there are no patient photographs in patient records which could assist in protecting patient safety if they absconded.

Staff that we spoke with were positive about the revised structure of the Mental Health Act Administration Team, which had increased in staffing numbers since our previous inspection. Staff commented favourably on the training opportunities, and also the support for developing the team systems for managing the implementation of the Act.

The Mental Health Act Administration Team had recently provided with funds from Welsh Assembly Government for additional training. It was pleasing to see that the team were attending shift hand overs to update staff with key issues arising from audits to ensure compliance with the act.

The team were also devising new initiatives to try and raise awareness on the Act by holding information sharing events in the reception area of the hospital, in an effort to provide advice and support to patients and families on the Act. This was identified as a good area of professional practice.

#### Improvement needed

The health board must ensure that:

- Patients' records contain photographs to help identify the patient.
- Section 17 leave forms to encompass family involvement.

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

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

We reviewed a sample of care files and found that they were generally maintained to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health. The patient records we viewed were well organised and easy to navigate. There was clear evidence of multidisciplinary involvement in the care plans which reflected the domains of the Mental Health (Wales) Measure 2010.

The majority of patient records we examined contained comprehensive needs and risk assessments throughout the patient admission which directly linked to the plan of care and risk management strategies implemented on the wards.

However we did identify in one patient record that risk history was not updated and the management plan was blank. In view of the fact that this individual had presented a risk to patients in a specific area of the hospital, we would have expected these areas to have been completed to encompass any risks the individual poses to patients.

In addition we also noted that the unmet needs of patients in some care plans were not recorded in the notes we viewed. It is important that unmet needs are documented so that these can be regularly reviewed by the multidisciplinary team to look at options for meeting those needs.

### Improvement needed

The health board must ensure that:

- Risk assessment history and management plans are updated to include any risks to patients.
- Unmet needs are evidenced and documented within patient care plans.

## Quality of management and leadership

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

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

The ward managers demonstrated innovation and passion to make improvements within the unit, to achieve the best outcomes for patients.

Improvements are required in the completion of mandatory training, along with IT systems which can support the completion of training.

## **Governance, leadership and accountability**

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

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

Staff spoke positively about the leadership and support provided by the ward managers. Staff also commented that team-working and staff morale on the wards was good. During our time on the ward we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient groups.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Any use of restraint was documented and reviewed as previously highlighted in this report, the health board needs to update and review the prevention and management of violence and aggressive situation and use of extra care area policies.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

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

## **Staff and resources**

### **Workforce**

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

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

We saw evidence of staff annual appraisals in staff files. These appraisals provide staff with a platform to discuss their employment and professional development and an opportunity for managers to give feedback to staff about their work. Some staff told us that it was difficult to plan team meetings and often these meetings would be rushed or cancelled due to the demands of the wards. The health board must devise a solution to ensure that regular team meetings can take place, this should be planned in order to make this a more meaningful, supportive and valuable process for staff.

Staff we spoke with felt empowered to share views on improvements that could be made, and felt supported to implement changes where appropriate. However, senior ward staff expressed concerns about the reduction in the allocation of supernumerary management time from three to one day a week. Senior ward staff are also required to undertake other additional duties such as performing the role of on-call bed managers. These additional requirements placed upon the ward managers takes them away from performing their core duties and responsibilities as ward managers, in view of this the health board need to look at alternative solutions to ensure that the ward managers are available to provide consistent support and supervision to staff.

Whilst there were a number of registered nurse vacancies, there was evidence that the health board was attempting to recruit into the vacancies. Where possible the ward utilised its own staff and regular staff from the health board's staff bank to fill these shortfalls. Any agency staff would have an induction at the beginning of every shift. It was positive to note that staff were undertaking additional shifts to assist in fulfilling rotas to maintain continuity of care. We reviewed staff rotas and spoke with the ward manager who confirmed that additional shifts were being monitored to prevent staff working excessive hours which may lead to fatigue.

Staff told us that there have been instances where staff have been successfully offered positions, however there are often delays in newly appointed staff commencing their duties. In addition further delays are incurred when new staff commence their role with senior ward staff experiencing difficulty obtaining authorisations for administration functions such as access to IT systems and passwords for new staff. The health board needs to review their pre-employment track system and ensure that there are no unnecessary delays in the appointments of new staff and ensure that all administration processes to enable staff to fully perform their role are undertaken in a timely manner.

The hospital had a clear policy in place for staff to raise any concerns and staff we interviewed had knowledge of the policy. Occupational health support was also available as well as wellbeing services who provide holistic therapies to staff if required.

The training statistics we viewed on the inspection raised concerns that staff were not compliant with mandatory training and this was raised as an immediate assurance with the health board.

#### Improvement needed

The health board must make sure that

- Processes are in place to ensure regular staff meetings take place
- No preventable delays are incurred during pre-employment checks
- Staff vacancies are filled and future initiatives are explored to encourage recruitment into the hospital.
- Consideration is given to the concerns raised by senior ward staff in relation to the reduction of management time and a suitable solution is implemented.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect NHS mental health services

Our inspections of NHS mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of NHS mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Meet the [Health and Care Standards 2015](#)

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>Consent to treatment certificates were not kept with the corresponding Medication Administration Record on Elm ward for four patients. On the first night of inspection we witnessed the medication round taking place without the staff being able to reference the MHA paperwork.</p>	<p>This practice can increase the potential for drug administration errors.</p>	<p>This matter was immediately brought to the attention of nurse in charge.</p>	<p>When requested staff were able to locate the paperwork and rectified the concerns.</p>



## Appendix B – Immediate improvement plan

**Service:** Hafan Y Coed  
**Ward/unit(s):** Elm & Maple Wards  
**Date of inspection:** 10 -12 February 2020

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must provide HIW with details of the action taken to provide HIW with the planned actions and timescales to ensure the sleeping out policy is reviewed and updated.	6.2 Peoples Rights	The senior nurse managers for Low secure services, locality wards and rehabilitation will review and update the Sleeping Out Procedure.	Lead Nurse, Adult Mental Health Directorate	31 March 2020
		The Director of Nursing and Director of Operations will meet with the ward managers and shift co-ordinators to discuss the differences in terminology for patient flow and clinical risk management and how that should be documented. This will be incorporated into the updated procedure.	Director of Nursing	3 March 2020
				23 April 2020

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		The Procedure will be discussed and ratified at the Mental Health Clinical Board Q&S Committee	Director of Nursing	
The health board is required to provide HIW with details of the action taken to ensure that decisions made on sleep outs are documented in patients' records and that records contain clear rationale for the decision. The patients views on being moved onto a more restrictive ward should also be recorded.		The senior nurse managers for low secure, locality wards and rehabilitation will develop a template to support the decision to place a patient in a low secure or other inappropriate environment.	Lead Nurse, Adult Mental Health Directorate	31 March 2020
The health board must provide HIW with details of the action taken to improve the compliance rates for training of staff who are currently out of compliance.		Ward Manager will prioritise the support of the 6 staff with below 30% compliance to complete their mandatory training	Ward Manager	31 March 2020
		The Adult Mental Health Directorate will make more computer terminals available to staff	Directorate Manager	31 March 2020
		Maple ward to be 80% compliant within 6 months	Ward Manager	September 2020

## Appendix B – Improvement plan

**Service:** Hafan Y Coed

**Ward/unit(s):** Elm & Maple Ward

**Date of inspection:** 10 – 12 February 2020

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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The health board must ensure that damage to the walls is repaired.	3. Health promotion, protection and improvement	This has been reported to the Estates department by ward manager SR	Estates	30/6/20
The health board must ensure that access to the garden is improved.	3. Health promotion, protection and improvement	Authorisation has been granted for the wards to swap and improve access for more restricted patients. Several actions/risk assessments have taken place to facilitate this.	Ward managers/senior nurse/	30/6/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients are able to easily access hot and cold drinks, and snacks throughout the day.	3. Health promotion, protection and improvement	Patients now have full access to hot and cold drinks. Snacks are available, encouraging fruit/smoothies for promoting healthier choices.	Ward Manager	24/3/20
The health board must ensure that patients participate in activities whilst on the ward.	3. Health promotion, protection and improvement	An activity nurse is now available 9-5 each day and activity is offered to all who wish to partake.  Staff have been reminded of the need to encourage patients who wish to, to take part in ward based activities.	Ward manager	24/3/20
The health board must ensure that the appearance of the wards is less clinical and more welcoming.	3. Health promotion, protection and improvement	The Low Secure Service is currently in the process of service development, and will involve Maple and Elm switching ward. Once this is complete, the team will work actively work towards reducing the clinical appearance of the ward in partnership with service users	Ward manager	25/9/20
The health board must ensure that patient lockers are relocated.	10. Dignity and respect	Lockers have been relocated to a locked room within the ward.	Ward Manager	Completed - 24/3/20
The health board must ensure that patient identifiable information is maintained	10. Dignity and respect	Temporary measures have been taken to remove patient identifiers. An order	Ward Manager	Completed - 24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
confidentially.		<p>has been made for a large white board with security doors for each ward.</p> <p>All observation charts are located in the nursing office</p>		
<p>The health board must ensure that a range of information for patients is displayed on the ward that includes:</p> <ul style="list-style-type: none"> <li>• The NHS Putting Things Right process</li> <li>• Guidance around mental health legislation</li> <li>• Healthcare Inspectorate Wales</li> <li>• Healthy eating and well-being</li> <li>• Advocacy Service</li> <li>• Language Line facility</li> <li>• Welsh language literature is available.</li> </ul> <p>Review the notice boards within both wards and ensure that all information is up to date and relevant.</p>	9. Patient information and consent	<p>Much of this patient information is included in the Information Pack which is provided on admission.</p> <p>Advocacy and WITS are to be contacted for updated posters/leaflets</p> <p>Displaying of HIW purpose and contact information will be addressed</p> <p>Healthy eating information is displayed in the dining room.</p> <p>Communal communication board to display the above information, updated as required.</p>	Ward Manager	To be completed by 25/8/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients' meetings take place and if cancelled, the reason for the cancellation is communicated to patients.	18. Communicating effectively	The Communal communication board is now updated with news, and rationale for any cancellation.	Ward manager	24/3/20
The health board must ensure that they review the bed capacity and service provisions available for adult mental health services, to ensure it can meet the needs of its population in a timely manner.	Timely Care	A review of bed capacity and the current service model will be undertaken	Adult Directorate Management team	Dec 2020
The health board must ensure that blanket restrictions are reviewed and any restrictions placed upon patients are individualised and care planned.	2. Equality, diversity and human rights	All patients are individually care planned for the consumption of fizzy drinks/takeaways etc. This is with the rationale of promoting a healthier lifestyle and a focus on physical wellbeing	Ward manager	24/3/20
The health board must ensure that patients and visitors can provide feedback.	5. Citizen engagement and feedback	A Sign has been placed in the visitors room asking for views/suggestions/compliments/complaints and paper/pens available for feedback to be left.  A Suggestion box is available on the ward for patients use.	Ward manager	24/3/20
The health board must ensure that both wards	5. Citizen	Family members are invited to ward	Ward manager	24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
have a system to report back to families on what improvements have been made based on patients and visitors feedback.	engagement and feedback	round/MDT to discuss any concerns. Staff are always accessible for discussions with relatives, the phone number for the ward is always given to relatives and they can call anytime.		
<b>Delivery of safe and effective care</b>				
The health board must ensure that patients can alert staff that they require assistance from their bedrooms.	22. Managing risk and health and safety	Call bells will be placed in the disabled rooms	Directorate Manager	Completed by Dec 2020
The health board must ensure that security provisions for staff are reviewed so that staff have access to reliable personal alarms and observation mirrors that will support staff and patient safety on the wards.	22. Managing risk and health and safety	Mobile phones have been given to staff and lone worker devices ordered for staff safety when escorting patients in the garden and in the community	Ward manager	24/3/20
The health board needs to review the ligature audit and ensure it is more specific.	22. Managing risk and health and safety	The ligature audit is in date and has identified a significant risk.  This has been escalated to Estates.  In the meanwhile all patients continue to subject to regular risk assessment and the appropriate level of observation put	Estates	30/6/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		in place based on this		
The health board must ensure that hand hygiene products are available at the entrance of the hospital.	13. Infection prevention and control (IPC) and decontamination	This has been completed and they are in place in the lobby of the ward	Infection Control	24/3/20
The health board must ensure that the general infection control policy is updated.	13. Infection prevention and control (IPC) and decontamination	There is a workplan in place for regular review of the UHB IP&C policies. This is overseen by the UHB IPC group which will prioritise the review of corporate policies	Infection Control	Sept 2020
Washing machine is available for patients to use in Maple Ward.	13. Infection prevention and control (IPC) and decontamination	A Fire proofed room has been identified on Elm ward only, where an industrial electricity supply has been requested to accommodate two industrial washers and dryers for Elm and Maple wards	Ward manager/ estates	30/6/20
The health board must ensure that patients are able to provide feedback and that their views are considered for future meal options.	14. Nutrition	All patients have a multi choice of meals for the following day.  This will cater for specific for all dietary requirements, Vegan/Halal/ gluten free etc	Catering	24/3/20



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The health board must ensure that temperature checks on fridges and clinical rooms are consistently taken and recorded.	15. Medicines management	<p>The fridge temperatures are recorded daily on the treatment room checks form.</p> <p>This is allocated by the nurse in charge and is audited 3 monthly by the management team</p> <p>All staff have been reminded of their responsibility for the consistent checking and recording of fridge temperatures</p>	Ward manager	24/3/20
The health board must ensure that the most recent consent to treatment certificate is held with the corresponding MAR chart.	15. Medicines management	<p>All consent forms are placed with the medication chart and checked prior to medication administration.</p> <p>A band 5 nurse has now been allocated a specific MHA admin role to ensure they are completed, correct for medication and in date.</p>	Ward manager	24/3/20
The health board must ensure that Controlled Drugs are accurately signed for by staff at all times.	15. Medicines management	<p>There is a clear procedure in place to manage controlled medication, with a two nurse signature at all times.</p> <p>All staff have been reminded of their</p>	Ward manager	24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		responsibility in relation to the recording of the administration of controlled drugs		
The health board must ensure that a cold water supply is available in both clinical rooms.	15. Medicines management	This has been reported to Estates to assess if a cold water tap can be added to medication room.	Estates	30/6/20
The health board must ensure that all policies are reviewed and updated.	15. Medicines management	<p>There is a UHB wide policy for the control of policies and this is continuously monitored and reported through the UHB Audit Committee. A review of the following policies is currently underway in the Directorate;</p> <ul style="list-style-type: none"> <li>• Prevention and management of violent and aggressive situations</li> <li>• Extra care area policy</li> <li>• Ward operational policy</li> </ul>	Nurse Advisor to pharmacy	Dec 2020
The health board must ensure that there is a routine audit of policies to ensure that ward staff have access to, and are referring to, the most recent version.	15. Medicines management	As above	Nurse Advisor to Pharmacy	Dec 2020
The health board must ensure that checks on medical equipment include reviewing the expiry	16. Medical devices,	The treatment room is checked monthly (1 <sup>st</sup> of month) and recorded on the	Ward manager	24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
date of individual items.	equipment and diagnostic systems	treatment room check form. This is audited by management team 3 monthly. Staff have been reminded that review of the expiry date of medical equipment is a necessary check		
The health board must ensure that cleaning audits include medical and emergency equipment.	16. Medical devices, equipment and diagnostic systems	The treatment room check form has a cleaning section to indicate weekly cleaning of equipment and rooms  Staff have been reminded that cleaning audits must include medical and emergency equipment	Ward manager	24/3/20
The health board must ensure that patients' records contain photographs to help identify the patient.	20. Records management	Consent will be sought for the patients photograph and these will be stored in their notes.  Information on this will be included in the Information/admission pack	Ward manager	24/3/20
The health board must ensure that section 17 leave forms encompass family involvement.	20. Records management	All section 17 forms are written with the consideration of the family/relatives and	Responsible clinician	24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>how the leave may affect them</p> <p>This can be discussed in the MDT/CTP/ward round which relatives are welcome to join.</p> <p>All staff have been reminded that section 17 leave forms must include family involvement</p>		
The health board must ensure that risk assessment history and management plans are updated to include any risks to patients.	20. Records management	<p>All risk assessments and care plan reviews are audited by the management team on a monthly basis and discussed in regular supervision sessions</p> <p>All staff have been reminded of the need to update risk management plans to include any newly identified risks to patients</p>	Ward manager	Completed end March 2020
The health board must ensure that unmet needs are evidenced and documented within patient care plans.	20. Records management	<p>Any unmet need will be brought to ward round and discussed as a team, and action plan developed.</p> <p>A Datix form will be completed and</p>	Ward manager	24/3/20

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>escalated to the Adult Directorate Team.</p> <p>All staff have been reminded of this issue.</p>		
<b>Quality of management and leadership</b>				
<p>The health board must ensure that processes are in place to ensure regular staff meetings take place.</p>	<p>25. Workforce planning, training and organisational development</p>	<p>Plans are in place for a monthly team meeting, with minutes taken and agenda recorded.</p> <p>Plans are also in place for a HCSW forum, these to commence when the staffing capacity is maximised</p>	<p>Ward manager</p>	<p>30/6/20</p>
<p>The health board must ensure that considerations given to the concerns raised by senior ward staff in relation to the reduction of management time and a suitable solution is implemented.</p>	<p>25. Workforce planning, training and organisational development</p>	<p>Ongoing work regarding nurse establishment is underway and is expected to be concluded by September 2020</p>	<p>Director of Nursing</p>	<p>Sept 2020</p>
<p>The health board must ensure that no preventable delays are incurred during pre-employment checks.</p>	<p>24. Workforce recruitment and employment</p>	<p>Recruitment of staff is achieved via the Shared Services Partnership arrangement. All efforts are made by the UHB to process vacancies as quickly as</p>	<p>Executive Director of Workforce</p>	<p>To maintain under regular review</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		possible.  The UHB will continue to keep this under regular review and to escalate unnecessary delays as appropriate		
The health board must ensure that vacancies are filled and future initiatives are explored to encourage recruitment into the hospital.	24. Workforce recruitment and employment	Plans are now in place for the management team to visit the universities and provide students with the opportunity to ask questions about Forensic nursing, to advise them of the role, professional development and a career within the Criminal Justice Service.	Ward manager	30/6/20

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): Jayne Tottle**

**Job role: Director of Nursing**

**Date: 25/03/2020**