NHS Mental Health Service Inspection (Unannounced)

Cwm Taf Morgannwg University Health Board

Ty Llidiard

Enfys and Seren Wards

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

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

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice**
Influence policy and standards:	**Use what we find to influence policy, standards and practice**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Ty Llidiard within Cwm Taf Morgannwg University Health Board on the evening of 7 May 2019 and following days of 8 and 9 May. The following sites and wards were visited during this inspection:

- Enfys Ward
- Seren Ward

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

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

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

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

2. Summary of our inspection

Overall, we found that there were systems in place to promote safe and effective care to young people who require an assessment of mental health needs within an inpatient setting.

We found that improvements are still required in recordkeeping and that suitable arrangements were not on all bedroom windows to maintain patient privacy and dignity.

This is what we found the service did well:

- All employees interacted and engaged with patients respectfully
- Provided a range of suitable facilities in a well maintained and pleasant environment of care
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- The information displayed within the wards for patients
- Recordkeeping
- The provision of statutory rights to patients
- The experience and skill mix of the ward team.

3. What we found

Background of the service

Ty Llidiard provides an inpatient NHS Child and Adolescent Mental Health Service (CAMHS) for South Wales. The purpose built hospital is located in the grounds of the Princess of Wales Hospital, Bridgend.

Ty Llidiard is a mixed gender unit with 19 beds[1]. At the time of inspection, there were 12 patients, six of whom were on approved leave from the hospital.

The hospital is an integrated part of the health board's Children Young People and CAMHS Directorate, and is supported by the management and organisational structures of Cwm Taf Morgannwg University Health Board.

The service employs a staff team which includes two ward managers, senior staff nurses, staff nurses and health care support workers. The multidisciplinary team input includes, two consultant psychiatrists, speciality doctors, a consultant psychologist, art therapist, dietician, social worker, occupational therapist, activity coordinators, family therapist and a psychotherapist.

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[1] The Welsh Health Specialised Services Committee (WHSSC) is responsible for commissioning inpatient provision for CAMHS (age 12-17 inclusive) on behalf of the seven local health boards in Wales. Two Local Health Boards are commissioned by WHSSC to provide this service for Welsh residents as follows:

Cwm Taf Morgannwg University Health Board provides 15 beds for the South from Ty Llidiard. These beds are provided flexibly over the 14 bed main ward and a five bed high intensity area.

Betsi Cadwaladr University Health Board provides 12 beds on a single ward for the North from the North West Adolescent Service (NWAS) which is located at Abergele Hospital.

Access to all inpatient beds is controlled by clinical gatekeepers who work in the two NHS hospitals. The responsible clinician in a Health Board will refer a patient to the gatekeeper for an assessment and a clinical opinion indicating the type and level of service will be established. If an inpatient stay is required the gatekeeper will consider if the patient needs can be met by the NHS service and arrange the admission. The two NHS services do not provide services for Forensic (Medium or Low Secure) patients or some specific patient needs e.g. primary LD.

The hospital employs a team of catering and domestic staff and is supported by administration staff.

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 found that patients were treated with respect and courtesy by the staff team at Ty Llidiard.

The environment provided good facilities to promote patients' privacy and dignity. However, as identified in a previous inspection, suitable arrangements must be found to provide privacy for all bedroom windows.

Whilst a wide range of information and opportunity to provide feedback was available in the hospital reception, this was limited within the ward areas and should be improved.

Staying healthy

Within the hospital reception there was a range of relevant information leaflets for patients, families and other visitors. These contained information on mental and physical health and well-being, relevant to the patient group and service.

There was a school within the hospital that provided patients with educational input whilst being cared for at the hospital. When patients were not attending school we observed patients taking part in a range of therapeutic and leisure activities. There were two activity coordinators who helped provide activities throughout the day, evenings and weekends.

We saw that there was a cinema room that included a large screen television, DVD player and games consoles. There was also a designated arts and crafts room, an activities room and a lounge. Patients' artwork was displayed in a number of areas throughout the hospital. It was positive to note that the art work of patients had been entered in to competitions.

Patients had access to outside space which included a courtyard and a garden area. At the time of the inspection the garden was not available to patients as the health board were replacing the perimeter fence. However, the courtyard provided adequate outside area for patients to utilise.

Patients' records evidenced physical assessments and monitoring. Each patient had a Modified Early Warning Score[2] (MEWS) which assists staff monitor patients' physical well-being who are at risk of clinical deterioration.

Dignified care

We observed that all staff interacted and engaged with patients appropriately and treated patients with dignity and respect. We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients, including knocking on doors before entering bedrooms.

Each patient had their own en-suite bedroom, comprising of toilet, shower and sink, which provided patients with privacy and dignity. Patients had sufficient storage for their possessions within their rooms. Items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely, which patients would request access to.

Patients, whilst inside their rooms, could lock the doors to prevent other patients entering. Staff could over-ride the locks if required. Each bedroom door had an observation panel installed, which was an improvement following our last inspection of Ty Llidiard in 2018. Staff could undertake visual observations with minimal impact upon patients, particularly if the patient was asleep.

Some patients raised concerns regarding uncomfortable beds, pillows and duvets. The health board should review the provision of bedding to ensure that it is comfortable and helps enable healthy sleep patterns.

As identified during our previous inspection, some bedroom windows remained without any curtains or blinds. This is unacceptable, since patient privacy is not maintained from the garden or courtyard areas, and to minimise light to aid healthy sleep patterns, particularly during the summer months. We were told that the decision was made to remove curtains from some bedrooms to maintain the safety of the patient using the room. As a result of our findings in 2018, the health

[2] The modified early warning score is a tool that is based on physiological parameters and these observations should be recorded at an initial assessment for unwell patients or as part of routine monitoring were a patient's medical condition dictates; heart rate, respiratory rate, blood pressure, level of consciousness and temperature (NICE 2007).

board committed to exploring options to address this issue, however this remains unresolved and continues to impact upon patient privacy and dignity. This must be resolved.

The ward office had a Patient Status at a Glance board,[3] displaying essential information regarding each patient being cared for on the ward. It was noted that when not in use, staff covered the board with the pulldown blind to protect the confidentiality of this information.

The hospital had suitable rooms for patients to meet ward staff and other healthcare professionals in private. There was an appropriate visitors' room within the hospital, so that family visits could be facilitated and supervised as required. In addition, the hospital provided a visitors flat to facilitate overnight stays for family members; this is particularly helpful for families that live away from the location of the hospital.

Patients were able to use the hospital phone to maintain contact with families and friends. Patients were also able to access their mobile phones. These were kept within the ward office and used by the patients at designated times.

Improvement needed

The health board must ensure that all bedroom windows have appropriate screening, to maintain patient privacy and dignity.

Patient information

Patients were provided with an admission pack. This contained a range of information which include the health board's Information booklet on Ty Llidiard and other information provided by the health board. The Information Booklet provided patients and family members with detailed information regarding the service at Ty Llidiard.

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

The admission pack also included information from the statutory advocacy service and other relevant organisations that are available for patients.

The reception area had an array of posters and information leaflets available for patients and visitors. This included advocacy information and information on providing feedback on the service. Feedback on the service could be provided anonymously either via comments box or online survey. The leaflet rack included information on the NHS Putting Things Right[4] process for raising a concern, HIW booklet and Community Health Council poster and contact details.

Whilst this information was available in the reception area there was limited information displayed on the wards where patients could freely read information on:

- Information on the Mental Health Act and advocacy provision
- How to provide feedback (including how to raise a complaint)
- Information on Healthcare Inspectorate Wales.

Through our discussions with some patients, whilst they may be aware of some of these areas, they stated that they did not fully understand how they could benefit from them or how to utilise them.

Improvement needed

The health board must ensure that a range of information for patients is displayed within the wards, and patients are supported in understanding this information.

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

[4] Putting Things Right is the process for managing concerns when someone is unhappy about services provided by the NHS in Wales. www.wales.nhs.uk/sites3/home.cfm?orgid=932

communicate was misunderstood, staff would patiently attempt to clarify what they had said.

Each patient was offered a one-to-one nurse engagement session every day. This provided patients the opportunity to discuss their care and wishes whilst at the hospital.

The hospital held weekly patient community meetings which enabled patients to express their views and wishes for their care and the service. However, some staff commented that these meetings have become less productive, and one patient expressed their view that the discussions could be dominated by patients who spoke the loudest. The health board should review the community meetings to ensure that they give the opportunity for patients to express their views.

Individual care

People's rights

Staff practices aligned to established health board policies and systems which ensured that patients' rights were maintained. Staff confirmed that some items were restricted on the unit in the interest of patient safety. Information on restrictions, such as items and activities, was included within the information booklet.

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.

As highlighted earlier there were suitable places for patients to meet with visitors in private along with the family visiting area along with the visitors flat.

Listening and learning from feedback

We saw that written information on how patients could provide feedback or raise a concern about their care was displayed within the unit and was available in the information booklet.

Patients and carers could also provide feedback using an online survey tool. The results of the survey were reviewed and discussed by senior staff at the hospital to consider future provision of the service. It was positive to hear that that the hospital were looking to develop this format of feedback further. However, during our discussions with some staff they were unaware of what happened with the

survey results. Therefore the health board could improve how this information is shared with the whole staff team at the hospital.

We were informed that a "You Said, We Did" board[5] was going to be mounted in the reception area to display how the service has responded to feedback it had received.

Feedback on the service was also monitored and reviewed through the health board governance arrangements.

[5] “You said, we did" provides examples of how patient and carers’ feedback have made a difference at the hospital.

Delivery of safe and effective care

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

Overall, we found that there were systems in place to promote safe and effective care to patients. The hospital appeared generally well maintained, with a programme of ongoing environmental improvements.

There were established processes and audits in place to manage risk, health and safety and infection prevention and control. These enabled staff to provide safe and clinically effective care.

Improvements to recordkeeping are required, however, it was positive to note that a ward clerk had been appointed to aid this.

Safe care

Managing risk and promoting health and safety

The hospital was organised over two floors, with both wards located on the ground floor. There was level access to the main entrance and wards. A passenger lift provided access to the first floor. These arrangements allowed patients and visitors, including those with mobility difficulties, safe and easy access to all areas of the hospital.

Visitors were required to enter the unit via a reception area and intercom system. This helps to deter unauthorised persons from entering the building. Access within the unit was generally restricted for safety reasons. Ward areas were spacious, and there were enclosed courtyards and gardens.

Overall, the unit appeared well maintained and systems were in place to report environmental hazards that required urgent and non-urgent attention and repair. We were informed that on the whole, the response of the health board's maintenance team was good. However, at the time of our inspection there were two magnetic lock doors that required maintenance, one on each ward. Staff confirmed that these had been reported and due to be rectified.

Staff confirmed they had access to personal alarms to promote their personal safety whilst in work. Staff stated that the personal alarms were not suitable for

the setting, being too bulky, and had regularly sounded in error. Senior managers confirmed that the personal alarms were being reviewed by the provider during the week of our inspection, to identify more suitable personal alarms.

We were also informed that staff would usually wear alarms, only when it was deemed a current safety risk on the required ward. However, there was no clear guidance or policy in place to inform staff when it was deemed a necessary to wear alarms or not. If the decision to wear alarms is based on the safety risk of the ward, the health board must ensure that there is a clear record evidencing the decision, along with appropriate guidance or a policy.

On the whole, the furniture, fixtures and fittings across the hospital were appropriate to the respective patient groups. Since our previous inspection, safety work had been undertaken, and additional work was ongoing to the hospital environment, this was a positive step to reduce the potential opportunities for patient self-harm or absconding.

Improvement needed

The health board must confirm that the magnetic locks doors have been repaired.

The health board must ensure that there are suitable staff alarms available at the setting.

The health board must ensure that there is a clear policy or guidance in place to inform staff of when to wear personal alarms or not, and that this decision is recorded.

Infection prevention and control

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

There was a regular audit of infection control in place. This was completed with the aim of identifying areas for improvement, so that appropriate action could be taken where necessary. This included ward based audits and the health board's Infection Prevention and Control Committee audits.

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

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

There were hand hygiene products available in relevant areas of the hospital such as ward clinic and food preparation areas; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination personal protective equipment when required.

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.

There was no regular attendance from Ty Llidiard staff to the health board infection control meetings. It would be beneficial for the ward if a nominated person was available to attend these meetings and take oversight of infection prevention and control for Ty Llidiard.

Nutrition and hydration

There was detailed input from a dietician to ensure that meals were appropriate for the patient group, including patients with an eating disorder.

We saw that assessments of patients' eating and drinking needs had been completed. We also saw that care plans had been developed together with individual meal plans as appropriate to meet patients' care and treatment needs. Patient records evidenced food consumption, weight and body mass index monitoring as part of patients' care.

At times some patients would require feeding with Nasogastric (NG) tube[6]. Staff received training for NG tube feeding, and we were informed that a sufficient number of staff were trained in this. The hospital had a training mannequin for practicing the NG tube feeding procedure to maintain the skills of staff, if there was a period when NG tube feeding was not regularly undertaken.

[6] Nasogastric tube is a flexible that is passed through the nose and down into the stomach. This enables staff to place nutrients directly into the stomach when a patient cannot or unwilling to take food or drink by mouth.

On reviewing a sample of nutrition and hydration monitoring forms, we saw that there was no daily fluid balance recorded to cross reference with the patient's individual meal plan. We were informed that this was reviewed and calculated at the weekly ward round. However, we suggested that it would be beneficial for staff to record the accurate daily consumption, to assist with identifying trends between ward rounds.

The hospital had a three week rotation menu with options for lunch and evening meals. Patients also had access to snacks and refreshments. Whilst there were no negative comments regarding the size of portions, some staff and patients raised concerns regarding the choice of food available. This included a limited variety on some days, limited variation in vegetarian options, also with only curry options (meat or vegetable) on one day, and a limited range of desserts being available. We were also informed that patients were only able to have one warm meal option per day, either at lunchtime or during the evening; this further limited the options for patients.

During our tour of the environment, there were patient snacks being stored inappropriately within a domestic cupboard. We brought this to the attention of staff who removed these items.

Improvement needed

The health board must ensure that where applicable, the accurate quantity of fluid and nutrition consumed is recorded.

The health board must ensure that patients are provided with a suitable range of meals throughout the day.

The health board must ensure that menu options are not repetitive.

Medicines management

Overall, medicines management at Ty Llidiard was safe and effective. Medication was stored securely with cupboards and medication fridges were locked and medication trolleys secured.

There was evidence that regular temperature checks were undertaken and recorded of the medication fridge, to ensure that medication was stored as directed by the manufacturer. However, there were no checks of the ambient room temperate of the clinic, nor a method to reduce the temperature within the room if required, where other medications were stored. Therefore, during periods of higher temperatures, we could not be assured that medication is stored within acceptable temperatures.

There were appropriate arrangements for the storage, stock balance and use of controlled drugs and drugs liable to misuse. At the time of inspection there were no such medication at the setting.

Medical Administration Records (MAR) charts were fully completed and included all relevant information for the patient. The MAR Charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. The MAR Charts were reviewed at each shift handover for accuracy.

Arrangements were described for the effective ordering and receipt of medicines, including medicines required in an emergency. Staff spoke positively about the input from the health board's pharmacy department. There was weekly pharmacy input, and audits were undertaken that assisted the management, prescribing and administration of medication.

Safeguarding children and adults at risk

The unit provided care to children and adolescents only. There were established processes in place to ensure that the hospital safeguarded children, with referrals to external agencies as and when required.

Training information provided by senior staff showed that 98% of staff were up to date with safeguarding training.

Medical devices, equipment and diagnostic systems

Staff confirmed that emergency equipment for responding to a patient emergency (collapse) was stored within grab bags located in the treatment rooms on both Enfys and Seren.

We considered the arrangements on Enfys and saw that a grab bag was readily available within the locked treatment room. Records showed that daily checks had been made of the grab bag to check that the security seal was intact. Checks of individual items were not made. We were told that provided the seal was intact, staff could assume that a full set of equipment was available and suitable for use.

Following our recommendation during our previous inspection, staff confirmed that the each of the emergency grab bags now contained ligature cutters. In addition, there were additional sets of ligature cutters on each ward, in easily accessible locations, for staff members responding to an incident.

Training information provided by senior staff showed that 78% of staff were up to date with Paediatric Immediate Life Support and 75% with Immediate Life Support.

Effective care

Safe and clinically effective care

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

A range of written policies and procedures were available to instruct and guide staff on providing safe care and effective care. These were available as electronic versions on the health board's intranet and some as paper copies within the hospital.

Record keeping

Patient records were paper files that were stored and maintained within locked offices. We observed staff storing the records appropriately during our inspection.

Patient files were however, disorganised and it was therefore difficult, to easily locate the required information held within the files. Where required staff members were able to direct us to the relevant areas, but this was not always in a timely manner. It was however positive to note, that a ward clerk had recently commenced working at the setting with the aim to improve filing within the hospital.

Following our previous inspection the health board have implemented a series of audits to further promote standards associated with professional clinical entries and record keeping. There was evidence of these being undertaken and a record of actions taken on audit findings however improvements were still required.

Improvement needed

The health board must ensure that patient records are up to date and systematically filed.

Mental Health Act Monitoring

We reviewed the statutory detention documents of two patients.

It was evident that detentions had been applied and renewed within the requirements of the Act. However, as stated above, patient files were disorganised and copies of legal detention papers were not always systematically filed and available within the records.

Within the two sets of records we reviewed there was a delay in providing the patients with their rights under Section 132 of the Act, with no record to explain the reason why this had not occurred sooner. For one patient, the rights had been provided two weeks after their detention and for the other patient it was four weeks. Whilst the Act nor the Mental Health Act 1983 Code of Practice for Wales Revised 2016 (the Code) provide specific timescales, the health board must ensure that the guidance set out in Chapter 4 of the Code (Information for patients, nearest relatives, families, carers and others) is followed.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital weekly. However, during our conversations with patients, some were unclear about how the advocacy service would benefit them. The health board must consider how to better inform patient of the role of the IMHA.

During the inspection we spoke with members of the Mental Health Act administration team who confirmed that they'd recently reviewed the support requirements for Ty Llidiard, and would increase their input to the hospital.

The treatment we reviewed for both patients was in line with the consent to treatment provisions of the Act, and followed the guidance set out in the Code. Discussions regarding the medication and side-effects were held between the staff and the patient. However, it was not standard practice to provide patients with written information, the health board should consider providing this.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, and these were up-to-date and well recorded. However, in both sets of patient records there was no evidence to state whether the patient had been offered a copy of their leave form, and whether it was accepted or refused by the patient. We were informed that the outcome of leave is discussed each morning and at the ward round, however, due to the poor filing of the patient records we were unable to find these reviews.

Improvement needed

The health board must ensure that patients are provided with their rights in relation to their section, in a timely manner and this is regularly repeated.

The health board must ensure that patients are informed of the role of the IMHA.

The health board must ensure that patients are offered a copy of their Section 17 Leave authorisation form, and this is documented appropriately.

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

We reviewed the care plans of two patients.

The care and treatment plans reflected the domains of the Mental Health (Wales) Measure (2010), with measurable objectives and were regularly reviewed. To support patient care plans, there were individualised risk assessments that set out the identified risks and how to mitigate and manage them.

Patients' unmet needs were not identified within their care and treatment plan. It is important that any unmet needs are documented, so that these can be regularly reviewed by the multidisciplinary team to consider options for meeting unmet needs. Recording details of these also highlights when a patient's needs are not addressed within the scope of services provided at Ty Llidiard. In addition, that an alternative placement may be required, to meet that individual patient's needs. We were provided with a number of examples where a patient's needs were not being met by the service commissioned at Ty Llidiard, and this patient required an alternative health and/or social provision elsewhere.

For one patient there was a ward management plan in place that referenced a document of helpful and unhelpful strategies. This provided the patient's view on what strategies and interventions do and do not help the patient cope with certain issues. We were informed that this document was not completed for all patients. It would be beneficial if the service developed a patient-led management plan for all patients.

As stated earlier patients' records also evidenced physical health assessments and monitoring.

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.

A management structure was in place and clear lines of reporting and accountability were demonstrated.

Comprehensive arrangements for the effective governance of the service were described that took into account the Health and Care Standards.

There was a dedicated staff team committed to providing a high standard of care to the patient group. The health board were reviewing the skill mix of the hospital to increase the expertise and experience of the staff group, and stabilise staff turnover.

Governance, leadership and accountability

A local management structure was in place and clear lines of reporting and accountability were demonstrated.

Ty Llidiard provides inpatient care and is part of the South Wales CAMHS network. Senior staff described a system of meetings that formed part of the governance arrangements for the CAMHS network and health board's directorate.

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

Ty Llidiard participates in the Quality Network for Inpatient CAMHS (QNIC) scheme[7]. This aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric in-patient care through a system of review against the QNIC service standards. This process follows a clinical audit cycle with self-review and peer-review.

During the course of our inspection, senior staff were visible and provided support to the staff team. Staff that we spoke with commented favourably upon the support they received from their colleagues and managers.

Suitable arrangements were described for reporting, recording and investigating incidents, together with shared learning from such incidents and concerns. This helps to promote patient safety and continuous improvement of the service provided.

There were senior management meetings that were part of wide organisational governance arrangements. There were monthly staff meetings at the hospital to disseminate information from the wider health board, and discuss matters arising at the hospital.

Each morning there was a meeting to review the immediate operation of the hospital and any emerging risks or issues that require addressing. Staffing resources were reviewed daily and were planned in advance using a ward acuity assessment form based on QNIC standards, to help ensure sufficient staff numbers were on shift to meet the care needs of the patients at the hospital.

Staff and resources

Workforce

The staffing levels appeared appropriate to meet the assessed needs of the patients within the hospital at the time of our inspection.

[7] Quality Network for Inpatient CAMHS is part of the Royal College of Psychiatrists.

https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualitynetworks/childandadolescent/inpatientcamhsqnic.aspx

Both ward managers along with a number of senior staff nurses had been in post for a number of years, and were experienced in providing care for patients requiring inpatient CAMHS assessment. Senior managers spoke positively of staff nurses progressing on to opportunities elsewhere, however, this left vacancies that were typically filled by less experienced staff nurses or that had recently qualified as a registered nurse.

Senior staff confirmed that there were a number of registered nursing vacancies and recruitment had been made to these posts. At the time of our inspection these had yet to take up their posts.

Senior staff also confirmed that, when needed, agency and bank staff were used to cover any shortfalls in staffing. We were told that efforts were made to use the same staff to promote continuity of care to patients. We saw records demonstrating that new staff (including agency and bank staff) had received an induction when they first worked on the unit. This helped ensure that new staff were familiar with local procedures.

We were told that a review of the staffing establishment and skill mix had been recently undertaken, with the view to provide opportunities for registered nurses within the hospital to progress and remain within Ty Llidiard. The aim is to stabilise the workforce, and enhance the number of experienced registered nurses and to reduce the turnover of staff.

As stated earlier, throughout the inspection we observed staff members interact positively with patients. However, during our discussions with patients, one patient stated that they did not feel staff always listened to them, and that staff did not communicate well with them, saying that they did not know what was happening regarding their care. They also stated that at times they did not always feel safe at the hospital, after observing and learning of incidents with other patients that had occurred.

There were positive comments from patients that staff genuinely cared about the patient groups, and that they would listen and spend time with them. However, some patients also told us that it was difficult to have time with registered nurses for therapeutic engagement, as they appeared very busy with paperwork. As part of the skill mix review the health board must ensure that registered nurses are afforded sufficient time to undertake regular and therapeutic engagement opportunities with patients, where required.

Training information provided by senior staff showed that staff were expected to complete mandatory training on a range of topics relevant to their roles. Training compliance was regularly monitored by managers. Mandatory training was in excess of 70%, apart from Mental Capacity Act & Deprivation of Liberty

Safeguards module (36%) that was introduced in December 2018. The health board must ensure that all staff undertake this training as a matter of urgency

Governance meeting records documented that mandatory training was being monitored and actions being taken to address any deficits, particularly classroom based training by ensuring sessions were available for staff members to attend.

Staff also attended additional training and conferences relevant to their roles. Furthermore, it was confirmed that a training strategy was being developed to formalise additional training needs (in addition to mandatory training), that would develop the workforce at the hospital. However, it was reported that due to constraints on available staffing, there were occasions when staff would not be able to attend additional training and courses.

Improvement needed

The health board must ensure that the review of staffing skill mix is completed and actions implemented to benefit the staff and patients.

The health board must ensure that all staff complete their mandatory training in a timely manner.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

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

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

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

Further detail about how HIW inspects mental health and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.	Not Applicable	Not Applicable	Not Applicable

Appendix B – Immediate improvement plan

Service: Ty Llidiard

Wards: Enfys Ward and Seren Ward

Date of inspection: 7 – 9 May 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Appendix C – Improvement plan

Service: Ty Llidiard

Wards: Enfys Ward and Seren Ward

Date of inspection: 7 – 9 May 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that all bedroom windows have appropriate screening, to maintain patient privacy and dignity.	4.1 Dignified Care	Review an immediate privacy solution for the specific bedrooms such as those used on Seren Ward and St David's Ward at Royal Glamorgan Hospital in order to deliver a rapid privacy solution. If appropriate and without risk, install as quickly as can be ordered.	Directorate Manager Directorate Manager / Estates	19.07.19 31.08.19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Continue to review potential long term solutions such as integral blinds, bespoke product and bring a recommendation to Clinical Business Meeting for approval.	Directorate Manager / Director of Primary Community and Mental Health	30.09.19
The health board must ensure that a range of information for patients is displayed within the wards, and patients are supported in understanding this information.	4.2 Patient Information	Lockable cupboard to be installed on the ward containing leaflets for young people.	Locality Manager	31.07.19
Delivery of safe and effective care				
The health board must confirm that the magnetic locks doors have been repaired.	2.1 Managing risk and promoting health and safety	Estates have undertaken repairs, service to confirm that these are now permanently repaired and no further works required.	Locality Manager	30.06.19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that there are suitable staff alarms available at the setting.	2.1 Managing risk and promoting health and safety	External Contractor have been requested to provide details of alternative alarms available. Locality Management Team and Staff to review practical nature of product and confirm usability. When deemed an acceptable product introduce alongside agreed risk assessment protocol (see below). *Note: alarms are currently available but not used on all shifts, this will be reviewed alongside the protocol below in the absence of a timely acceptable product*.	Senior Nurse Directorate Manager Senior Nurse / Ward Staff Senior Nurse	31.07.19 31.08.19 31.10.19
The health board must ensure that there is a clear policy or guidance in place to inform staff of when to wear personal alarms or not, and that this decision is recorded.	2.1 Managing risk and promoting health and safety	Protocol to be developed in conjunction with ward staff. All ward staff to be trained in protocol and alarm use including current alarms until suitable product available.	Ward Manager Ward Manager	31.07.19 31.08.19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that where applicable, the accurate quantity of fluid and nutrition consumed is recorded.	2.5 Nutrition and Hydration	Staff to be required to undertake daily calculation of total consumption. To be monitored via notes audits. Results of audit to be presented to Senior Management Team Quality Safety and Risk Group.	Senior Nurse Ward Manager Ward Manager	30.06.19 Ongoing 31.10.19
The health board must ensure that patients are provided with a suitable range of meals throughout the day.	2.5 Nutrition and Hydration	A meeting has been held with the Unit's Lead Dietician, Ward Manager and Head of Housekeeping to determine an appropriate range and frequency. As a result the range of snacks has been increased with more healthy snacks available and a reduction in less healthy snacks and a new menu has been created. The service has submitted a proposal for funding to convert a store room into a snack preparation area to support the young people to access their own snacks.	Ward Manager Directorate Manager	Complete 31.12.19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that menu options are not repetitive.	2.5 Nutrition and Hydration	As above, a new menu has been designed, with input from the young people. A community meeting is held each week with the young people on the unit and this provides a forum whereby any further feedback can be provided.	Ward Manager	Complete
The health board must ensure that patient records are up to date and systematically filed.	3.5 Record keeping	Ward Clerk now in post and supporting filing and ordering of files, to be monitored via notes audits. Results of audit to be presented to Senior Management Team Quality Safety and Risk Group.	Ward Manager Senior Nurse	Ongoing 31.12.19
The health board must ensure that patients are provided with their rights in relation to their section, in a timely manner and this is regularly repeated.	Application of the Mental Health Act	Seek an appropriate level of Mental Health Act training and ensure maximum attendance by staff to achieve training compliance (this may be externally sourced). Staff to be reminded of requirement to document reason for any delay in providing rights. To be monitored via notes audit.	Head of Nursing Senior Nurse Ward Manager	30.09.19 30.06.19 31.10.19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Results also monitored monthly by Director of Primary Community and Mental Health.	Director of Primary Community and Mental Health	Monthly from July 2019
The health board must ensure that patients are informed of the role of the Independent Mental Health Advocacy (IMAH).	Application of the Mental Health Act	Information currently provided in the Admission Pack. IMHA attend the unit weekly and all young people offered the opportunity to meet with them. To support the above a poster will be displayed on the unit to further raise awareness.	Ward Manager Locality Manager	Complete 31.07.19
The health board must ensure that patients are offered a copy of their Section 17 Leave authorisation form, and this is documented appropriately.	Application of the Mental Health Act	Patients to be offered copies of their Section 17 Leave authorisation forms.	Consultant	30.06.19
Quality of management and leadership				
The health board must ensure that the review of staffing skill mix is completed and actions implemented to benefit the staff and patients.	7.1 Workforce	Skill mix review completed. Proposal for funding submitted to May 2019 Clinical Business Meeting.	Head of Nursing Head of Nursing	Completed Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Clinical Business Meeting supported in principle subject to final implementation plan. Revised plan and funding trail to July Clinical Business Meeting for approval and subsequent implementation.	Director of Primary Community and Mental Health Head of Nursing	Completed 01.07.19
The health board must ensure that all staff complete their mandatory training in a timely manner.	7.1 Workforce	A monthly review of inpatient training compliance is undertaken and reported to the Director, additional sessions are supported within the health board if compliance falls. A CAMHS wide training strategy has been drafted to support the above and will be submitted to August Clinical Business Meeting with resource ask. Training Strategy implemented. Linked to the above actions is an acknowledgement that the increasing admissions of young people that are dysregulated requires additional staffing	Head of Nursing Children. Young People and CAMHS Head of Nursing Children. Young People and CAMHS Head of Nursing Children. Young People and CAMHS Head of Nursing Children. Young People and	Completed 1.08.19 Aug 2019 Oct 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		on the unit at high risk periods/ incidents which can impact upon ability to release staff – this will be monitored going forward.	CAMHS / Deputy Head of Nursing Children. Young People and CAMHS	

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): Chris Coslett

Job role: Directorate Manager

Date: 28.06.19