Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Ablett Unit, Glan Clwyd Hospital, Betsi Cadwaladr University Health Board

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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
Website: www.hiw.org.uk

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Ablett Unit at Glan Clwyd Hospital, Betsi Cadwaladr University Health Board on 17, 18 and 19 July 2023. The following wards were reviewed during this inspection:

- Tegid Ward – A 10 bedded mixed gender older person's mental health ward
- Dinas Male Ward – A 10 bedded male acute admissions ward
- Dinas Female Ward – A 10 bedded female acute admissions ward

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

We invited patients to complete HIW questionnaires during and following the inspection to obtain their views on the service provided at the unit. While we only received a small number of completed questionnaires from patients, our patient experience reviewer spent time on the wards and spoke to many patients throughout the inspection to obtain their views.

We also invited staff to complete a questionnaire to tell us their views on working for the service. We received 12 completed questionnaires by staff. Feedback and some of the comments we received appear throughout the report. Where present, quotes in this publication may have been translated from their original language.

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patients received appropriate physical healthcare assessments in addition to their mental healthcare. This was particularly evident on Tegid Ward where some patients had acute physical needs. We observed staff treating patients with respect and supporting patients on Tegid Ward with personal care needs in a dignified and sensitive way.

There were opportunities for patients to engage in activities during their stay at the unit. We saw information displayed on the wards to inform patients of their rights under the Mental Health Act. The physical environment of the wards did not help to fully maintain the privacy and dignity of patients. For example, while the majority of patients had their own room, some patients had to share a bedroom. We also felt that it would benefit patients to be able to personalise their rooms to create a space that can express their personality and help promote wellbeing.

This is what we recommend the service can improve:

- The garden on the Dinas Female Ward needs maintenance work to improve its appearance
- The smoking arrangements for patients on Section 17 leave must be reviewed to ensure the health and wellbeing of staff is fully protected
- The laundry room must be tidied and patient clothes should be stored and labelled appropriately
- Health promotion information must be made available to support patients to make decisions that impact positively on their health and wellbeing.

This is what the service did well:

- The patients we spoke with were complimentary about the care provided and about their interactions with staff
- The language preference of each patient was recorded on the patient status at a glance board on each ward which we noted as good practice.

Delivery of Safe and Effective Care

Overall summary:
We found that there were policies and procedures in place to help staff provide safe and effective care. The environment of each ward was clean and tidy and had appropriate fixtures and fittings for the patient group. There were established health board policies and processes in place to ensure that staff safeguarded

vulnerable patients with referrals to external agencies as and when required. We found suitable IPC arrangements in place at the unit.

Principles of positive behavioural support were being used to determine level of risk and encourage positive risk taking. The patient records we reviewed during the inspection were comprehensive and of good quality. We were assured that the health board's responsibilities under the Mental Health Act (the Act) were being upheld.

We identified issues in relation to the physical layout, location and staffing requirements of the Section 136 suite. We found similar issues during our previous inspection of the Ablett Unit in January 2019, and we were therefore still not assured that the current environment of the Section 136 suite was fit for purpose.

We have asked the health board to undertake a review of the use of the Section 136 suite to identify resolutions to the environmental issues and to the staffing requirements to provide safe cover to staff in the Section 136 suite as well as maintaining safe staffing levels on the wards.

This is what we recommend the service can improve:

- The health board must develop a policy that details the expectations on staff security in relation to wearing personal alarms
- Soiled clothing or bedsheets must be handled, transported and decontaminated in line with the Welsh Health Technical Memorandum 01-04 guidance
- Ensuring specialised weighing apparatus is available to take weight measurements for bed bound patients
- Medication Administration Records (MAR charts) must be fully completed and written clearly to avoid confusion by staff and reduce the risk of a medication error.

Quality of Management and Leadership

Overall summary:
There appeared to be appropriate governance and oversight processes in terms of activities and meetings to discuss issues related to patient care and identify improvements.

The majority of staff said they would recommend the unit as a place to work and that they would be happy with the standard of care provided by the unit for themselves or their friends and family. However, some staff members also raised concerns about the staffing levels at the unit and felt that senior management were not visible and that communication between senior management and staff

was not effective. We have asked the health board to provide assurance to HIW on whether the current staffing establishments will be reviewed in light of the issues raised.

We were also informed that a new mental health facility is due to be operational from 2026 which would rectify some of the issues identified during this inspection. However, due to the number and gravity of some of the issues raised in this report, the health board must provide assurance to HIW of what actions will be taken in the meantime to improve the environment and quality of care being provided to patients at the unit before the new facility is opened.

This is what we recommend the service can improve:

- The health board must reflect on the staff feedback and provide assurance on how it will engage and listen to staff and improve the visibility of senior management to provide more support to ensure staff can fulfil their responsibilities to provide high quality care to patients.

This is what the service did well:

- We saw evidence of appropriate discharge and aftercare planning, with good involvement from the MDT, care co-ordinators and mental health teams from the local community
- Mandatory training compliance rates were high among staff at the unit.

3. What we found

Quality of Patient Experience

Patient Feedback

Patients provided positive feedback about their experiences at the unit. The patients we spoke with were complimentary about the care provided and about their interactions with staff.

Person centred

Health Promotion

We looked at a sample of four patient records and saw evidence that patients had received appropriate physical healthcare assessments upon their admission. Patients received regular reviews during their stay at the unit. This was particularly evident on Tegid Ward where some patients had acute physical needs. 'Intentional rounding' was being used and we saw evidence that staff undertook regular assessments and checks on patients to manage their fundamental care needs.

We were told that some health promotion initiatives had been undertaken with patients. For example, patients have received smoking cessation sessions and offered nicotine patches. However, we did not see any health promotion information on display throughout the wards to encourage patients to take responsibility for their own health and wellbeing.

The health board must ensure health promotion information is available to support patients to make decisions that impact positively on their health and wellbeing.

Patients were not allowed to smoke within the hospital grounds. However, one staff member raised concerns in relation to inhaling second hand smoke when escorting patients who smoke on Section 17 leave. The staff member commented:

> *"Staff should not be escorting patients for cigarettes as they are inhaling second hand smoke. Who is going to be accountable when a staff member gets cancer from second hand smoke? It's not fair, especially if the staff members have never smoked for this reason."*

The health board must review the smoking arrangements for patients on Section 17 leave to ensure the health and wellbeing of staff is fully protected.
There were opportunities for patients to engage in activities during their stay at the unit. Books, board games and DVD's were available to help engage patients and we observed patients playing pool in the communal activities room. We also saw patients being taken out in to the local community for lunch during the inspection.

Each ward had an outdoor space which patients could access at all times. We were told that the garden of the Dinas Male Ward had been refurbished with the help of patients in 2021. However, we noted that the condition of the garden of the Dinas Female Ward was not of a similar standard.

The health board must improve the condition of the garden on the Dinas Female Ward.

Dignified and Respectful Care
Throughout the inspection we observed all staff treating patients with dignity and respect. Staff demonstrated a good knowledge of each patient and we saw patients on Tegid Ward being supported with personal care needs in a dignified and sensitive way. The patients we spoke with told us that they had been treated with respect.

While patients were segregated by gender on the Dinas Ward (Dinas Female and Dinas Male), patients from all wards could mix and socialise together in the communal activities room.

The physical environment of the wards did not help to fully maintain the privacy and dignity of patients. While the majority of patients had their own room, some patients had to share a bedroom. In these instances, the beds were separated by a curtain which provided a basic form of privacy. Each bedroom had a sink but no toilet which meant all patients were required to use the communal bathroom facilities. We welcome the plans that are in place to develop a new mental health facility on a separate area of the hospital site which will provide greatly improved facilities for patients in this regard.

We requested a copy of the health board's privacy and dignity policy and were informed that no policy was in place.

The health board must develop a privacy and dignity policy to set out how patients will be treated with respect and dignity at all times while they are receiving care and treatment. The policy should cover how privacy and dignity

for patients will be maintained on mixed wards such as Tegid Ward and for patients sharing bedrooms.

Patients could lock their rooms, but staff could override the locks if needed. Each bedroom door had an observation panel which enabled staff to undertake observations without having to open the door and disturb patients. Apart from storage space, the bedrooms we saw had not been personalised by patients. We were told that patients are discouraged to display things on their walls. However, we were told that some patients had been staying at the unit for long periods of time.

The health board must consider allowing patients to personalise their rooms to create a space that can express their personality and help promote wellbeing.

Patient information
Relevant information for patients was displayed throughout each ward. This included information on the Mental Health Act, advocacy services and visiting times. NHS Putting Things Right posters were on display in various places throughout the unit to inform patients how they could make a complaint. The names of staff members working on each ward were also displayed.

Individualised care
We saw boards on display on both wards which displayed the therapeutic activities on offer for patients to participate in. In the patient records we reviewed we saw that care and treatment plans were generally person centred and outcome focused with clear achievable goals. However, we felt one care and treatment plan needed more clarity in relation to the therapeutic activities allocated to one patient, and to who was responsible for their delivery. We also felt some care and treatment plans could draw more on patient's strengths to focus more their recovery, rehabilitation and independence.

The health board must ensure care and treatment plans fully meet the guidance set out in the Mental Health (Wales) Measure 2010 to assist their recovery.

It was positive that the patient safety at a glance board on each ward identified whether patients required assistance such as hearing or visual aids. We also saw patients on Tegid Ward receiving help from staff to use mobility aids to go to the dining room for their meals.

There was one laundry room for all patients to use. We noted the room was untidy with unlabelled clothes lying around. There did not appear to be a process in place

to help patients store their laundry which increased the risk of patients losing their clothes.

The health board must tidy the laundry room and improve the laundry arrangements to ensure patients clothes are stored and labelled appropriately.

Timely

Timely Care

Processes were in place that supported the timely and effective care of patients in accordance with individual and clinical need. We observed staff assisting patients in a timely manner when requested.

Daily safety meetings were being held for staff to update the multidisciplinary team (MDT) and senior management on any emerging issues. We attended one of these meetings and noted good discussions being had around patient care needs, occupancy levels, patient observation requirements and staffing levels.

Equitable

Communication and language

The language preference of each patient was recorded on the patient status at a glance board on each ward which we noted as good practice. We saw bilingual signs, posters and patient information on display throughout the unit. Staff wore a 'Iaith Gwaith' badge to indicate to patients that they were a Welsh speaker. Throughout the inspection we saw positive interactions taking place between staff and patients in Welsh.

Rights and Equality

We reviewed the patient records of five individuals that had been detained at the unit under the Mental Health Act (MHA). The documentation we saw was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). Further information on our findings is detailed in the Mental Health Act Monitoring section of this report.

We saw information displayed on the wards to inform patients of their rights under the Mental Health Act. All patients had weekly access to a mental health advocate who provided information and support to patients with any issues they may have regarding their care.

A family room was available for patients to meet with their friends and family in private. We were told that separate arrangements are made for friends and family to visit patients in their bedrooms if they are bed bound. Most patients had their

own mobile phone, but we were told that patients could use the ward telephones if necessary.

All staff are required to undertake mandatory Equality, Diversity and Human Rights training as part of their role. We were informed that an Equality, Diversity and Human Rights policy was currently being developed by the health board. It is important that this policy is shared with all staff once the policy has been ratified.

Delivery of Safe and Effective Care

Safe

Risk management
The main entrance and the doors to each ward were secured at all times throughout the inspection to prevent unauthorised access. There were nurse call points around the unit and within patient bedrooms so that patients could summon assistance if required. Staff wore personal alarms which they could activate in the event of an emergency. We requested to see the health board's policy on the use of personal alarms but were informed that no such policy was in place.

The health board must develop a policy that details the expectations on staff security in relation to personal alarms.

The environment of each ward was clean and tidy and had appropriate fixtures and fittings for the patient group. The unit had a Section 136 suite which acted as a place of safety for people who have been detained under the Mental Health Act. We identified issues in relation to the physical layout and location of the Section 136 suite during our previous inspection of the Ablett Unit in January 2019. We asked the health board to review and improve the arrangements following that inspection, and it was disappointing to find during this inspection that the same issues were present and had not been rectified. We were therefore still not assured that the current environment of the Section 136 suite was fit for purpose.

Furthermore, throughout the inspection staff members told us about the difficulties of providing safe staffing levels on the wards when staff are moved to provide cover within the Section 136 suite. One staff member also provided the following comment in the questionnaires:

> *"As nurses we are expected to sit in the Section 136 suite alone with acutely unwell patients with no place of safety for ourselves if they become significantly aggressive. At times, due to staffing levels which are always raised we are left alone in the Section 136 suite for a full shift."*

A review of incident data showed that there had been five incidents of physical restraint that had occurred within the Section 136 suite since January 2023.

We discussed these issues with senior management who shared our concerns and assured us that the new mental health facility would address these issues. While this does provide a certain level of assurance for the future, this does not address the current issues and risks.

The health board must undertake a review of the use of the Section 136 suite which must include identifying resolutions to the environmental issues present in the suite and to the staffing requirements to provide safe cover to staff in the Section 136 suite as well as maintaining safe staffing levels on the wards.

Infection prevention and control (IPC) and decontamination
We found suitable IPC arrangements in place at the unit. A designated IPC lead had been appointed and there appeared to be a collective approach towards implementing IPC procedures among nursing, housekeeping and maintenance staff.

A range of up-to-date IPC policies were available that detailed the various procedures in place to keep staff and patients safe. We saw evidence of cleaning schedules being maintained. Cleaning equipment was stored and organised appropriately. There were suitable arrangements in place for the disposal of clinical waste. Regular audits had been completed to check the cleanliness of the environment and check compliance with hospital procedures.

We saw that face masks and other PPE were available if required. We observed staff encouraging patients to wash their hands before eating which we noted as good IPC practice. All staff members that completed a questionnaire provided positive feedback about the IPC arrangements in place on the ward.

The environment was generally clean and tidy throughout the inspection. However, we noted a few areas that required improvement:

- There was an area of mould on one of the shower trays in the communal bathroom on the Dinas Female Ward which needs to be removed
- There were a few cracked tiles and security panels missing in the communal bathrooms on Dinas Male Ward which need to be replaced
- Some doors on Dinas Male Ward had slight damage which need to be repaired.

The health board must take action to remedy these issues to minimise the risk of cross infection.

We noted that there were two washing machines and two tumble driers in the laundry room which were for use by all wards. The health board may wish to consider whether these laundry facilities are sufficient for approximately 30 patients at the unit. We were also informed that there were no separate washing facilities to clean soiled clothing or bedsheets for incontinent patients.

The health board must ensure soiled clothing or bedsheets are handled, transported and decontaminated in line with the Welsh Health Technical Memorandum 01-04 guidance.

Safeguarding children and adults
We found suitable measures in place to safeguard vulnerable adults. A designated safeguarding lead had been appointed for the unit. There were established processes in place and referrals were being directed to external agencies as and when required. The staff we spoke with during the inspection demonstrated good knowledge of the safeguarding procedures and reporting arrangements.

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable patients with referrals to external agencies as and when required. We were told that safeguarding incidents and concerns were discussed regularly as between senior staff and the MDT to help identify any themes and lessons learned.

Medicines management
We reviewed the unit's clinic arrangements and found that on the whole, appropriate procedures were in place for the safe storage of medicines on each ward. The clinic rooms were clean and tidy and well organised. Medication fridges were locked when not in use. We saw that daily temperature checks of the medication fridges and clinic rooms were being undertaken to ensure that medication was stored at the manufacturer's advised temperature. However, we found a small number of gaps in the recording of the fridge temperatures on the wards.

The health board must remind staff of the importance of undertaking and documenting such checks.

Relevant policies, such as medicines management and rapid tranquillisation, were available to staff. We saw that appropriate arrangements were in place for the storage and safe use of controlled drugs and drugs liable to misuse on wards where this was applicable. Drugs were being stored securely and the records we viewed evidenced that stock was accounted for when administered and that daily stock checks were being undertaken. Audits were being undertaken internally by clinical staff and externally by an independent pharmacist to monitor ongoing compliance.

We viewed a sample of Medication Administration Records (MAR charts) and found that they were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. However, we did identify the following issues:

- The height and weight measurements of patients were not always recorded
- For one chart, we noted that the dosage had been crossed out and re-written, but that this amendment had not been initialled by the Responsible Clinician
- For another chart, we could not understand the writing for the frequency of administration, however the medication was being administered by staff. We asked staff to clarify the frequency of administration and re-write the chart to make this clearer
- 10 out of the 12 MAR charts we reviewed did not have the current MHA legal status for patients recorded on them. We identified the same issue on two recent inspections HIW has undertaken within the health board. It is therefore disappointing that the learning from these inspections has not been widely shared to other mental health units within the health board.

The health board must ensure that MAR charts are fully completed and are written clearly to avoid confusion by staff and reduce the risk of a medication error.

Challenging behaviour

Appropriate measures were in place to help staff manage challenging behaviour. Relevant policies, such as physical restraint and therapeutic engagement and observation, were in place and up-to-date. Staff were knowledgeable about the needs and risks of each patient which resulted in a confident approach to patient care.

Principles of positive behavioural support were being used to determine level of risk and encourage positive risk taking. Care and treatment plans included personalised strategies for managing challenging behaviour and physical interventions appeared to be used as a last resort. Where permitted, individualised risk assessments were completed for patients to access personal possessions.

We observed staff undertaking observations during the inspection and found that they were being conducted in line with the policy.

Effective

Effective care

We found that there were policies and procedures in place to help staff provide safe and effective care. All staff who completed a questionnaire agreed that they were satisfied with the quality of care and support they give to patients and that care of patients is the health board's top priority. However, half of the staff members who completed a questionnaire also said that they were not content with the efforts of the health board to keep them or the patients safe.

The health board must discuss this element of feedback with staff to identify ways to improve a sense of safety for staff and patients.

There was an established electronic system in place for recording, reviewing and monitoring incidents. There was a hierarchy of incident sign-off with regular incident reports produced and reviewed so that occurrence of incidents could be monitored and analysed. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions are checked and supervised.

We saw evidence of weekly checks being undertaken on resuscitation and emergency equipment held on the ward. Staff had documented when these had occurred to ensure that the equipment was present, in date and safe to use in the event of an emergency such as patient collapse.

On the first night of the inspection we identified issues in relation to the recording of the Do not attempt cardiopulmonary resuscitation (DNACPR) status for some patients on Tegid Ward. Details of the issues and the remedial action taken are provided in Appendix A.

Patient records

Patient records were being maintained via paper files and an electronic shared drive. Paper files were securely stored on site and the electronic system was password protected to prevent unauthorised access and breaches in confidentiality.

The patient records we reviewed during the inspection were comprehensive and of good quality. The records were well organised which made it easy to navigate through the sections. We saw detailed entries from nursing staff and MDT professionals from admission to discharge that provided up to date information on the patient and their care.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Nutrition and hydration

We saw evidence that the dietary needs of patients had been assessed on admission using the Malnutrition Universal Screening Tool (MUST). We saw that specific dietary needs had been identified where necessary. We observed staff completing food and fluid intake forms at mealtimes. All patients receive ongoing weight management checks during their stay. It was positive to note an example where staff had escalated a recent episode of excessive weight loss on a patient.

However, staff informed us of the difficulties they faced with weighing bed bound patients.

The health board must review the equipment available at the unit and investigate whether specialised weighing apparatus is required to ensure weight measurements can be taken for bed bound patients.

Patients had access to snacks and hot and cold drinks throughout the day. Patients could choose their meals from a weekly menu. We saw a mixture of hot and cold food being served to patients throughout the inspection. We did note that on occasions staff were unsure what the hot food options were on the trolley. The health board may wish to consider improving the labelling on the food options to avoid confusion.

Mental Health Act Monitoring
We reviewed the statutory detention documents of five patients currently residing at the unit. We were assured that the health board's responsibilities under the Mental Health Act (the Act) were being upheld. All records were found to be compliant with the Act and Code of Practice.

These records were very well organised, easy to navigate and demonstrated compliance with the Act. The Mental Health Act Administrator was very knowledgeable and was viewed by staff as an excellent source of information and support for staff.

We saw evidence that mental capacity assessments were being undertaken to ensure patients could make decisions for themselves about their treatment, the administration of medicine and engagement in therapeutic activities. All relevant consent to treatment certificates were stored alongside the MAR charts as required.

The Section 17 leave documents we reviewed showed that leave was being suitably risk assessed. However, we noted the conditions and outcomes of the leave for some patients could be strengthened to provide more clarity to staff on the expectations of the leave arrangements.

The health board must ensure that Section 17 leave arrangements are clearly defined to avoid ambiguity between staff and patients.

There was good support available for patients from the local Independent Mental Health Advocacy service.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed six Care and Treatment Plans (CTPs) and were assured that they were being completed in accordance with the measure. Appropriate risk assessments were being undertaken and documented.

Patients had up-to-date and individualised CTPs which reflected their assessed needs and helped to maintain their safety. We saw evidence that patients had been involved in co-producing their CTP alongside their family or friends where appropriate.

CTPs had been reviewed and updated regularly. However, we noted that reviews of the CTPs had not always been signed by the staff member undertaking the review and were not always dated.

The health board must ensure reviews of CTPs are signed and dated for audit purposes and to ensure transparency.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaires were varied, with a mixture of both positive and negative feedback received. The majority of staff said they would recommend the unit as a place to work and that they would be happy with the standard of care provided by the unit for themselves or their friends and family.

Most staff members said that in general, their job was not detrimental to their health. However, almost a half of staff members said that their current working pattern did not allow for a good work-life balance.

Some staff also raised concerns about the staffing levels at the unit which is detailed below in the Skilled and enabled workforce section of this report. Other staff comments included the following:

> *"The ward manager is doing an incredible job, supporting staff and highlighting that more staff are needed in order to ensure that patients remain safe on the ward and the increasing paperwork is being completed in a timely manner."*

Leadership

Governance and leadership

There appeared to be appropriate governance and oversight processes in terms of activities and meetings to discuss issues related to patient care and identify improvements. We observed everyone working well together throughout the inspection.

Staff members provided positive feedback to us about their immediate line managers. The majority of staff felt that their manager could be counted on to help with difficult tasks at work and that they asked for their opinion before making decisions that affected their area of work.

However, the questionnaires suggested that there was a disconnect between nursing staff and senior management. The majority of staff felt that senior management were not visible and that communication between senior management and staff was not effective.

Some of the comments provided by staff in the questionnaires in relation to this included:

"Senior management within this unit do not support the floor staff despite it being raised in morning meetings. The support that is often asked is very often ignored and led to staff members with minimal experience leading these difficult situations."

"The ward managers are very supportive and go above and beyond however the Senior Leadership Team are not very approachable and do not provide enough support and do not support the wards when they are challenging or running on an unsafe staffing level."

The health board must reflect on this feedback and provide assurance on how it will engage and listen to staff and improve the visibility of senior management to provide more support to ensure staff can fulfil their responsibilities to provide high quality care to patients.

Workforce

Skilled and enabled workforce

We saw that suitable processes were in place for senior staff to monitor compliance with mandatory training. It was positive to note that overall mandatory training compliance rates were high among staff at the unit. The majority of staff members that completed a questionnaire felt that they had received appropriate training to undertake their role.

We were told about the workforce planning arrangements in place to ensure that there is appropriate capacity and skill mix of competent staff available to run the unit safely. It was clear from discussions with staff that agency staff were being utilised to fulfil the staffing rotas. Staff provided the following comments in relation to staffing levels, both during the day and at night:

"The main issue on the Ablett Unit is understaffing, particularly on nights. It is difficult to provide the highest quality care when having to do several tasks at once. i.e., General observations, medications and dealing with individual issues such as an AWOL client."

"Staffing levels need to be addressed."

"The acuity on the ward is always high, recently due to staffing we have not been able to take patients on Section 17 leave which has an effect then on their behaviour and can then cause the acuity to rise on the ward. We have also had to ask the ward manager to base on the ward so that staff could shower a patient. Without appropriate staffing we are unable to complete basic human needs."

"The staffing is poor on the ward meaning staff on shift are having to stay late and work extra because if they left at the end of the shift it would leave the ward unsafe."

We have discussed earlier in the report how staff members told us about the difficulties of providing safe staffing levels on the wards when staff are moved to provide cover within the Section 136 suite. On the first night of the inspection, we observed the difficulties faced by the nursing staff to arrange adequate cover on the wards due to observation levels and an admission to the Section 136 suite. We were also told by staff that they were often unable to take their scheduled breaks during their shift.

The comments from staff, and the difficulties we observed, raise doubts about whether the current staffing establishments are sufficient to provide safe and effective care to patients at all times.

The health board must discuss the issues raised in relation to staffing levels with staff to fully understand their concerns. The health board must also provide assurance to HIW on what actions will be taken to enable staff to take their scheduled breaks and whether the current staffing establishments will be reviewed in light of the issues raised.

Culture

People engagement, feedback and learning

Information on the Putting Things Right process was displayed throughout the unit to inform patients how they could make a complaint should they wish to do so. We saw evidence that weekly Putting Things Right meetings were being held to discuss issues raised. We saw posters throughout the unit which informed patients of the outcomes of their feedback and any changes or improvements implemented as a result which was good practice.

The majority of staff members that completed a questionnaire agreed that they understood the Duty of Candour and their role in meeting the Duty of Candour standards. Staff also agreed that the health board encouraged them to raise concerns when something has gone wrong and to share this with the patient. We saw that staff had access to a procedure for NHS staff to raise concerns which encouraged staff to raise concerns in relation to safety issues and suspected wrongdoing as soon as possible.

Learning, improvement and research

Quality improvement activities

It was clear from discussions with staff that there was a direct focus on ensuring that the new mental health facility being built will resolve a lot of the issues that currently impede the service from delivering better facilities and care to patients. However, current proposals suggest the new facility will be able to accept patients in 2026.

Due to the number and gravity of some of the issues raised in this report, the health board must provide assurance to HIW of what actions will be taken in the meantime to improve the environment and quality of care being provided to patients at the unit before the new facility is opened.

Whole system approach

Partnership working and development

We saw evidence of appropriate discharge and aftercare planning in the CTPs we reviewed, with good involvement from the MDT, care co-ordinators and mental health teams from the local community.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
On the first night of the inspection we looked at the patient safety at a glance board in the nursing office on Tegid Ward. We noted that the Do not attempt cardiopulmonary resuscitation (DNACPR) status for some patients had not been recorded. We investigated this further with staff and also noted that the DNACPR status was not clear in the nursing handover sheet.	As the DNACPR status had not been recorded, there was a potential risk that some patients could be given CPR inappropriately.	We escalated our concerns immediately to the senior nurse in charge of the unit that night.	We observed the nurse in charge updating the board to record the correct DNACPR status for all patients on Tegid Ward. The nursing handover sheet was also updated and the nurse in charge assured us that the learning would be shared with staff on subsequent handovers.

Appendix B - Immediate improvement plan

Service: Ablett Unit

Date of inspection: 17, 18 and 19 July 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.				

Appendix C - Improvement plan

Service: Ablett Unit

Date of inspection: 17, 18 and 19 July 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No health promotion information was on display for patients.	The health board must ensure health promotion information is available to support patients to make decisions that impact positively on their health and wellbeing.	1. New notice boards / display boards will be ordered and displayed in communal areas to promote health and wellbeing and any additional information and guidance 2. Health information leaflets to be given to patients on admission	Head of Operations (Central) Head of Operations (Central)	31st October 2023 31st October 2023
A staff member raised concerns about inhaling second hand smoke when escorting patients who smoke on Section 17 leave.	The health board must review the smoking arrangements for patients on Section 17 leave to ensure the health and wellbeing of staff is fully protected.	1. To adhere to the Smoking Cessation Policy by ensuring that smoking cessation strategies are offered to each individual on admission. Update existing audits to include smoking cessation activity.	Head of Nursing (Central)	30th September 2023

		2. The Divisional Smoking Cessation Group to produce and share guidance for staff in relation to the health and wellbeing of staff who accompany patients who smoke off site.	Chair of Divisional Smoking Cessation Group – Deputy Director of Nursing (AJ)	31st October 2023
The condition of the garden of the Dinas Female Ward was not of the standard as the garden on Dinas Male Ward.	The health board must improve the condition of the garden on the Dinas Female Ward.	1. Liaise with the Estates Department to complete general garden maintenance and department improvements. 2. Consider the use of charitable funds to improve the garden environment in the interest of providing a therapeutic environment for patients.	Head of Operations (Central) Head of Operations (Central)	31st October 2023 31st December 2023
We were informed that a privacy and dignity policy was not in place.	The health board must develop a privacy and dignity policy which covers how the privacy and dignity of patients will be maintained on mixed wards and shared bedrooms.	1. To be discussed at MHLD Division Policy and Procedure Group for a Divisional and / or Health Board response	Clinical Operational Manager (Central)	10th October 2023
We were told that patients are discouraged to display things on their bedroom walls.	The health board must consider allowing patients to personalise their rooms to create a space that can express their personality and help promote wellbeing.	1. Liaise with Infection Prevention Team to identify suitable and appropriate ways to personalise patient's rooms. 2. Any items added to personalise rooms must be captured on the local ligature risk reduction audit for each ward.	Head of Nursing (Central) Head of Nursing (Central)	31st October 2023 31st October 2023

During our review of patient records we felt care and treatment plans could be strengthened in some areas.	The health board must ensure care and treatment plans fully meet the guidance set out in the Mental Health (Wales) Measure 2010 to assist their recovery.	1. A schedule of training to be implemented focusing on the quality of Care and treatment plans. 2. Audit supervision records to ensure that the quality of care and treatment plans are being reviewed during supervision.	Mental Health Measure Lead (Central) Acute Care Manager (Central)	31st March 2024 31st March 2024
The laundry room was untidy, and we saw unlabelled clothes lying around.	The health board must tidy the laundry room and improve the laundry arrangements to ensure patients clothes are stored and labelled appropriately.	1. Unit Housekeepers will perform twice daily checks of the laundry rooms. 2. Produce signage to remind users to maintain the environment.	Acute Care Manager (Central) Acute Care Manager (Central)	31st October 2023 31st October 2023
We were informed that a policy on the use of personal alarms was not in place.	The health board must develop a policy that details the expectations on staff security in relation to personal alarms.	1. To be discussed at MHLD Divisional Policy and Procedure Group for a Divisional and / or Health Board response.	Clinical Operational Manager (Central)	10th October 2023
We had concerns about the current environment of the Section 136 suite being not fit for purpose as well as concerns about the safety of staff managing the suite, and	The health board must undertake a review of the use of the Section 136 suite which must include identifying resolutions to the environmental issues present in the suite and to the staffing requirements to provide safe	1. Risk Assessment has been completed In relation to the ongoing functionality of the suite. 2. Meeting with Health and safety and Estates has been completed with regard to staff safety and environmental issues.	Head of Operations (Central) Head of Operations (Central)	Complete Complete

whether safe staffing levels can be maintained during a Section 136 admission.	cover to staff in the Section 136 suite as well as maintaining safe staffing levels on the wards.	3. Schedule regular meetings with staff and staff-side. 4. Regular updates provided to Operational Leadership Meetings and Capital Estates.	Head of Nursing (Central) Head of Operations (Central)	30/09/2023 and ongoing 30/09/2023 and ongoing
We identified areas of the environment that required maintenance.	The health board must take action to remedy these issues to minimise the risk of cross infection.	1. Estates to review shower tray with a view to replacing silicone. 2. Raise a minor works action to address tiles and damage to doors. 3. Raise a minor works request to replace security panels within bathrooms.	Head of Operations (Central) Head of Operations (Central) Head of Operations (Central)	6th October 2023 6th October 2023 6th October 2023
We were informed that there was no separate washing facilities to clean soiled clothing or bedsheets for incontinent patients.	The health board must ensure soiled clothing or bedsheets are handled, transported and decontaminated in line with the Welsh Health Technical Memorandum 01-04 guidance.	1. Technical Memorandum to be shared with clinical staff. 2. Display memorandum in laundry area.	Acute Care Manager (Central) Acute Care Manager (Central)	30th September 2023 30th September 2023
We found a small number of gaps in the recording of the fridge	The health board must remind staff of the importance of	1. To be included in unit daily checks audit and discussed at the 4pm Safety Huddle for record keeping.	Acute Care Manager (Central)	30th September 23 And ongoing

temperatures on the wards.	undertaking and documenting such checks.	2. Datix to be raised in areas of non-compliance.	Acute Care Manager (Central)	
10 out of the 12 MAR charts we reviewed did not have the current MHA legal status for patients recorded on them.	The health board must ensure that MAR charts are fully completed and are written clearly to avoid confusion by staff and reduce the risk of a medication error.	1. An immediate audit was undertaken and any identified gaps were rectified. 2. Implement ongoing audit to ensure any further gaps are rectified in a timely manner.	Head of Nursing (Central) Head of Nursing (Central)	Complete 31st October 2023
Half of the staff members who completed a HIW questionnaire said that they were not content with the efforts of the health board to keep them or the patients safe.	The health board must discuss this element of feedback with staff to identify ways to improve a sense of safety for staff and patients.	1. Redistribute communication highlighting the schedule of staff drop in sessions. These drop in sessions are chaired by a member of the Senior Leadership Team and are open to all grades and disciplines. 2. Promote discussion at daily safety huddles to ensure concerns about staff and patients safety can be raised. 3. Liaise with the Training Development and Well-Being Lead to facilitate further discussion with staff to explore how to improve a sense of safety for staff and patients.	Head of Nursing (Central) Head of Nursing (Central) Head of Nursing (Central)	6th October 2023 6th October 2023 6th October 2023

Staff informed us of the difficulties they faced with weighing bed bound patients.	The health board must review the equipment available at the unit and investigate whether specialised weighing apparatus is required to ensure weight measurements can be taken for bed bound patients.	1. A review into the feasibility of securing additional equipment for weighing bed bound patients to be undertaken.	Head of Nursing (Central)	31st October 2023
The conditions and outcomes of the leave for some patients could be strengthened to provide more clarity to staff on the expectations of the leave arrangements.	The health board must ensure that Section 17 leave arrangements are clearly defined to avoid ambiguity between staff and patients.	1. The Clinical Director will raise at the next Consultant Meeting the need for clarity and certainty when completing Section 17 leave forms. 2. Cycle of audit to be identified for the review of Section 17 leave forms.	Clinical Director (AP) Head of Nursing (Central)	31st October 23 31st October 23
CTPs had not always been signed by the staff member undertaking the review and were not always dated.	The health board must ensure reviews of CTPs are signed and dated for audit purposes and to ensure transparency.	1. A schedule of CTP training to be developed by the Mental Health Measure Lead. 2. CTP audit to be undertaken quarterly	Mental Health Measure Lead (Central) Head of Nursing (Central)	31st January 2024 31st January 2024
The majority of staff felt that senior management were not visible and that	The health board must provide assurance on how it will engage and listen to staff and improve the visibility of senior	1. Attendance at the daily safety huddle by the Senior Leadership Team to ensure the management team are visibly contributing to discussions, are	Head of Nursing (Central)	30th September 2023

communication between senior management and staff was not effective.	managements to provide more support to ensure staff can fulfil their responsibilities to provide high quality care to patients.	key to communication and sharing updates with staff. 2. Schedule of Band 6 and Band 7 meetings with the Senior Leadership Team to commence September 2023.	Head of Nursing (Central)	30th September 2023
The comments from staff, and the difficulties we observed, raise doubts about whether the current staffing establishments are sufficient to provide safe and effective care to patients at all times.	The health board must discuss the issues raised in relation to staffing levels with staff to fully understand their concerns. The health board must also provide assurance to HIW on what actions will be taken to enable staff to take their scheduled breaks and whether the current staffing establishments will be reviewed in light of the issues raised.	1. The MHLD Division has undertaken a staffing establishment review and this is now with staff for consultation. After consultation the review will be presented to the Divisional Senior Leadership Team followed by presentation to the Executive Director of Nursing. 2. Senior Leadership Team to meet with staff to understand the barriers to staff undertaking their scheduled breaks. 3. Any issues regarding staff taking their scheduled break must be escalated by the Ward representative at the daily Safety Huddles.	Deputy Director of Nursing (AJ) Head of Nursing (Central) Acute Care Manager (Central)	5th October 2023 31st October 2023 2nd October 2023
We were informed that a new mental health facility due to open in	The health board must provide assurance to HIW of what actions will be taken in the	1. There is an ongoing scheme of works to maintain and improve the environment. These works are captured either by	Head of Operations (Central)	31st December 2023

2026 would resolve a lot of the issues that currently impede the service from delivering better facilities and care to patients.	meantime to improve the environment and quality of care being provided to patients at the unit before the new facility is opened.	minor works scheme or through capital and estates. In addition there are options being considered for improvement works for the Section 136 suite. 2. A programme of ligature risk reduction works remains ongoing	Head of Operations (Central)	31st December 2023

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Huw Jones**

Job role: **Head of Nursing - central**

Date: **25 September 2023**