

Hospital Inspection Report (Unannounced)

Tŷ Lliardiard

Cwm Taf Morgannwg University
Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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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 at Tŷ Llidiard, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on 11, 12 and 13 September 2023.

Tŷ Llidiard provides child and adolescent mental health services to young people aged between 11 and 18 years of age. The unit has two wards:

- Enfys Ward, which provides the main day-to-day care
- Seren Ward, which provides short periods of acute care to those who may require it.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of four questionnaires were completed by patients or their carers and nine were completed by staff. Feedback and some of the comments we received appear throughout the report.

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:

We received positive feedback from the young people who completed a HIW questionnaire, and from those we spoke with during the inspection, about their experiences at the unit. The therapy provision available at the unit had been increased since our previous inspection to support the young people. A range of therapeutic and leisure activities were available for the young people to access. A wide range of relevant and appropriate information for the young people was available either on display or included within an information booklet provided on admission. A mental health advocate was available to the young people to provide them with support and information.

This is what we recommend the service can improve:

- The appearance of the outside areas on the unit must be improved for the therapeutic benefit of the young people
- The language preference of each young person should be recorded in a place that is easily accessible for staff to be aware.

This is what the service did well:

- The preferred pronouns of young people whose gender identity was now different from the sex assigned at birth had been recorded in the patient records for all staff to be aware
- The education staff were dedicated and caring and noted that the environment of the classroom was appropriate and conducive to providing suitable educational and learning opportunities for the young people.

Delivery of Safe and Effective Care

Overall summary:

Overall, we were assured that Tÿ Llidiard had processes in place to manage and review risks to help maintain the health and safety of the young people, staff and visitors at the unit. There were suitable measures demonstrated to safeguard the young people. Staff were knowledgeable about the needs and risks of each young person which resulted in a confident approach to managing their care. There was an established electronic system which enabled staff to appropriately record, review and monitor incidents.

The quality of the care and treatment plans we reviewed had improved considerably since our previous inspection and were now more patient-centred,

individualised and developed with the young person. We viewed a sample of Medication Administration Records (MAR charts) across all wards and found they were being maintained to a good standard. The statutory detention documentation we saw was compliant with the Mental Health Act and Code of Practice.

However, a number of improvements in relation to the infection prevention and control procedures in place at the unit were required.

This is what we recommend the service can improve:

- Maintenance work was required in some areas of the unit
- The clinic room was very warm and the health board need to ensure medication is being stored at the correct temperature
- The variety and frequency of menu choices available for the young people should be reviewed
- Mental capacity assessments undertaken on the young people must be completed using the capacity assessment forms available and stored appropriately within the patient records.

This is what the service did well:

- It was positive to see the downward trend in the number of incidents of restraint occurring at the unit over the last 12 months which helped evidence the successful least restrictive approaches taken by staff
- The processes and procedures in place to help support the young people and staff with mealtimes had been strengthened since our previous inspection.

Quality of Management and Leadership

Overall summary:

It was clear that Tŷ Llidiard has been on an improvement journey since our previous inspection. We observed a positive change in the culture, atmosphere and environment of the whole unit. It appeared that the changes have been made through a joint effort by senior management, staff and the young people themselves, and the progress made should be acknowledged.

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. Appropriate governance and oversight processes were in place in terms of activities and meetings to discuss issues related to patient care and identify improvements.

We saw that suitable processes were in place for senior staff to monitor compliance with mandatory training.

At the time of our inspection there appeared to be sufficient numbers of appropriately trained staff to meet the assessed needs of the young people at the

unit. However, some staff members commented about staff shortages and about how their current working patterns did not allow for a good work-life balance. We have asked the health board to discuss this feedback with staff to fully understand their concerns.

This is what we recommend the service can improve:

- Staff must receive training in the duty of candour to help them understand their responsibilities in helping meet the new legal requirements.

3. What we found

Quality of Patient Experience

Patient Feedback

We received positive feedback from young people who completed a HIW questionnaire, and from those we spoke with during the inspection, about their experiences at the unit. The young people were complimentary about the care provided and about their interactions with staff. All of the young people who completed a questionnaire rated the care and service they had received as ‘very good’. Importantly, the young people told us that they were happy at the unit and that they felt safe.

One family member provided the following comment:

“I’ve noticed a huge difference this admission from the last time we were here, much better.”

Person centred

Health Promotion

We looked at a sample of three patient records during the inspection and saw evidence that the physical health needs of the young people had been considered in addition to their mental healthcare. The young people had received appropriate physical healthcare assessments upon their admission and had access to relevant healthcare services such as dentists when necessary. We saw that in general, care plans discussed the ongoing physical observations that needed to be undertaken during their time at the unit. However, we noted that one young person had been diagnosed with orthorexia on admission, but a clear treatment pathway had not yet been put in place.

While this appeared to be an isolated case, the health board must ensure that all young people receive treatment specific to their individual diagnosis and that this is documented clearly within their patient records.

A range of therapeutic and leisure activities were available for the young people to access. These included a sports hall, craft room and a games room with a pool table and arcade machine. We were told that the young people are also regularly taken into the community to provide a change of scenery.

The unit had designated garden areas which provided outdoor spaces and access to fresh air. However, we observed that these areas required a number of areas of improvement:

- All the windows had a large amount of cobwebs on the outside
- The outdoor furniture, including the chairs, were dirty
- The paving slabs had weeds growing between them
- The wood on the flower beds was starting to rot away in places
- Some work had been undertaken a few months prior to our inspection to weed the garden areas, but we noted that the weeds had been left in bags in the garden rather than being removed.

The health board must improve the appearance of the garden areas for the therapeutic benefit of the young people and ensure ongoing maintenance is undertaken going forward.

Dignified and Respectful Care

Throughout the inspection we observed staff engaging and speaking appropriately and treating the young people with dignity and respect. We witnessed positive interactions taking place with staff being attentive to the individual needs of the young people. The young people we spoke with, and the young people who completed a questionnaire, confirmed that they had been treated with respect.

Each young person had their own bedroom and bathroom which included a toilet, which provided suitable privacy and dignity. The young people were able to store possessions and personalise their bedrooms with pictures and posters where appropriate. Suitable individual risk assessments were in place to determine if they could lock their bedroom and have access to private spaces. Each bedroom door had an observation panel so staff could undertake visual observations with minimal impact upon each young person. All staff members who completed a questionnaire felt that the privacy and dignity of the young people was always maintained.

Patient information

We saw a wide range of relevant and appropriate information for the young people on display in the reception area of the unit. This included details about how the young people and their family members or carers could contact, and access, advocacy services, make a complaint, and how to contact HIW should they wish to do so.

A 'who's who' board with all the pictures of staff working at the unit was also on display in the reception area, which we noted as a positive feature. We did notice

that the board had last been updated in July 2023, so we reminded the service to ensure the board is kept up-to-date.

In addition to the information on display, we were told that each young person is provided with an information booklet on admission. We reviewed the booklet and found it was comprehensive and up-to-date.

We saw that all sensitive information regarding each young person being cared for at the unit was kept in appropriately secure areas and kept out of sight to help protect confidentiality.

Individualised care

It was positive to see that progress had been made on the quality of the care and treatment plans since our previous inspection of the unit in November 2021. The patient records we reviewed this time had a clear focus on using the individual strengths of the young people in their recovery. The care and treatment plans were person-centred, and outcome focused with clear achievable goals. Therapeutic and social interventions were identified, and specific goals for discharge had been set, and it was described how the goals would be achieved.

During our previous inspection we also noted concerns from staff in relation to a reduction in the capacity of the therapies team. A similar finding was identified in a review of the unit undertaken by the National Collaborative Commissioning Unit (NCCU) in March 2022. One of the conclusions from the NCCU report was that the therapy input was insufficient to meet the demands of the young people at the unit. It was therefore positive to see that work had subsequently been undertaken to improve the provision of the therapy input available at the unit. This included the introduction of a multi-professional therapy lead, the creation of an activities team, the strengthening of occupational therapy provision and the recruitment of a family therapist. We were told that a few vacancies still remain, and the service must continue its efforts to ensure the unit has a substantial therapies team in place to support the young people.

Timely

Timely Care

We observed staff assisting patients in a timely manner when requested. Young people who completed a questionnaire told us that they saw their allocated key nurse daily and that staff provided care and treatment to them when needed.

Processes were in place that supported the timely and effective care of the young people in accordance with individual and clinical need. A safety meeting called 'Payover' was being held every morning 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 each young person and their needs, which included discussions on any observation requirements.

Equitable

Communication and language

The young people who completed a questionnaire told us that they felt staff listened to them and that staff have talked to them about their conditions to help them understand them.

We were told that family members or carers were allowed to visit the young people at the unit outside of mealtimes. The young people who completed a questionnaire confirmed that they have been able to keep in touch with their friends and family since being admitted to the unit.

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.

The young people we spoke with during the inspection told us that staff had asked them what their language preference was. However, during our time on the unit it was not always clear what the language preference of each young person was.

The health board must ensure that the language preference of each young person is clearly recorded in a place that is easily accessible for staff to see.

Rights and Equality

During the inspection we looked at the patient records of three young people that had been detained at the unit under the Mental Health Act (the Act). The legal documentation we reviewed was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). Our main findings on the quality of the Mental Health Act documentation are detailed in the Mental Health Act Monitoring section of this report.

All staff are required to undertake mandatory Equality, Diversity and Human Rights training as part of their role. An equality and diversity policy was in place that promoted equality and fairness in compliance with the Equality Act 2010. However, we noted that the policy we saw was due for a review in October 2021 which suggested that the policy was out of date.

The health board must ensure the equality and diversity policy is updated and shared with staff once the policy has been ratified.

It was positive that the preferred pronouns of young people whose gender identity was now different from the sex assigned at birth, had been recorded in the patient records for all staff to be aware.

Each young person is required to attend the learning centre based at the unit to continue their school studies. This is in line with the United Nations Convention on the Rights of the Child Article 28, where children have the right to an education. We observed a lesson during the inspection and found staff to be dedicated and caring and noted that the environment of the classroom was appropriate and conducive to providing suitable educational and learning opportunities for the young people.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, we were assured that Tŷ Lliardiard had processes in place to manage and review risks to help maintain the health and safety of the young people, staff and visitors at the unit. The main entrance to the building was locked and secured at all times throughout the inspection to prevent unauthorised access. Staff wore personal alarms which they could activate in the event of an emergency.

A range of up-to-date health and safety policies were in place. Daily environmental checks and other appropriate audits were being undertaken to identify any issues throughout the unit. We saw evidence that actions had been taken in response to any risks that had been identified. Risk registers were being maintained which included identifying potential ligature points. Staff knew where the ligature cutters were located throughout the unit for use in the event of a self-harm emergency.

We saw that the main ward area had been refurbished and redecorated since our previous inspection. We were told that this had been developed with input from staff and the young people which was a positive initiative. The walls now had colourful murals and highlighted the new identity of Ty Lliardiard, the 4C's (Calm, Caring, Confident and Compassionate).

We found that the fittings and fixtures were generally well maintained and appropriate for the young people. However, we did identify some areas that were in need of maintenance:

- The corridor walls on Seren Ward needed repainting
- A TV cabinet had been removed in the old dining room on Seren Ward which had taken plaster off the wall and required replastering
- The lights were not working in the kitchen on Enfys Ward
- There was also a damaged drawer front in the treatment room on Enfys Ward.

The health board must ensure any required repairs and maintenance are undertaken in a timely manner.

Infection prevention and control (IPC) and decontamination

A range of up-to-date policies were available that detailed the various IPC

procedures in place to keep staff and the young people safe. We saw evidence of domestic cleaning schedules throughout the ward being maintained. There were suitable arrangements in place for the disposal of clinical waste. Regular audits, such as hand hygiene audits, had been completed to check compliance with IPC procedures.

However, improvements in relation to the IPC arrangements in place at the unit were required. These are detailed below.

There appeared to be a collective approach towards cleaning among nursing, housekeeping and maintenance staff. However, we highlighted earlier in the report that we saw the outdoor furniture was dirty. We spoke with staff about this, but they were unsure whose responsibility it was to clean outdoor furniture. Furthermore, we received the following suggestion for improvement by a staff member who completed the questionnaire:

“Improved hygiene in staff toilets areas by cleaning staff.”

The health board must provide clarity and guidance on staff responsibilities to ensure effective cleaning of the outside areas and staff toilets.

Staff described how re-usable medical equipment was being cleaned between each use. However, we did not see any documented records to evidence that the cleaning was being undertaken. We also found an ECG machine that was dusty, which meant we could not be assured that the equipment was being cleaned.

The health board must ensure a system is in place to inform staff that the re-usable medical equipment has been cleaned and is therefore safe to use.

We were told that there was an appointed IPC lead at the unit. However, we spoke to a number of different staff members who did not know who the IPC lead was.

The health board must ensure that all staff are aware of the IPC lead and their role and responsibilities so that staff can appropriately escalate any concerns they may have.

During our tour of the unit we were shown the laundry room. The room only had one washing machine and one tumble dryer. The health board may wish to consider whether this is sufficient for all the young people at the unit. The temperature of the room was also extremely hot, and the ceiling vents were dusty. We were told the door to the room can often be difficult to open, potentially due to the temperature inside the room causing the wood to expand. The high

temperature of the room was also causing the nearby rooms to be warmer than normal.

The health board must review the use of the laundry room to improve its condition and lower the temperature to make the room more bearable for staff to use.

Safeguarding children and adults

We found suitable measures in place to safeguard the young people. Safeguarding policies and procedures were available, and 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. We were told that safeguarding incidents and concerns were discussed regularly between senior staff and the MDT to help identify any themes and lessons learned.

Medicines management

Relevant policies, such as medicines management and rapid tranquillisation, were available to staff. However, we noted that the medicines management policy we saw was due for a review in October 2017 which suggested that the policy was out of date.

The health board must ensure the medicines management policy is updated and shared with staff once the policy has been ratified.

The clinic room was clean and tidy and well organised. Medication fridges were locked when not in use. We saw that daily temperature checks of the medication fridges were being undertaken. However, we found a small number of gaps on the temperature recording sheet.

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

The clinic room was located next to the warm laundry room, and we found the temperature of the clinic room to also be very hot throughout the inspection. We were concerned to find that no room temperature checks were being undertaken to ensure that the temperature remained below the advised storage temperatures for the medication in the room. We raised this with staff members who purchased a thermometer to begin checking the temperature. We were also told that an air conditioning unit could be purchased to lower the temperature within the room.

The health board must provide an update to HIW on actions taken since the inspection to ensure medication is being stored at the correct temperature.

While the medication cupboards were locked, we did find some cleaning materials such as Sterichlor were being stored in an unlocked cupboard under the sink.

The health board must ensure all potentially harmful materials are locked away and stored appropriately at all times.

Staff we spoke with during the inspection were unclear about what to do in the event of an adverse drug reaction.

The health board must provide training to staff to clarify the expectations on staff in terms of reporting adverse drug reactions, for example, to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme.

We viewed a sample of Medication Administration Records (MAR charts) across all wards and found they were being maintained to a good standard. The MAR charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. Appropriate stock checks were being undertaken and the nursing staff told us that they receive good support from the pharmacy team at the nearby Princess of Wales Hospital.

Challenging behaviour

Appropriate measures were in place to help staff manage challenging behaviour. Relevant policies, such as reducing restrictive practice, restraint reduction and therapeutic engagement and observation, were in place and up-to-date. Staff were knowledgeable about the needs and risks of each young person which resulted in a confident approach to managing their care.

Principles of positive behavioural support were being used to determine level of risk and encourage positive risk taking. We were assured that physical interventions appeared to be used as a last resort. Patient records included personalised strategies for managing challenging behaviour and evidenced attempts to implement least restrictive practice through verbal de-escalation, redirection and separation. Staff told us that they felt supported through debriefs following any incidents of restraint.

It was positive to see the downward trend in the number of incidents of restraint occurring at the unit over the last 12 months which helped evidence the successful least restrictive approaches taken by staff.

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 members who completed a questionnaire agreed that they were satisfied with the quality of care and support they give to the young people and that care of the young people is the health board's top priority. All staff also confirmed that they were content with the efforts of the health board to keep them and the young people safe.

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.

Patient records

Patient records were paper files that were being stored and maintained within locked offices. We did observe that the paper files were being stored in an unlocked trolley within the office. The health board may wish to review whether these arrangements are sufficient to protect patient confidentiality and prevent unauthorised access.

The patient records we reviewed during the inspection were comprehensive and of good quality and were a marked improvement since our previous visit. The records were well organised which made it easy to navigate through the sections.

However, we did note that care and treatments plans completed in the community for young people before they are admitted to Tŷ Llidiard were either not available, or not routinely kept within the patient records. The health board should ensure that any community care and treatment plans are chased and documented within the patient records within the unit.

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 nutritional and hydration needs of the young people were been assessed using the St Andrew's Nutritional Screening Instrument (SANSI). Each young person was being provided with an appropriate diet in accordance with their medical needs. A dedicated dietician was available at the unit who monitored the food and fluid intake of the young people daily. We were told that the young people would be referred to the community Speech and Language Therapy service if required.

The processes and procedures in place to help support the young people and staff with mealtimes had been strengthened since our previous inspection. We saw an information leaflet for the young people had been developed by the dietician which explained the food and mealtime process at Tŷ Lliardiard to help reduce any anxieties the young people may have. Meal support guidelines had also been developed for staff to help them understand expectations and explain how they could best support the young people. An up-to-date policy was available to set out the procedures for those young people who were receiving the nutrients and fluids through a nasogastric tube.

The food we observed during the inspection appeared appetising. We were told that the young people currently choose from a rotating menu every two weeks. We felt that extending the rotation period could provide more variety to those young people staying at the unit for a longer period of time. We received a similar comment from a staff member who completed a questionnaire who told us:

“Improved menu choices are needed and more flexibility by catering staff.”

The health board must reflect on this feedback and review with staff and the young people whether any changes to the menu choices and their frequency are required.

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

As mentioned previously in the report, the quality of the care and treatment plans we reviewed had improved considerably since our previous inspection. We were told about the improvement work that had been undertaken by staff following our visit in this area and it was positive to note the progress made. The care and treatment plans (CTPs) had been amended to better reflect the eight areas of a person's life as set out in the Mental Health (Wales) Measure 2010. This made it

easier to recognise the patient-voice and the CTPs were now more patient-centred, individualised and developed with the young person.

It was also positive to note that more effort was being made by staff to ensure each young person was more involved in their own ward round. Each young person is invited to the meeting with the MDT to discuss their ongoing treatment. We were told that the number of young people attending their ward round had improved which provided them with better opportunities to voice their needs and wishes.

Alongside the CTPs, each young person had a Wales Applied Risk Research Network (WARRN) risk assessment in place which were being regularly reviewed.

Mental Health Act Monitoring

We reviewed the records of statutory detention documentation of three young people currently residing at the unit. All records were found to be compliant with the Mental Health Act and Code of Practice. Clear reasons were being documented to evidence why detention under the Act was the most appropriate way of providing care for the young person.

Paper files of key statutory documents were being held on the ward, with electronic copies being kept by the Mental Health Act administration team. During the inspection we found an out-of-date HO14 form in the paper file which appeared to indicate that the young person's detention had expired. However, the correct and in-date document was available electronically. While we were assured this was an isolated oversight, the health board should remind staff of the importance of maintaining the paper files correctly.

We were told that the young people are informed of their rights on detention at the unit. However, we did not see evidence that the young people were being regularly reminded of their rights.

The health board must ensure that staff regularly inform the young people about their rights in line with the Mental Health Act Code of Practice for Wales, particularly following a change in the young person's circumstances.

We were told that the young people are asked every Sunday if they wish to have advocacy support in the coming week. The young people who completed a questionnaire confirmed that they had been offered the support of an advocate. This was a positive improvement since our previous inspection where we received feedback from some of the young people that they did not know when the advocate would be available.

We were told that mental capacity assessments were being undertaken to ensure the young people could make decisions for themselves about their treatment, the administration of medicine and engagement in therapeutic activities. However, we only saw rudimentary notes of capacity assessments written within patient records. For example, while a capacity assessment form was available at the unit, in one patient record the only reference we could find to a capacity assessment undertaken was a note from the doctor during a ward round.

The health board must ensure mental capacity assessments undertaken on the young people are completed using the capacity assessment forms available and stored appropriately within the patient records.

We saw an improvement in the quality of the Section 17 leave documentation since our previous inspection. The leave documentation now evidenced that leave was being suitably risk assessed and that outcome assessments are being completed on return to review how the leave went.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaires were generally positive. 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. One staff member provided the following comment about working at the unit:

“We are currently very proud as a team of the care and treatment we provide patients and their families after a negative time of the culture and leadership being scrutinised. We have a strong/robust senior management team who are transparent, supportive and dedicated to not only the patients but to all the disciplines of the Tŷ Lliardiard team.”

Most staff members said that in general, their job was not detrimental to their health. However, two thirds of staff members said that their current working pattern did not allow for a good work-life balance. This appeared to be linked to staff wishing to work longer standard hours (12-hour shifts). We received the following comments:

“Many members of staff are leaving due to wanting 12-hour shifts and a better life balance. The way the shifts work I could be 10 shifts in a row - causing tiredness and stress. I love the unit but feel that staffing levels or shift changes to 12-hours need to be made to stop myself and others leaving.”

“Long day would improve our service especially with the staff levels at present. I feel that it would improve morale immensely and would also help to retain staff as staff always report they are leaving for a better work life balance.”

We are aware that staff were informed via an article in the June 2023 staff newsletter that 12-hour shifts would not be introduced at Tŷ Lliardiard. We noted that the article explained the reasoning behind this decision. However, it is clear that the length of the shifts has continued to be a cause for concern among staff.

While it may be the case that 12-hour shifts may not be appropriate for Tŷ Lliardiard, the health board must reflect on this feedback and continue to discuss this issue with staff to identify potential alternative solutions to help allay staff concerns and improve their work life balance.

Leadership

Governance and leadership

Following our last visit to Tŷ Lliardiard we reported that there had been widely known issues at the unit in relation to culture, leadership and performance, which were having a detrimental impact on the morale and wellbeing of staff. It was evident during this visit that the unit has been on an improvement journey which has led to a positive change in the culture, atmosphere and environment of the whole unit. Senior management have delivered on an improvement plan that has been developed out of recommendations from previous visits by HIW, the National Collaborative Commissioner's Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC). There was a sense that the changes that have been implemented have been possible via a joint effort between senior management, staff and the young people themselves. The service now appeared to be proactive rather than reactive, and while there is further work to be done, the improvement made so far should be acknowledged. One staff member provided the following comment in the questionnaires:

“There have been many changes over the last couple of years and regular improvement meetings have helped in communicating and discussing the changes needed with all members of the MDT involved.”

On a directorate level it was clear that there were regular meetings and discussions to discuss ongoing progress against the objectives outlined in the improvement plan for the unit. On an operational level we saw appropriate governance and oversight in place in terms of identifying and discussing issues related to patient care and identify further improvements. We observed everyone working well together throughout the inspection.

Staff members who completed a questionnaire provided positive feedback to us about their immediate line managers. All 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. The majority of staff also agreed that senior managers are visible and felt that communication between senior management and staff is effective.

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 who completed a questionnaire felt that they had received appropriate training to undertake their role.

The majority of staff members who completed a questionnaire felt they could meet the conflicting demands on their time at work and that they have adequate materials, supplies and equipment to do their job.

At the time of our inspection there appeared to be sufficient numbers of appropriately trained staff to meet the assessed needs of the young people at the unit. However, agency staff were being used to cover any staffing shortfalls. We were told that wherever possible the same agency staff members are used who are familiar with the unit to provide consistency for the young people. We were also informed about the efforts being taken to recruit more permanent staff. However, two thirds of staff members who completed a questionnaire disagreed that there are enough staff for them to do their job properly. We also received the following comment:

“I’ve worked for Tŷ Llidiard for many years. My main concern is staffing levels. We on the unit are so short staffed it affects my notes, patient contact and mental health.”

The health board must discuss the issues raised in relation to staffing levels with staff to fully understand their concerns.

Culture

People engagement, feedback and learning

We saw that feedback was being encouraged by staff from the young people. A weekly community meeting was being held every Sunday for staff to inform the young people about activities happening within the unit. The meeting also provided the opportunity for the young people to raise any issues they may have.

Feedback forms were available for the young people to complete should they wish to do so. We were told that at the end of the community meeting staff talk about what actions have been taken in response to the issues raised by the young people. This ‘you said, we did’ part of the meeting is written up and placed on the notice board for all the young people to see.

We saw that a questionnaire had been developed for the parents and carers to help capture their feedback and experiences at the unit. While this is a positive initiative, we were provided with previous results and noted that the service had only received four responses so far in 2023. This seems like a missed opportunity

and the service should consider how it can improve the amount and frequency of completed questionnaires from parents and carers.

Almost a half of staff members who completed a questionnaire told us that they did not understand the duty of candour or their role in meeting the duty of candour standards.

The health board must ensure that all staff receive training in the duty of candour to help them understand their responsibilities in helping meet the new legal requirements.

Information

Information governance and digital technology

We were told that the local policies and procedures developed by the directorate were available for all staff on their intranet pages and were up-to-date. Nonetheless, we have identified throughout this report some health board policies that were out-of-date which are still relevant to staff working at the unit. The health board should be mindful to support staff with any guidance they may need while the health board policies are being reviewed.

Learning, improvement and research

Quality improvement activities

As part of the improvement plan for the unit there have been environmental changes to the layout of the ward which have had a positive effect. We were told about further changes that have been proposed to develop the unit as part of a 'phase two' refurbishment, which would help to further improve the service provision and experience of young people at the unit.

The majority of staff members who completed a questionnaire felt that their organisation encourages them to report errors, near misses or incidents, and that they are given feedback about changes made in response. The majority of staff also felt confident that their concerns would be addressed by the organisation and that action would be taken to ensure that they do not happen again.

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 relevant partner services within 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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Tŷ Llidiard

Date of inspection: 11, 12 and 13 September 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: Tŷ Lliardiard

Date of inspection: 11, 12 and 13 September 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
We saw that a treatment pathway had not been put in place for a young person diagnosed with orthorexia on admission.	The health board must ensure that the young people receive treatment specific to their individual diagnosis and that this is documented clearly within their patient records.	<p>Each young person has an individualised care plan in line with their recovery care outcomes and inclusive of their holistic care needs.</p> <p>Care-plans are audited on a monthly basis. Outcome measurements support tracking quality-of-care against individual patient care needs. The audit asks the following questions:</p> <ul style="list-style-type: none"> Is the new care plan being used? 	<p>Tŷ Lliardiard Senior Nurse</p> <p>Tŷ Lliardiard Senior Nurse</p>	Completed 13/11/2023

		<ul style="list-style-type: none"> • Is it in the YP's voice/words? • Is it outcome focused? • Has it been reviewed? • Is there evidence of an MDT approach? <p>Learning areas are discussed in team meetings and disseminated electronically to the multi-disciplinary team.</p>		
The outside areas of the unit required maintenance work.	The health board must improve the appearance of the garden areas for the therapeutic benefit of the young people and ensure ongoing maintenance is undertaken going forward.	<p>The Facilities department have a schedule for garden maintenance works, additionally the local management team carry out monthly environmental checks and request additional garden maintenance as required.</p> <p>The Ty Llidiard team have been working with the HB Head of People's Experience and have arranged for a voluntary organisation support with the general maintenance of the garden areas.</p>	<p>Tŷ Llidiard Locality manager</p> <p>Tŷ Llidiard Locality manager Head of People's Experience</p>	Completed 13/11/2023

<p>During our time on the unit it was not always clear what the language preference of each young person was.</p>	<p>The health board must ensure that the language preference of each young person is identified and recorded in a place that is easily accessible for staff to be aware.</p>	<p>The part A referral form provides a prompt to document the young person's language preference. This is filed at the front of each patient record for ease of reference. See attached, language preference highlighted in yellow.</p> <p>Medical secretaries to monitor full completion of the referral document prior to saving on the patient file.</p> <p>The Part A contains all patient demographics and is filed at the front of the medical record by the ward clerk.</p>	<p>Tŷ Lliardiard Senior Nurse</p> <p>Tŷ Lliardiard Locality manager</p> <p>Tŷ Lliardiard Locality manager</p>	<p>Completed 13/11/2023</p>
<p>The equality and diversity policy was out of date.</p>	<p>The health board must ensure the equality and diversity policy is updated and shared with staff once the policy has been ratified.</p>	<p>The health board will update the Equality and Diversity policy.</p>	<p>Equalities manager</p>	<p>In Progress Estimated to be completed by May 2024</p>

<p>We identified some areas inside the unit that were in need of maintenance.</p>	<p>The health board must ensure any required repairs and maintenance are undertaken in a timely manner.</p>	<p>The nursing team undertake daily environmental checks to support in early escalation of any maintenance concerns.</p> <p>Operational procedure in place to guide staff members on the reporting system for environmental maintenance.</p> <p>Facilities log maintained to reflect reports and required actions.</p> <p>Senior Nurse to escalate environmental maintenance concerns via Quality Safety Risk and Experience report.</p> <p>Locality manager can escalate any issues via Health and Safety meeting.</p>	<p>Tŷ Lliard Senior Nurse</p> <p>Tŷ Lliard Senior Nurse</p> <p>Reception staff</p> <p>Tŷ Lliard Senior Nurse</p> <p>Tŷ Lliard Locality manager</p>	<p>Completed 13/11/2023</p>
<p>Staff were unclear about whose responsibility it was to clean outdoor furniture. Staff also told us that the hygiene in the staff toilets could be improved.</p>	<p>The health board must provide clarity and guidance on staff responsibilities to ensure effective cleaning of the outside areas and staff toilets.</p>	<p>Maintenance of the outdoor garden furniture has been added to the daily environmental checklist that is undertaken by nursing staff.</p> <p>Completion of the daily</p>	<p>Tŷ Lliard Senior Nurse</p>	<p>Completed 13/11/2023</p>

		<p>environmental checklist is audited monthly and learning disseminated via nurse meeting.</p> <p>Cleaning schedule of the staff toilets was increased to twice daily on 06/11/2023</p> <p>IPC added to the nurse meeting agenda.</p>	<p>Facilities Team Lead</p> <p>Tŷ Lliardiard Senior Nurse</p>	
<p>We found a dusty piece of re-usable equipment and did not see any documented records to evidence that the cleaning was being undertaken.</p>	<p>The health board must ensure a system is in place to inform staff that the re-usable medical equipment has been cleaned and is therefore safe to use.</p>	<p>Standard Operating Procedure (SOP) created to support guidance on cleaning re-usable medical equipment between use. All reusable medical equipment will be cleaned between each patient contact and marked with the green “I am clean” verification tape.</p>	<p>Tŷ Lliardiard Senior Nurse</p>	<p>Completed 13/11/2023</p>
<p>We spoke to a number of different staff members who did not know who the IPC lead was.</p>	<p>The health board must ensure that all staff are aware of the IPC lead and their role and responsibilities so that staff can appropriately escalate any concerns they may have.</p>	<p>All staff have mandatory level 1 and 2 IPC training.</p>	<p>Tŷ Lliardiard Senior Nurse</p>	<p>Completed 13/11/2023</p>

		<p>Guidance now displayed outlining the name and contact details for the IPC lead.</p> <p>IPC added to the nurse meeting agenda.</p>		
<p>The temperature inside the laundry room was extremely hot, had dusty ceiling fans and the door appeared to be difficult for staff to open.</p>	<p>The health board must review the use of the laundry room to improve its condition and lower the temperature to make the room more bearable for staff to use.</p>	<p>The issues identified have been resolved, the fan has been cleaned and the door adjusted.</p> <p>Portable air conditioning units have been purchased and can be used in this room to lower the temperature.</p>	<p>Tŷ Llidiard Locality manager</p>	<p>Completed 13/11/2023</p>
<p>The medicines management policy was out of date.</p>	<p>The health board must ensure the medicines management policy is updated and shared with staff once the policy has been ratified.</p>	<p>The health board will update the medicines management policy.</p>	<p>Chief Pharmacist</p>	<p>In Progress</p> <p>Estimated to be completed by May 2024</p>
<p>We found a small number of gaps on the fridge temperature</p>	<p>The health board must remind staff of the importance of undertaking and documenting such checks.</p>	<p>The fridge temperature checks are subject to monthly audit.</p>	<p>Tŷ Llidiard Senior Nurse</p>	<p>Completed 13/11/2023</p>

recording sheet in the clinic room.		Audit findings are part of the weekly nurse meeting agenda. Minutes are disseminated to the wider nursing team.		
The temperature inside the clinic room was very hot and no room temperature checks were being undertaken to ensure that the temperature remained below the advised storage temperatures for the medication in the room.	The health board must provide an update to HIW on actions taken since the inspection to ensure medication is being stored at the correct temperature.	Clinic room temperature checks operational from the 13.09.23. Compliance is audited on a monthly basis and learning areas disseminated via nurse meeting. Portable aircon units have been purchased and to be used if the clinic exceeds 25 degrees. SOP created to guide staff on the management of retaining the clinic temperature below 25 degrees.	Tŷ Llidiard Senior Nurse Tŷ Llidiard Senior Nurse	Completed 13/11/2023
We found some cleaning materials such as Sterichlor were being stored in an	The health board must ensure all potentially harmful materials are	The unit now benefits from a new clinic whereby all cupboards are lockable. All	Tŷ Llidiard Senior Nurse	Completed 13/11/2023

<p>unlocked cupboard under the sink.</p>	<p>locked away and stored appropriately at all times.</p>	<p>cleaning materials usable by nursing staff have now been stored correctly.</p>		
<p>Staff we spoke with during the inspection were unclear about what to do in the event of an adverse drug reaction.</p>	<p>The health board must provide training to staff to clarify the expectations on staff in terms of reporting adverse drug reactions, for example, to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme.</p>	<p>Prescribed medications are discussed and reviewed by the multidisciplinary team (MDT). Such discussions include potential adverse and therapeutic effects that require monitoring and clear documentation within the MDT records.</p> <p>Those identified at risk of adverse reactions are medically managed accordingly and the individual patient care-plan reflects such management.</p> <p>Ty Llidiard receives support from a dedicated mental health pharmacist who attends the unit and is available to assist staff adverse drug reactions.</p>	<p>Ty Llidiard Senior Nurse</p> <p>Clinical Lead</p> <p>Highly Specialist Clinical Pharmacist Mental Health</p>	<p>Completed 13/11/2023</p>

		The registered nurses are trained in paediatric immediate life support that covers management of adverse drug reactions.	Tŷ Lliard Senior Nurse	
The two-weekly rotation for menu choices did not provide much variety for the young people.	The health board must reflect on this feedback and review with staff and the young people whether any changes to the menu choices and their frequency are required.	The Ty Lliard dietician met with the young people to collaboratively review the menu. The menu has since been revised in line with the young people's preferences and nutritional requirements. This will continue to be reviewed via the weekly community meeting.	Tŷ Lliard Dietician	Completed 13/11/2023
We did not see evidence that the young people were being regularly reminded of their rights.	The health board must ensure that staff regularly inform the young people about their rights in line with the Mental Health Act Code of Practice for Wales, particularly following a change in the young person's circumstances.	A prompt to support timely and fluid reviews of each young persons understanding of their rights as an informal or detained patient is now included in the patient care-plan. The care-plan will be collaboratively reviewed on a weekly basis by the young person and named nurse.	Tŷ Lliard Senior Nurse	Completed 13/11/2023

		Care-plans are subject to monthly quality checks by the ward manager, findings are captured on AMaT and disseminated via nurse meetings. The minutes of nurse meetings are disseminated to the wider nursing team.	Ward Manager	
We only saw rudimentary notes of capacity assessments written within patient records.	The health board must ensure mental capacity assessments undertaken on the young people are completed using the capacity assessment forms available and stored appropriately within the patient records.	The MHLD care group will develop a standardised Mental Capacity Assessment form.	MHLD Medical Director	In Progress Estimated to be completed by May 2024
We received feedback from staff who suggested current shift patterns did not allow for a good work-life balance.	While it may be the case that 12-hour shifts may not be appropriate for Tŷ Llidiard, the health board must reflect on this feedback and continue to discuss this issue with staff to identify alternative solutions to help allay staff concerns and improve their work life balance.	The Head of Nursing has recently completed a review of all CTM MHLD inpatient wards. This review has considered changes to shift patterns and recommendations have been made to trial and evaluate the use of 12-hour shifts.	Head of Nursing	Completed 13/11/2023

<p>We received feedback from staff about there being an issue with the unit being short staffed at times.</p>	<p>The health board must discuss the issues raised in relation to staffing levels with staff to fully understand their concerns.</p>	<p>Registered nurses are included in the shift-by-shift assessment of acuity. This supports the planning of additional resources to meet patient need.</p> <p>The funded nurse establishment is in line with the Quality Network Inpatient CAMHS standards. Overtime, bank and agency backfill is supported where numbers fall below funded establishment.</p> <p>Weekly acuity is assessed using Levels of Care. This supports the reporting of patient acuity within the unit.</p> <p>Nurse staffing levels added to nurse agenda to ensure that this provides a forum for staff to discuss any concerns they may have in relation to safe staffing levels.</p> <p>Any concerns about staffing levels can be escalated</p>	<p>Tŷ Llidiard Senior Nurse</p> <p>Head of Nursing</p> <p>Tŷ Llidiard Senior Nurse</p> <p>Tŷ Llidiard Senior Nurse</p> <p>Tŷ Llidiard Senior Nurse</p>	<p>Completed 13/11/2023</p>
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		<p>through the senior nurse Quality Safety Risk and Experience report.</p> <p>The Head of Nursing holds weekly drop in sessions where staff can raise issues or concerns, including those related to staffing.</p>	Head of Nursing	
Staff told us that they did not understand the duty of candour or their role in meeting the duty of candour standards.	The health board must ensure that all staff receive training in the duty of candour to help them understand their responsibilities in helping meet the new legal requirements.	<p>Advice sheet shared with full multidisciplinary team, this has been captured via online voting buttons to support in tracking staff members understanding of the standards and where any additional support maybe required.</p> <p>Roles and responsibilities under duty of candour added to the multidisciplinary team staff induction.</p> <p>To support assurance of learning and development, the new staff induction is subject to 3 monthly audits.</p>	<p>Tŷ Llidiard Senior Nurse</p> <p>Tŷ Llidiard Senior Nurse</p> <p>Tŷ Llidiard Senior Nurse</p>	Completed 13/11/2023

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): Lloyd Griffiths
Job role: Head of Nursing
Date: 13 November 2023