Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

St Non & St Caradog Wards, Canolfan Bro Cerwyn, Withybush Hospital, Hywel Dda 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.

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 at Withybush Hospital, Bro Cerwyn, Hywel Dda University Health Board on 16, 17 and 18 October 2023. The following hospital wards were reviewed during this inspection:

- St Caradog – Adult acute admissions mental health
- St Non – Older persons mental health.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewers). 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. Insufficient questionnaires were completed, however, during the inspection we spoke with staff and patients 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:
We found a dedicated staff team that were committed to providing a high standard of care to patients. Staff demonstrated a caring, kind, and compassionate attitude towards patients.

There was a range of suitable activities at the hospital and within the community for patients to access.

The range of information at the hospital could be improved for patients and families.

This is what we recommend the service can improve:

- Patient gluten free menus need to be reviewed and improved
- Information displayed on wards for patients.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Activities and groups for patients provided by occupational therapy team
- Patients spoke highly of staff and told us that they were treated well.

Delivery of Safe and Effective Care

Overall summary:

Whilst the overall physical environment on both wards was maintained to a good standard, we identified some improvements.

We found that staff were completing clinical processes and documentation as required.

There were established processes and audits in place to manage risk, infection control, and health and safety. This enabled staff to continue to provide safe and clinically effective care. However, some improvements are required in relation to making the outdoor areas a pleasant and safe place for patients to use.

The health board also need to engage with the staffing group around use of personal alarms and how staff can be supported in feeling safe whilst working in a remote area.

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

This is what we recommend the service can improve:

- COSHH equipment is stored correctly
- Maintenance of the hospital grounds
- Staff safety and use of personal alarms
- Compliance with fridge temperatures on St Non ward.

This is what the service did well:

- Safe and effective medicine management.
- De-escalation skills of staff when managing patient behaviours.

Quality of Management and Leadership

Overall summary:
We found a friendly, professional, and kind staff team who demonstrated a commitment to providing high quality care to patients.

We found an effective governance structure in place in terms of meetings to discuss incidents, complaints and issues related to patient care.

However, improvements are required in staffing numbers to ensure that staff feel safe and are meeting the demands of the patient groups.

This is what we recommend the service can improve:

- Completion rates of Immediate Life Support and mandatory training on both wards
- Staffing numbers on both wards.

This is what the service did well:

- Strong leadership provided to staff by the ward managers
- Motivated and patient focussed team.
- Resilient and supportive staffing group.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

We handed out HIW questionnaires during the inspection to obtain views on the service provided at the hospital. We received no responses to the questionnaires. However, patients and carers spoken to during the inspection spoke highly of staff and the care provided to them. We also reviewed internal patient feedback logs to help us form a view on the overall patient experience.

We noted positive compliments through thank you letters and cards on both wards and the health board also conducted patient and family surveys.

Patients we spoke to told us that staff treated them well and were kind towards them. Some of the comments provided by patients included:

"Everyone is' kind here and not just to me but to others as well'. 'I feel safe'.

"Well looked after', the nurses are a good team who do everything they can to help me".

Person centred

Health Promotion
We looked at a sample of patient records and saw evidence that patients received appropriate physical assessments upon their admission in addition to their mental healthcare. Patients also received ongoing physical health checks during their stay such as weight management and monitoring.

We checked if patients had access to outdoor spaces. Both wards had garden areas, however, these areas were overgrown and had a notable number of weeds, broken furniture and raised plant beds with splintering and rotten wood. In addition, the sheltered area on St Non had dirt and debris, and weeds growing onto the roof area and into the guttering. Overall, the outdoor spaces on both wards were poorly maintained, this included the entrance area to the hospital grounds leading to both wards.

The health board must ensure that work is undertaken to improve the appearance and safety of the outdoor areas for patients to use.

Throughout the inspection, on both wards, we observed patients to be regularly engaged in activities and therapies. There were regular weekly activities on both wards such as breakfast club, where patients engage in a group cooking activity, gardening club where patients are taken to a local Manor and help with gardening, and the 'forget-me-not' chorus where choir members come in to support singing sessions. There was also opportunity to interact with a pet therapy dog, and family members told us that patients dogs can come and visit.

The Occupational therapy team were very engaged with patients throughout the inspection and staff were very enthusiastic when interviewed and spoke passionately about their roles.

Dignified and Respectful Care
We noted that all employees; ward staff, senior management, and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were enthusiastic about their roles and how they supported and cared for the patients. We saw most staff taking time to speak with patients and address any needs or concerns the patients raised, this showed that staff had responsive and caring attitudes towards the patients.

It was noted that the ward entrance was locked and an intercom system to the ward prevented any unauthorised access.

Some rooms had en-suite bedrooms for patients and provided a good standard of privacy and dignity. Patients could lock their rooms, but staff could override the locks if needed. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Each bedroom door had a vision panel which enabled staff to undertake observations from the corridor without opening the door to minimise any potential disruption to patients sleeping. During our tour of the hospital, we positively noted that the vision panels were closed by default to protect the privacy of patients as people passed the rooms.

During a review of one patient record it was unclear if the current bed was meeting the needs of the patient.

The health board must review this patient and ensure consideration is given to a new bed being provided for this patient.

Patients were able to personalise their rooms and store their own possessions. Personal items were risk assessed on an individual basis for the safety of each patient. This included the use of personal mobile phones. A telephone was available at the hospital for patients to use to contact friends and family if needed.

The ward provided mixed gender care which can present challenges around aspects of dignified care; however, staff were knowledgeable and had effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained.

There were laundry facilities at the hospital and patients are encouraged to use them with support from staff where needed. During one meeting we attended a patient indicated that she would like to sort out her own washing, this was dealt with promptly by staff and a solution was reached to ensure that the patient could use the laundry room at a suitable time for the patient.

Patient information
We noted there was limited information displayed in the hospital to help patients and their families understand their care. There were no details on display about organisations that can provide help and support to patients and families affected by mental health conditions.

There was no information available on display on the role of HIW and how patients can contact the organisation.

Information on advocacy, and other support networks was available, and during the inspection we observed advocates meeting with patients.

Patient information booklets were available, however, one patient told us that they would have liked more detailed information on admission regarding mealtimes and visiting times.

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

Individualised care
We found that arrangements were in place to promote and protect patients' rights.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes. Arrangements were in place for patients to make telephone calls in private.

We looked at the records for patients who were detained under the Mental Health Act (the Act) and saw that documentation required by legislation was in place within the sample of patients' records we saw. This showed that patients' rights had been promoted and protected as required by the Act. The quality of these documents is discussed later in the report.

Timely

Timely Care

The health board held adequate bed status management and patient information meetings to discuss occupancy levels, and any emerging patient issues.

Some patients were waiting to leave the hospital; however, community placements were not quite ready. There was evidence that the health board was closely monitoring this and providing patients with regular updates on the status of their placements.

Equitable

Communication and language

All patients we spoke with stated that they felt safe and able to speak with a staff member should they need to. Patients told us they were happy at the hospital. and that staff were kind and helpful. There was clear mutual respect and strong relational security between staff and patients.

For individual meetings, patients could have help from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers are included in meetings.

There were several meetings involving patients and staff. These meetings included formal individual care planning meetings and group community meetings.

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

Feedback forms are given to patients when they leave the hospital to provide information on their stay and how improvements can be made.

Rights and Equality
We found that arrangements were in place to promote and protect patient rights.

Legal documentation we saw to detain patients under the Mental Health Act was compliant with the legislation.

Patients who were subject to Deprivation of Liberty Safeguards (DoLS) had received timely assessments and there were processes in place on both wards to ensure reviews take place.

All patients had access to advocacy services. Staff told us that patients are invited to be part of their MDT meetings and that the involvement of family members or advocates was encouraged where possible.

Delivery of Safe and Effective Care

Safe

Risk management

Access to the ward was secure to prevent unauthorised access. Staff could enter the ward with an identification card and visitors rang the buzzer at the ward entrance.

The health board were no longer utilising the Section 136 suite which was previously available on St Caradog Ward. During the inspection this area was now being utilised as a visitor's room and we were told that there were no plans for the suite to be used in the future.

We noted that most staff were not wearing alarms and there was no policy or risk assessment in place to indicate why staff were not given alarms. Given that there is no psychiatric emergency response available other than two wards, this presents a risk to staff and patient safety. In addition, some staff told us that they didn't feel safe if patients behaviours escalated due to the remote location of the wards and the staffing numbers.

The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.

We saw evidence of various risk assessments that had been conducted including, ligature point risk assessments and fire risk assessments. We were told of the environmental checks that are completed and saw evidence of ward manager checks on both wards.

The ward manager on St Non was responsible for completion and escalation of risk. We were told that request for anti-ligature equipment had been made, but some remained outstanding.

Both wards had processes in place around risks associated with high-low profiling beds to assist in maintaining the safety of patients with reduced stability and mobility. We were told that risk assessments were in place for individuals who use these beds; however, it was unclear if risk assessments had been completed for other individuals on the wards that could gain access to these beds.

The health board must ensure that anti-ligature equipment is provided and that risk assessments are completed relating to high profile beds for patients on the wards.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX).

The inspection team considered the hospital environment during a tour of the hospital on the first night of the inspection and the remaining days of the inspection. Overall, the hospital appeared clean and tidy, however there were some areas within the environment that require improvements as follows:

- Mould and poor ventilation in both laundry rooms
- Glass window cracked in St Non's leading into the courtyard requires replacing
- Sluice macerator on both wards needs to be fixed or replaced as both currently not working
- Occupational therapy room needs to be decluttered and tidied up and not used as a storage room.
- Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated
- Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group
- Thermostats covers in some patient rooms on St Non are missing and need replacing.

The Health Board must address the environmental issues and resolve them in a prompt and timely manner.

Infection, prevention, control, and decontamination

A system of regular audit of infection control arrangements was described. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital. Staff were aware of their responsibilities around infection prevention and control and staff were observed undertaking cleaning duties effectively.

We reviewed a sample of IPC related audits, including hand hygiene, and found high levels of compliance. These were supported by regular ward manager audits. However, we did not see any handy hygeine posters on display. At the time of the inspection the hospital was very clean, tidy, and organised.

Cleaning equipment was not always stored and organised appropriately. COSHH materials were not stored in a locked cupboard and oxygen cylinders were stored inappropriately on St Non Ward. This was brought to the attention of staff and was immediately resolved.

The health board must ensure that oxygen cylinders and COSHH equipment is always stored correctly.

Safeguarding children and adults
There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Medicines management
Relevant policies, such as medicines management and rapid tranquillisation, were in date and available to staff electronically on computers in the clinic rooms.

Medication records were comprehensive and complete, and we saw evidence of audits taking place. There was good evidence of staff ensuring that patients had individualised medication management plans. It was clear that patients had been involved in these plans and that discussions had taken place.

We identified that over-the-counter medication to treat minor ailments (topical homely remedies) were stored in a shelf under the medication trolley in St Non's Ward.

The health board must ensure that over the counter medications are stored correctly and in line with health board policy.

There was regular pharmacy input and audit undertaken that helped the management, prescribing and administration of medication on the ward. The designated pharmacist is currently undertaking a prescribing course and undertakes regular audits on medication.

We found that there were suitable arrangements for the safe and secure storage and administration of controlled drugs. We saw evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the advised temperature of the manufacturer on St Caradog. However, there were some gaps on St Non's where temperature checks had not been recorded.

The health board must make sure that temperature checks are consistently recorded.

Overall, the clinical areas were clean, tidy, and well organised; however, the top of the fridge in St Nons Ward was cluttered and out of date medication was present that needed to be disposed of. In addition, there was no clinical waste bin available on St Non ward.

The health board must ensure that out of date medication is disposed of and that clinical waste bins are available in clinical rooms.

The Medication Administration Records reviewed were fully completed by staff. We saw several medication rounds, and saw that staff undertook these appropriately and professionally, interacting with patients respectfully and considerately.

Challenging behaviour

Staff appear to manage challenging situations using de-escalation, distraction, and therapeutic activities. Physical and chemical restraint appear to be a last resort, and this was reflected in care plans.

Staff reported difficulty in "switching" care approaches when providing care to organic and functional patients. Staff reported that they receive training in both areas however they felt that more support was needed.

The inspection team witnessed positive redirection and de-escalation of difficult behaviours during the course of the inspection, all of which were done respectfully and in a very supportive manner.

Most records we reviewed evidenced that use of restraint was documented. However, in one patient record we reviewed there was no descriptive details on what positions the patient and staff were in when utilising a safehold. There was nothing recorded for post intervention observations after the patient had received intramuscular medication. In addition, there was nothing recorded in the patient record for post intervention observations after the patient had received the medication.

The health board must ensure that safe holds are described in detail and that patient observations are recorded post any restraint or medical intervention.

Effective

Effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. There was an established electronic system in place for recording, reviewing, and monitoring patient safety incidents. Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the

inspection confirmed that incidents and use of physical interventions are checked and supervised.

Patient records
Patient records were being kept electronically. The electronic system was password protected to prevent unauthorised access and breaches in confidentiality. We used the system throughout the inspection and found patient records to be comprehensive and well organised.

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
The hospital provided patients with meals on the ward, making their choices from the hospital menu. Patients are also helped to order in takeaway meals when required.

We were told that specific dietary requirements were accommodated, however patients told us that there were not many options or variety when it came to gluten free options.

The health board must ensure that gluten free options contain more variety of choices for patients.

Patients also had access to a kitchen to make their own snacks or drinks if required. There appeared to be no rota in place to check the patients fridge for out-of-date foods, and during the inspection there was evidence of some out-of-date foods in the patients fridge.

The health board must ensure that checks are undertaken on the patients fridge and that no out of date products are stored in the fridges.

Mental Health Act Monitoring
We reviewed the statutory detention documents of 5 patients all found to be fully compliant with the Mental Health Act (MHA) and Code of Practice for Wales,1983 (revised 2016)

MHA records were appropriately stored and well organised and maintained. However, we found patient capacity and capacity to consent was not routinely assessed and recorded during the first 3 months of treatment.

The health board must ensure that consent and capacity to consent are assessed during first 3 months of treatment in accordance with para 25.18 of the Welsh Codes of Practice.

On St Non ward the health board have proformas for undertaking capacity assessments and best interest assessment under the Mental Capacity Act, we found evidence of these being used in relation to decisions about patient accommodation following discharge, however these proformas were not routinely used in relation to patients that lacked capacity to make specific decisions about aspects of their care and treatment that were outside of the provisions of the act during their stay on the ward. This included Do Not Attempt Resuscitation (DNAR) decisions which were discussed in ward rounds but not formally recorded as best interests' decisions.

The health board must ensure that where appropriate specific decisions about patient care and treatment are undertaken as set out in the framework for the Mental Capacity Act in accordance with para 13.7 of the Codes of Practice for Wales.

In one patient record on St Caradog who was authorised leave of more than 7 days there was no record of consideration being given as to whether the patient should go onto a Community Treatment Order (CTO) instead.

The health board must ensure that when leave is granted for more than 7 days the responsible clinician considers whether the CTO might be more suitable option in accordance with paragraph 27.8 -27.9.

We found Approved Mental Health Professional (AMHP) reports were provided soon after admission and were of a high standard.

Overall, the Mental Health Act administrator runs an efficient and effective system to support the implementation monitoring and review of the legal requirements of the Mental Health Act.

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

We reviewed the care plans of six patients. We reviewed a sample of care files and found that they were kept to a good standard.

Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

Care plans were well detailed, individualized and reflected wide range of MDT involvement.

Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and defuse difficult situations.

It was positive to see that care files clearly showed patient involvement in care discussions, which were patient focussed and signed by the patient. Records also included evidence of the patients' voice to reflect their views.

There was good evidence of pain assessment being completed, and if there was a change in patients' presentation, risk assessments were completed. Physical health monitoring was consistently recorded in patient records. Overall, the nursing documentation viewed was good and physical assessments were comprehensive.

Quality of Management and Leadership

Leadership

Governance and leadership

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

During interviews with staff, they were fully aware of the on-call systems in place at the hospital.

The operation of the hospital was supported by the health board's governance arrangements, policies, and procedures.

We found a friendly, professional staff team who showed a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

During our time on the ward, we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff were striving to provide high levels of care to the patient groups.

Staff spoke positively about the leadership at the hospital and from senior managers within the health board's mental health directorate. Staff also spoke favourably about the support from colleagues working within the hospital and reported a good team-working ethos at the hospital.

During staff interviews we asked about the culture on the wards, comments included:

“Staff team are very patient focussed and support the patients. Management supports the staff and that’s the culture the ward manager breeds”.

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

Staff meetings which were minuted took place regularly on both wards, meeting minutes were disseminated to those staff who were unavailable to attend.

The health board were in the process of completing renovation on St Caradog's at the time of the inspection.

Workforce

Skilled and enabled workforce
The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection. However, we were also told that there have been times when the staffing numbers have been below that required to allow staff to effectively support patients.

Interviews with staff also highlighted that caring for patients with additional complex needs required a variety of skill sets and placed additional demands on regular staff working at the hospital. Caring for the patients had become more physically demanding, time consuming and as a result was impacting on staff wellbeing.

Staff told us that there had been no progression with the safe staffing project and as a result staff indicated that the health board need to undertake their own review on staffing levels as this had not been done for some time and the environment they were working in was becoming more challenging and complex.

Comments included:

"Wards are run on the good will of staff who do extra shifts to support their team".

The health board must review staffing levels to ensure they meet the demands of the patient group.

Staff we interviewed spoke passionately about their roles. Throughout the inspection we observed strong team working.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

There were vacancies on both wards. We were told that positions had been advertised and the management team told us they were trying to fill vacancies and recruit permanent staff to reduce the requirement to use agency staff.

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of our inspection. However, the health board need to pay attention to the staff comments in this report regarding staffing numbers, staff safety and how this is impacting on the wellbeing of staff.

Staff were able to access most documentation requested by the inspection team in a prompt and timely manner, demonstrating that there are good governance systems in place at the hospital.

We were provided with a range of policies, the majority of which were updated however, the observation policy was out of date and was due for review in August 2023.

The inspection team considered staff training compliance and was provided with a list of staff mandatory training compliance. Training figures indicated that improvements are required on St Caradog with 77 per cent overall compliance with mandatory training, St Non was 85 per cent. Immediate Life Support training on both wards also requires improvement.

The health board must ensure that mandatory compliance rates are improved.

Culture

People engagement, feedback, and learning

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

We saw that information had been provided to staff on the new Duty of Candour requirements. Staff also told us that they would feel secure raising concerns about patient care or other issues at the hospital and felt confident that the health board would address their concerns. A whistleblowing policy was in place to provide guidance on how staff can raise concerns and staff had access to staff wellbeing service.

Information

Information governance and digital technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the wards.

We were told that all staff had their own computer access login to help ensure information governance was maintained. All staff spoken to understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Learning, improvement, and research

Quality improvement activities
St Caradog Ward had recently been awarded the Bronze Carers award and it was positive to hear that the staff team are working towards obtaining the silver award.

Staff on both wards were being supported through the 'grow your own' nursing programme to recruit and retain staff.

Whole system approach

Partnership working and development
Staff were able to describe how the service engaged with partners to provide patient care and implement developments. They told us they engaged with outside partner agencies including local authorities, General Practitioners, housing, community health services to ensure a whole systems approach to patient care.

We were told that senior staff attended regular joint agency meetings to discuss issues and build strong working relationships. It was positive to see that the consultant had maintained good relationships with community mental health teams and was a stable, supportive, consistent, and familiar face to the patients and staff.

Through staff interviews, it was established that escorting and waiting with patients who require medical treatments at the Accident and Emergency department at the main Withybush hospital has a big impact on staff resources and the wellbeing of patients. Taking patients across to access services could be time consuming and resource intensive for both wards.

The health board should review and discuss these implications with staff from all areas and try and establish a service level agreement between the Accident and Emergency department and St Non's and St Caradog to try and minimise

the staffing issues and distress caused to patients who experience significant delays.

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
COSHH equipment and oxygen cylinders being stored inappropriately	Risk to safety of patients and staff	Escalated to Senior managers in health board	COSHH equipment and oxygen cylinders were removed and stored appropriately.

Appendix B - Immediate improvement plan

Service: St Caradog and St Non Ward, Bro Cerwyn, Withybush Hospital.

Date of inspection: 16 - 18 October 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 assurances identified				

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):

Job role:

Date:

Appendix C – Improvement plan

Service: St Non & St Caradog Wards, Bro Cerwyn, Withybush Hospital

Date of inspection: 6 – 18 October 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
Garden areas overgrown and posed a risk to patient safety.	The health board must ensure that work is undertaken to improve the appearance and safety of the outdoor areas for patients to use.	Estates have attended site and have addressed a number of these concerns. There is a new grounds and gardens contract in place (commencing in early 24) with regular site visits planned to keep the level of grounds maintenance to an acceptable standard. A schedule of regular joint visits by Estates and Inpatient Senior Nurses to be put in place to review and monitor	Estates Manager Heads of Service	29/02/24 31/01/24

		ward environments with escalation to MHLD Accommodation Strategy Group via Heads of Service of feedback or concerns.		
Unclear if current patient bed was meeting the needs of the patient.	The health board must review this patient and ensure consideration is given to a new bed being provided for this patient.	Occupational Therapy Assessment undertaken and documented within clinical record on 16th October 2023. An Occupational review to revisit individual patient needs to be undertaken.	Ward Occupational Therapist and Rotational Occupational Therapist	11/12/23
Information boards need to display more information for patient and visitors.	The health board must review the notice boards on the ward and ensure that information is up to date and relevant. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.	Bilingual posters providing information on the role of HIW and contact details have been produced, cascaded and are now on display in all ward areas. Review undertaken of current notice boards on both wards to ensure information is up to date and relevant. Undertake a review of arrangements for Healthy	Quality Assurance and Practice Development Team. Ward Managers, St Caradog and St Non-Wards.	This action is complete. This action is complete.

		Ward Checks to include services user / carer representation on Healthy Ward check teams to strengthen routine review of the quality, relevance and accessibility of patient and visitor information through Healthy Ward Checks.	Senior Nurse for Quality Assurance and Practice Development.	29/02/24
Staff were not wearing personal alarms and some staff indicated they felt unsafe due to the remote location.	The health board must ensure that staff have alarms and engage with staff to come up with solutions to make staff feel safer whilst working in a remote area.	Personal Alarms are in place on all wards. Alarms are numbered and allocated to staff on a shift by shift basis which is recorded on an allocation sheet. Further action: Undertake a discussion with staff at team meetings to remind them about the importance of utilising personal alarms whilst on shift Undertake site testing to assess a staff reported issue with the coverage of personal	Ward Managers, St Caradog Ward and St Non Ward. Head of Estates, Risk and Compliance	This action is complete. 31/12/23

		alarms on St Caradog Ward, scope options to address this with the alarm supplier and implement a solution.		
		Update St Caradog violence and aggression risk assessment to reflect the issue above.	Violence and Aggression Case Manager/Security advisor.	This action is complete.
		Risk to be added to Service Risk Register to reflect 'gap in coverage of personal alarms in specific area of St Caradog Ward to detail mitigations and actions to track resolution of risk.	Head of Service for Inpatients, Learning Disability and Liaison.	31/12/23
		Staff engagement / training session to be held with ward teams at St Caradog and St Non wards with Security Advisor to revisit security process and practices.	Ward Managers, St Caradog and St Non Wards.	31/12/23

Staff had not received anti-ligature equipment they'd requested.	The health board must ensure that anti-ligature equipment is provided and that risk assessments are completed relating to high profile beds for patients on the wards.	Undertake Point of Ligature Assessments and develop action plans identifying works and fixtures/fittings requirements for St Non and St Caradog wards in line with Health Boards Policy/Procedure 1069.	Health and Safety Officer and Ward Manager	This action is complete.
		Agree a project schedule to address the next phase of removal of Points of Ligature across MHLD inpatient services that sets out stages and timescales for project completion.	Director for Mental Health and Learning Disabilities and Discretionary Capital Projects Manager	31/01/24

Risk assessments on use of High-Low profiling beds for all patients in wards.	The health board must ensure that risk assessments are completed relating to high profile beds for patients on the wards.	All high-low profile beds in use of the wards are included in the wards Point of Ligature risk assessment.	Ward Manager, St Non Ward.	This action is complete.
We identified several decorative and environmental issues that required attention: • Mould and poor ventilation in both laundry rooms • Glass window cracked in St Non's leading into the courtyard requires replacing • Sluice macerator on both wards needs to be fixed or replaced as both currently not working • Occupational therapy room needs to be decluttered and tidied	The Health Board must address the environmental issues and resolve them in a prompt and timely manner.	Mould cleaned and area retiled. Estates to undertake a review of the area and take further action to address the ventilation defects to prevent further mould. Glass replaced. Sluice macerators now working. Occupational therapy room has been organised and contents minimised with inappropriate or non-essential equipment	Estates Manager. Estates Manager Estates Manager. Estates Manager. Ward Occupational Therapist and Rotational	This action is complete. 31/01/24. This action is complete. This action is complete. This action is complete.

up and not used as a storage room		removed. Monitoring will be picked up by the action added earlier in the plan for joint monitoring/review visits by HOS and estates. Additional storage facilities to be provided within the occupational therapy room	Occupational Therapist.	
• Wrong signage on some doors in St Caradog which could pose a risk if fire alarms locations are activated		Estates improvements and decoration is currently underway on St Caradog Ward. Temporary signage to be put in place	Estates Manager	30/01/24 31/12/23
• Review of handrails in the ward area and bathrooms on St Non ward to ensure handrails are available, appropriate, and safe for the patient group		Handrails are in place in courtyard and corridors on st Non Ward. Review of handrail needs in bedrooms and bathrooms and how these can be addressed using anti ligature handrail products to be undertaken.	Head of Estates Risk and Compliance. Head of Service Older Adult Mental Health Services.	31/01/24
• Thermostats covers in some patient rooms on St Non are missing and need replacing.		Estates will review thermostat covers and ensure suitable covers are replaced in patient rooms on St Non ward.	Estates Manager.	31/01/24

COSHH equipment and oxygen cylinders were not being stored correctly.	The health board must ensure that oxygen cylinders and COSHH equipment is always stored correctly.	Action has been taken to wall mount oxygen cylinders across inpatient clinic areas within inpatient MHLD Wards. New COSH cabinet purchased and installed to facilitate correct storage of COSHH items.	Head of Estates, Risk and Compliance. Ward Manager, St Non Ward.	This action is complete. This action is complete.
Over-the-counter medication to treat minor ailments (topical homely remedies) were stored in a shelf under the medication trolley in St Non's Ward.	The health board must ensure that over the counter medications are stored correctly and in line with health board policy.	Arrangements made to reduce the size of topical preparations provided to the ward to facilitate storage. Ward medication storage to be reviewed and action taken to identify, purchase and install storage/equipment to fully accommodate ward requirements.	Lead Mental Health Pharmacist. Ward Manager, St Non Ward.	This action is complete. 31/04/24

Gaps on St Non's where fridge temperature checks had not been recorded.	The health board must make sure that temperature checks are consistently recorded.	Night time checklist and weekly ward manager checks instigated to routinely oversee checking process.	Ward Manager, St Non Ward.	This action is complete.
Out of date medication stored on top of fridge in St Non clinical room.	The health board must ensure that out of date medication is disposed of and that clinical waste bins are available in clinical rooms.	Confirmation provided that clinical waste bins are in place in clinical rooms. Obtain blue top medication bin and put in place in clinical room for disposal of medications.	Ward Managers St Caradog and St Non Wards.	This action is complete.
One patient record reviewed contained no descriptive details on what positions the patient and staff were in when utilising a safehold. In addition, there was nothing recorded for post intervention observations after the patient had received intramuscular medication.	The health board must ensure that safe holds are described in detail and that patient observations are recorded post any restraint or medical intervention.	Provide a reminder to ward staff through staff meetings of the requirement for comprehensive documentation in line with Reducing Restrictive Practice Policy and Rapid Tranquilisation Policy.	Ward Managers, St Caradog and St Non Wards	This action is complete.

		Request that ward managers/deputy ward managers undertake a review of clinical documentation following the use of safe holds, through the incident management review process and provide feedback to incident reporters to ensure complete and thorough documentation.		
		Undertake a Directorate wide audit of Rapid Tranquilisation against standards for physical health monitoring within the Health Boards Rapid Tranquilisation Policy to identify gaps in practice and generate improvement actions	Assistant Director of Nursing, Mental Health and Learning Disabilities.	31/12/23.
			Consultant in Old Age Psychiatry.	31/03/24.

Patients told us that there were not many options or variety when it came to gluten free options.	The health board must ensure that gluten free options contain more variety of choices for patients.	At the time of inspection, food provision was impacted by remedial work to kitchens (now resolved) limiting menu choice. A full range of menus, including all dishes offered to cater to dietary variations are now available to all patients and menus are on both wards.	Ward Managers, St Caradog and St Non Wards.	This action is complete.
There appeared to be no rota in place to check the patients fridge for out-of-date foods, and during the inspection there was evidence of some out-of-date foods in the patients fridge.	The health board must ensure that checks are undertaken on the patients fridge and that no out of date products are stored in the fridges.	The patient's kitchen was checked, cleaned and organised. Process for daily checks of the patient kitchen and fridge, undertaken by the Ward team has been instigated,	Ward Manager, St Caradog Ward. Ward Manager, St Caradog Ward.	This action is complete. This action is complete.

		communicated, and implemented.		
Patient capacity and capacity to consent was not routinely assessed and recorded during the first 3 months of treatment.	The health board must ensure that consent and capacity to consent are assessed during first 3 months of treatment in accordance with para 25.18 of the Welsh Codes of Practice.	Task and finish group to be established to include MCA and MHA leads to review feedback and practice issues raised in relation to capacity and capacity to consent to determine an improvement plan.	Assistant Director of Nursing, Mental Health and Learning Disabilities.	29/02/24.
Pro forma's were not routinely used in relation to patients that lacked capacity to make specific decisions about aspects of their care and treatment that were outside of the provisions of the act during their stay on the ward.	The health board must ensure that where appropriate specific decisions about patient care and treatment are undertaken as set out in the framework for the Mental Capacity Act in accordance with para 13.7 of the Codes of Practice for Wales.	Same action as above.	As above.	As above.
In one patient record on St Caradog who was authorised leave of more than 7 days there was no record of consideration being given as to whether the patient should go onto a	The health board must ensure that when leave is granted for more than 7 days the responsible clinician considers whether the CTO might be more suitable option in accordance with paragraph 27.8 -27.9.	Guidance in relation to consideration of use of CTO when leave is granted for more than 7 days is incorporated within the Health Boards Section 17	Mental Health Legislation Manager.	31/01/24.

Community Treatment Order (CTO) instead.		Policy. A reminder of guidance and documentation needs will be discussed at the Psychiatric Medical Staffing Committee in January 2024. A review of the content and layout of the section 17 leave form to be undertaken as part of planned 3 yearly policy review to incorporate prompts for Responsible Clinicians about considering CTO when leave is being granted for more than 7 days.	Mental Health Legislation Manager.	31/10/24
Staff told us that there had been no progression with the safe staffing project and staffing numbers required review.	The health board must review staffing levels to ensure they meet the demands of the patient group.	Inpatient establishment review work in progress in partnership with Head of Nursing for Professional Standards and Regulation and Inpatient Senior Nurses. Meetings to be held with ward managers to provide updates on this work for cascade to wider team members.	Assistant Director of Nursing, Mental Health and Learning Disabilities.	31/01/24.

Review of mandatory training requirements and Immediate life support percentages require improvements.	The health board must ensure that mandatory compliance rates are improved, and staff attend Immediate Life Support courses	Mandatory training compliance is monitored at a ward, service and directorate level. A review of service wide resuscitation training needs to be undertaken and plan developed to improve compliance.	Assistant Director of Nursing, Mental Health and Learning Disabilities.	31/01/24.
Taking patients across to access Accident and Emergency department at Withybush hospital were time consuming and resource intensive for both wards.	The health board should review and discuss implications with staff from all areas and try and establish a service level agreement between the Accident and Emergency department and St Non's and St Caradog to try and minimise the staffing issues and distress caused to patients who experience significant delays.	Further develop and implement joint protocols to support timely and effective MHLD inpatients access to A&E services provided by the District General Hospitals.	Senior Nurse for Liaison and Clinical Coordination.	30/04/24.

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): Becky Temple-Purcell

Job role: Assistant Director of Nursing Mental Health and Learning Disabilities

Date: 8th December 2023