

## **Mental Health / Learning Disability Inspection (Unannounced)**

**Royal Glamorgan: Mental  
Health Unit: Cwm Taf UHB**

Inspection date: 11 – 13 July 2016

Publication date: 14 October 2016

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## 1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

## 2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)<sup>1</sup>
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

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<sup>1</sup> The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

### 3. Context and description of service

There is one adult acute mental health in-patient unit for the whole of Cwm Taf based at the Royal Glamorgan Hospital. The unit comprises:

- An Admission Ward - 14 beds
- Two Treatment wards (Ward 21 & Ward 22) – both 14 beds
- A Psychiatric Intensive Care Unit (PICU) – six beds and a 1 bed Enhanced Care Area (ECA)

The Admission Ward provides an in-patient service for adults (aged 18-65) requiring short term, intensive assessment and stabilisation and focuses on early recovery, with the patient stay between seven and ten days. The ward was part of a wider model of care, with the team working collaboratively with wards 21 and 22 (longer term treatment wards) and the Psychiatric Intensive Care Unit (PICU).

Older persons' mental health beds were also at the Royal Glamorgan hospital, consisting of:

- Seren ward – 14 bed organic mental assessment.
- Enhanced Care Area – 5 bed unit for enhanced care.
- St David's Ward – 10 bed functional mental assessment.

The health board also provides two dedicated in-patient rehabilitation services which are situated in Treorchy in the Rhondda Valley.

- Pinewood House is a 16 bed Community In-patient rehabilitation service situated on the High Street in Treorchy town centre
- The Supported Recovery Unit is a 15 bed High Dependency service based within Ysbyty George Thomas Hospital in Treorchy.

## 4. Summary

Our inspection at the Royal Glamorgan mental health unit took place across all seven of the mental health wards. We found significant scope for improvement but were also pleased to reflect some positive findings and improvements since our previous inspection in October 2015.

Improvements since our previous inspection included:

- An increase in night shift staff levels on the wards with an additional health care support work on Ward 21 and Ward 22.
- Improvements to the environment of the unit, however there was further improvements required.
- Recent ligature point audits had been undertaken across the mental health unit; during our previous inspection these were out-of-date.
- Information boards containing confidential information in all the nurse office were able to be screened off from sight when not in use to maintain patient confidentiality. Disappointingly, we did observe a number of occasions where these remained on display after use staff.

This is what we recommend the service could improve:

- The provision of food and nutrition for the Older People's Mental Health Wards.
- The provision of therapeutic activities for the Older People's Mental Health Wards.
- The electronic patient record systems to be reviewed so that patient information was located on one system.
- Maintenance of patient ward areas across the mental health wards at Royal Glamorgan Hospital.

## 5. Findings

### *Core Standards*

#### **Ward environment**

The mental health unit is a self contained unit adjoining the main building of Royal Glamorgan Hospital. The mental health unit has its own entrance and reception, with a number of offices and meeting rooms on the ground floor.

On entering the large foyer, doors lead to a number of areas and wards, including a Psychiatric Intensive Care Unit (PICU) and older person wards: Seren Ward, Enhanced Care Area and St David's Ward. The Admission Ward and the two adult treatment wards, Ward 21 and Ward 22 are situated upstairs.

The wards upstairs were accessible by stairs or lift. The ward doors were locked and accessed with a key fob or via an intercom system. The main door to the wards was on Ward 21 and ward staff would escort visitors to the appropriate ward.

All wards at the mental health unit at Royal Glamorgan Hospital are mixed-gender.

Our inspection in October 2015 identified a number of environmental design issues that The health board are unable to address at present, these included:

- Royal Glamorgan Hospital as a whole had issues with the site drainage that routinely resulted in some toilet and shower facilities not working on the mental health unit. We are aware that The health board continue to work with the estates department to resolve the drainage issue.
- Apart from PICU, all wards had some shared bedrooms or dormitories and does not reflect modern mental health care provision. These shared bedroom areas only afford the basic level of privacy for patients.
- Location of ward toilets and showers near patient communal areas on the ward had a potential for jeopardising patient privacy and dignity.
- The provision of mixed gender wards and no single gender provision.

Whilst these issues impact on the provision of care across the mental health wards at Royal Glamorgan Hospital we understand that The health board will keep these under review for the future provision of mental health services.



## Adult Mental Health Wards (ages 18-65)

The Admission Ward had 14 beds for patient assessment, Ward 21 and Ward 22 had treatment 14 beds each. During the day, double doors which separated Ward 21 from Ward 22 were open to allow patients access across both wards, at night these were locked. On each ward the bedrooms were located on corridors away from the main thoroughfare of the wards.

Bedroom 2 on Admission Ward was out of use due to water damage, at the time of our inspection there was no confirmed date when this bedroom would be repaired and available for patient use.

Each of those three wards had a mixture of bedrooms including five single en-suite bedrooms and four two-bedded dormitory style rooms. The single bedrooms all had en-suite facilities which included a shower, toilet and sink. The bedrooms had a single bed and storage for clothes and personal belongings. The two-bedded dormitory style bedrooms also had a bed and storage facilities and a shared sink. There were gender specific toilets and showering/bathing facilities on each ward.

The Psychiatric Intensive Care Unit (PICU) had six individual bedrooms each with en-suite toilet and shower. There was an Extra Care Area (ECA) which comprised of a reasonably large room with a bed and sofa and an adjoining bathroom with toilet, sink and shower. The ECA was used to provide additional support to a patient away from other patients on the ward.

Each ward had a lounge area in which patients could sit and socialise with each other. Each lounge had a television, however the television in the lounge of Admission Ward was not working and waiting to be replaced, disappointingly this had been awaiting replacement for a number of weeks. This impacted on the patient experience for patients on Admission Ward.

### **Improvement Needed**

**The health board must ensure that the television is replaced on the Admission Ward.**

In addition to the toilet and shower facilities available in the patient bedrooms, each ward had gender specific toilets, along with shower and bath facilities. The issue identified at our previous inspection in October 2015, where on PICU four of the en-suite showers were not working had been rectified.

We noted however that the shower facilities on both Ward 21 and Ward 22 were not well maintained or practical for assisting patients where required and were therefore in need of refurbishment. The en-suite toilet for bedroom 4

on Ward 22 was not working. Therefore the patient had to use the toilets on the ward corridor.

The adult wards do not have access to a hoist for the baths; staff confirmed that if a hoist was required for a patient to bathe then the patient would use the facilities on the older person ward.

### **Improvement Needed**

**The health board must review the toilet, shower and bath facilities on Ward 21 and Ward 22 to ensure that they are fit for purpose.**

Each ward had a locked kitchen area where staff could provide patients with drinks and snacks. On Admission Ward there remained broken kitchen cupboard doors from our previous inspection. There were large dining rooms on each of the wards, apart from Ward 22 where there were two smaller dining rooms.

### **Improvement Needed**

**The health board must ensure that broken kitchen cabinets on Admission Ward are repaired or replaced.**

Each ward had meeting/visitor rooms in which patients could speak to staff or visitors in private.

The Admission Ward had a small patio area, which provided patients with an outdoor space; this area was the designated smoking area for the ward. The area had a bench, bin and lighter on the wall. This patio area was separated from the adjacent ward's patio by an opaque window. During our previous inspection this had been broken and awaiting repair for a number of months, it was pleasing to note that this repair had been completed.

The adjacent patio was the smoking area for Ward 21 and Ward 22. Further down the corridor of Ward 21 was another patio area used by patients on Ward 21 and Ward 22. This patio had seating and a wooden table, flower pots with flowers in them made the space more welcoming.

On PICU, the garden area was restricted access to 15 minutes per hour. This is an institutionalised practice and limited patients access to fresh air. Staff stated that this practice was in place to prevent patients smoking throughout the day; however patient behaviours should be managed on an individual basis and not a blanket approach.

## **Improvement Needed**

**The health board must review the access the garden area to meet patients' individual needs and not implement an institutionalised practice.**

There was a lack of storage areas at the mental health unit and despite the efforts of ward staff ward areas, particularly non-patient areas, were often cluttered.

On each of the wards there were patient notice boards which displayed information, including advocacy, Citizens Advice Bureau details, Hafal along with other information leaflets and posters.

### Older People's Mental Health Wards

Seren Ward had 14 beds and provided care for patients with organic mental health needs. St David's Ward had 10 beds and provided care for patients with functional mental health needs. The Enhance Care Unit (ECU) had five beds and provided care for patient who required additional support from either Seren Ward or St David's Ward.

The Older People's Mental Health wards had a mixture of bedrooms including single en-suite bedrooms and dormitory style rooms. However, not all dormitory rooms had a clock available for patients. The single bedrooms all had en-suite facilities which included a shower, toilet and sink. The bedrooms had a single bed and storage for clothes and personal belongings. .

## **Improvement Needed**

**The health board must ensure that all patient areas, including sleeping areas, have suitable clocks available for patients.**

There were gender specific toilets and showering/bathing facilities on each ward. However we noted that not all communal facilities had working locks to maintain patient privacy.

## **Improvement Needed**

**The health board must ensure that all locks are working on communal facilities.**

There were communal areas for patients to use during the day and evenings including lounges, television rooms and dining rooms. The Older People's Mental Health wards had a smoking room that patients could use if they wished.

Whilst the wards had access to outside space we were informed that these were rarely used and during the inspection we did not see patients accessing these areas. Staff informed us it was difficult to facilitate access to outside areas due to the mobility needs of the patient group, access and maintenance of the outside areas and staffing levels.

#### **Improvement Needed**

**The health board must review patient access to outside areas on the Older People's Mental Health wards.**

We noted a number of environmental issues whilst on Seren Ward. Throughout the inspection the dining room curtains were not hung properly and hanging down. The décor in the dining room was poor and there were a number of chips and marks to the paintwork that required attention.

#### **Improvement Needed**

**The health board must review the décor in the dining room on Seren Ward.**

The 'Welcome to the Ward' board outside the nurses' office contained information that was not targeted at the patient group or visitors. Also, signage for patients needs to be reviewed so improvements can be made with appropriate signage to assist the patient group.

#### **Improvement Needed**

**The health board must ensure that information and signage displayed on Seren Ward is appropriate to the patient group and their relatives.**

We were informed that domestic staff work on the wards from 7am until 1pm, and there was no provision after this time. Nursing staff would be required to undertake additional domestic tasks as required outside 7am to 1pm, therefore reducing their time available to patients.

#### **Improvement Needed**

**The health board must review the domestic staff input to Seren Ward.**

#### **Safety**

We arrived at the hospital in the evening, it was positive to note that since our previous inspection Ward 21 and Ward 22 had an additional health care support worker on each ward following our concerns with regards to staff levels and safety in October 2015. In addition, both wards had a student

nurse placement working supernumery on the shift, therefore Ward 21 and Ward 22 each had a Registered Nurse, two health care support workers and a student nurse working in comparison to each ward having one Registered Nurse and one health care support worker as was the situation in October 2015.

The Admission Ward had one Registered Nurse and three health care support workers, PICU had one Registered Nurse and two health care support workers. Staff across the adult service stated they were willing to assist each other ward as required, and we observed this during the evening.

Whilst there was an increase in night staffing numbers on Ward 21 and Ward 22, these additional posts were not substantive and therefore ward staff raised their concerns that the staffing numbers may be reduced at anytime. We were informed that senior managers were waiting on confirmation of funding to secure the current night staffing levels on the 2 wards. It is essential that these staffing levels are secured to ensure the safety of patients and staff on Ward 21 and Ward 22 at night.

### **Improvement Needed**

**The health board must ensure that appropriate staffing levels are maintained on Ward 21 and Ward 22 and that there is confirmation that these levels will not be reduced.**

With one Registered Nurse on Admission Ward at night can provide that member of staff with difficulties due to the nature of the ward and the acuity of the patient group along with the possibility of admission(s) through the night. A patient admission will take up a large period of time for the registered nurse and therefore they'll be unable to undertake other nurse activities, such as medication administration, during the admission process. During the day the registered nurse on shift would have support from other available nurses such as the Ward Manager. The support to Registered Nurses during the day should be available for the Registered Nurse working the night shift to ensure that patient care is not affected due to the conflicting demands of the ward at night.

### **Improvement Needed**

**The health board must review the skill mix for the night shift on Admission Ward to ensure that there is sufficient Registered Nurse capacity to meet the needs of the patient group.**

The three Older People's Mental Health wards each had one Registered Nurse and one health care support worker along with an additional health care support worker who was able to work across the three wards as demand

required. During the day shifts there would be at least three members of staff on each ward with at least one Registered Nurse on each ward.

It was evident through our observations that staff across the older people's wards were very busy and had limited time to support all the needs of all the patients during our inspection. One morning we observed staff being moved from supporting patients with their breakfast to assist with getting another patient out of bed who was displaying challenging behaviours. During the evening we witnessed staff ringing around the other mental health wards for an additional member of staff to escort a patient to the general hospital wards after a fall on one of the mental health wards.

It is clear that the current staffing levels do not allow for staff to care and support the patient group with ease with the conflicting needs and behaviours of the individual patients. This resulted in some patients' needs being unsupported whilst staff assisted other patients; this left a potential safety risk for patients and staff.

### **Improvement Needed**

**The health board must review the staffing numbers and skill mix for the Older People's Mental Health wards to ensure adequate staff to care and support the patient group.**

The majority of patients we spoke to told us they felt safe at the hospital and staff had alarms should they need to raise an alert. However, there was no nurse call alarm system in patient bedrooms or patient areas.

During our previous inspection we identified that the ligature point risk assessments were out-of-date, it was positive to note that these had recently been completed throughout the mental health hospital. In June 2016 the NHS Shared Service Partnership issued a Specialist Estate Service Notification with regards to ligature points. We were informed by senior management at the inspection feedback that The health board was aware of this notification and action was being undertaken in light of this.

It was positive to note that since our previous inspection an alternative method for attaching items to the notice boards, other than drawing pins, in patient areas had been introduced in some areas. This had removed the potential risk of patient harm that the drawing pins posed.

During our inspection we raised our concerns about the location where a patient had been barrier nursed on Seren Ward. The area was located in a busy area of the ward in between communal patient rooms and could easily be accessed by another patient, intentionally or due to confusion.

In addition, the room had soft furnishing which would be difficult to clean and there was no hand washing facilities easily available from the area where a patient had been barrier nursed. The area had windows through to the adjoining communal rooms, and whilst there were curtains to provide privacy from these rooms, this afforded minimal privacy for the patient. Throughout the inspection we observed the door to this area open to the communal areas.

### **Improvement Needed**

**The health board must review the barrier nursing procedures for the Older People's Mental Health wards to ensure appropriate precautions are taken to maintain patient and staff safety.**

### **The multi-disciplinary team**

The staff we spoke to commented positively on multi disciplinary team (MDT) working, citing a number of disciplines present at meetings, including, doctors, senior nursing staff, occupational therapy, pharmacy and the community treatment teams. Staff said the MDT work in a professional and collaborative way and professional views were sought and valued.

Ward rounds take place on a regular basis across the mental health wards and daily on the Admissions Ward due to the acuity and turnover of patients.

As we found in October 2015 many of the wards, including PICU, did not have a lead consultant. At the time of our visit there were up to four consultants on some wards, each requiring their own ward round meetings. We noted that since our previous inspection The health board had progressed work on reviewing and implementing changes on the consultant arrangements for the mental health unit. Staff we spoke to felt the changes were going in the right direction and a benefit to patient care.

Staff said they regularly attended staff meetings which included daily handover meetings and team away days. Since our previous inspection The health board have introduced a shift handover process which had been implemented across the mental health wards. Staff were now documenting and retaining the shift handover information.

### **Privacy and dignity**

All patients had a bedroom, some had a single, en-suite room and other patients were in a two-bedded or four-bedded dormitory style room. Patients said that on the whole, staff would respect their privacy and dignity and knock on their bedroom door before entering.

Our review of the environment identified a number of privacy and dignity issues. There were no curtains between beds in a two-bedded room on the Admission Ward. Therefore, if a patient wanted to undress or change their clothing, there was no privacy for them to do so. Whilst this is a repeat of a similar issue in October 2015, this was a new occurrence for this particular room..

### **Improvement Needed**

**The health board must ensure that privacy curtains are installed between beds in shared bedrooms, and replaced as a matter of priority when they are not in place.**

It was pleasing to note that patients said they felt safe at the hospital. Although family and friends could visit their relatives, there was limited space on the wards for them to have a private space. Visitors were not allowed in the bedroom areas, so the dining room, lounge and any visitor rooms were utilised. Some patients said they could go off the ward with their family and friends.

There was a child friendly visiting room available for patients, unfortunately this was located on Ward 22, this is not ideal because children would have to enter the ward area to access this room.

### **Improvement Needed**

**The health board must explore the possibility of relocating the child visiting room to an area where visitors do not have to enter onto a ward.**

The use of mobile phones by patients was allowed to maintain contact with family and friends. Patients and staff told us that ward telephones could be used to contact relatives and there were payphones on the wards.

During our previous inspection we identified that the payphone on ward 22 had no handset. Since that inspection the hospital have made alternative arrangement for patients to use a telephone and removed the old payphone.

Each ward office had a *patient status at a glance board* displaying confidential information regarding each patient being cared for on the ward. It was positive to note that since our previous inspection that all the wards now had the facility to hide the confidential information when the boards were not in use. However, we did observe that on a number of occasions some staff members did not cover the boards after use; therefore the confidential information could be viewed.



### **Improvement Needed**

**The health board must remind staff of the need to ensure that *patient status at a glance board* in the ward offices are covered when not in use.**

The room in which the patient being barrier nursed did not have any wardrobes or other furniture to store the patient's clothes in. The patient's clothes were kept undignified in black bags within the room on the floor.

### **Improvement Needed**

**The health board must ensure that all patients are able to store their clothes appropriately.**

We were informed by staff and patient relatives that visits could only take place on Seren Ward at bedsides; we were informed that this was to maintain the privacy and dignity of patients being cared for on the ward. Whilst this is appropriate for patients who have an individual bedroom, this is not the case for patients residing in dormitory bedrooms. Patients' relatives informed us that dormitories can be busy and noisy during visiting times and they do not feel patients or their families found the current arrangements appropriate.

We discussed this with staff members and senior staff and it was evident that there were inconsistencies with the visiting arrangements. Some staff saying that patients must stay in their rooms with visitors and other staff members staffing that those visitors could accompany patients in the corridors of the wards but not the lounge areas.

### **Improvement Needed**

**The health board must review the visitor arrangements for Seren Ward to ensure that suitable arrangements are in place.**

### **Patient therapies and activities**

#### Adult Mental Health Wards (ages 18-65)

The majority of patients we spoke to told us they had enough things to do and that they had been asked what they like to do. The mental health unit had an area in which patients could access a gym, pool table, arts and crafts and kitchen. As well as the ward nursing teams there for the Adult Mental Health Service there was two Occupational Therapists, Exercise Nurse and Therapeutic Nurse. An improvement since our last inspection was that there a clinical psychologist for the mental health service available.

On the wards, staff offered patients activities including bingo and told us that there was access to jigsaws and board games. We observed a number of these on the wards during our inspection; however we did not see patients using them often.

A pool car was available for the unit and staff told us that they had used it on occasions for community trips, as well as healthcare appointments at the dentist and opticians.

Patients with Section 17 Leave and those who were informal<sup>2</sup> could utilise their time and go outside to walk or go shopping in the local area. We spoke to a number of patients who confirmed that they were able to do this and found that leave from the wards was a positive experience for them.

During our visit we saw a relaxation session taking place on ward 21. Patients we spoke to who had attended this session told us how beneficial they found it.

The Occupational Therapy team based at the mental health unit undertook patient assessments, including upon admission, for patients on Admission Ward, Ward 21, Ward 22 and PICU. Therapies and activities were offered on the wards including mindfulness<sup>3</sup>, cognitive behavioural therapy (CBT)<sup>4</sup> and crafts. Occupational Therapy staff told us that activity and therapy groups change on a regular basis to ensure they are suitable for the patient group.

. The older persons' mental health service referred to The health board's general occupational therapy service.

Access to other services, including dentist, optician and podiatrist were arranged for those patients requiring appointments.

Staff told us that all patients are referred to the advocacy service through the Admission Ward. Posters advertising advocacy and Citizen Advice Bureau services were visible on the wards and the majority of patients knew or had used them.

Patients and staff said that advocacy were regular visitors to the wards, however staff told us that advocates don't regular attend the unit and patients, or staff of their behalf, must make referrals to the service for each patient.

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<sup>2</sup> An informal patient has agreed to come into or stay in hospital voluntarily. They are not being kept in hospital under the powers of the Mental Health Act 1983.

<sup>3</sup> Mindfulness 'is an integrative, mind-body based approach that helps people to manage their thoughts and feelings. It is becoming widely used in a range of contexts. It is recommended by NICE as a preventative practice for people with experience of recurrent depression'. For more information please visit <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/M/mindfulness/>

<sup>4</sup> Cognitive Behavioural Therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave.

## Older People's Mental Health Wards

During our time on the Older People's Mental Health wards we observed staff interacting with patients with dignity. However, it was evident that the interaction was solely to support patients with their daily activities, such as getting dressed, personal hygiene, eating, etc. We saw no structured evidence based interventions being undertaken, such as Cognitive Stimulation Therapy<sup>5</sup>.

We spoke to staff members and patients' relatives who also stated that patients had little to do on the ward and had limited interaction with staff, often patients were sat staring into space or the television. Some staff members stated that they'd wished to provide and undertake meaningful activities with the patients but stated that they don't have sufficient time to do so.

Patients should be provided with appropriate activities and stimulation to maximise their experience of being cared for on the ward. This was not evident during our inspection. Whilst no meaningful activity was noted during the inspection, a few staff reported that the new occupational therapy assistant was providing some input to the Older People's Mental Health wards.

### **Improvement Needed**

**The health board must review the therapeutic activities available to the patients on the Older People's Mental Health wards.**

## Clinical Rooms and Medicine Management

Staff on all wards had access to The health board's Medicine Management Policy via The health board's intranet.

Across the mental health wards all medicine cupboards were locked appropriately for the safe storing of medicines. All Controlled Drug cupboards were secure and recordings in the controlled drugs book were completed correctly.

Whilst all but one medicine fridge had a lock, either the key for the lock were in the door or the key was missing. This meant that the medication fridges and their contents were not securely locked; this could result in medicines being removed and not accounted for.

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<sup>5</sup> Cognitive Stimulation Therapy (CST), aims to improve cognitive skills and quality of life for people with dementia through activities such as categorisation, word association and discussion of current affairs.

### **Improvement Needed**

**The health board must ensure that all medicines are appropriately secured and can be accounted for.**

There were no instruments available to staff for measuring or recording of the temperature of the medication fridges. This means that The health board can not ensure that medicines were being stored at the required temperature.

### **Improvement Needed**

**The health board must ensure that staff are able to monitor and record the temperature of medication fridges across each of the mental health wards.**

Through our audit of medication charts we identified that all wards had omissions of medications not being signed for by nurses in the sample of medication charts we checked. During the inspection process we spoke to the ward managers to discuss these omissions and control and audit measures that could be implemented by the ward teams. We noted that some pharmacists were highlighting omissions daily; however other pharmacist were not, there should be a consistent approach to ensure all pharmacists highlight omissions.

### **Improvement Needed**

**The health board must ensure that there is a consistent medication administration audit process across the mental health unit.**

We noted that in the clinic rooms for PICU and Seren that the physical environment issues from our previous inspection had been addressed. However, on both wards the medicine trolleys could not be secured to a wall within the clinic rooms which meant that the trolleys could be removed by anyone accessing the clinic rooms.

### **Improvement Needed**

**The health board must ensure that medication trolleys can be secured within the clinic rooms.**

## **Food and nutrition**

### **Adult Mental Health Wards (ages 18-65)**

The majority of patients we spoke to told us that they enjoyed the food served at the hospital. Patients were offered four meals a day, including breakfast, lunch, tea and supper.

Breakfast consisted of cereals, toast and drinks. The cereals were sent up from the kitchen and staff on the ward would make toast for the patient group. Lunch and tea were served by catering staff and supper would consist of sandwiches or toast which staff on the ward would prepare.

A menu was available for patients to choose what food they wanted. On the Admission Ward patients did not make their choices in advance. Staff told us that because the Admission Ward generally had a seven to ten day turnaround; patients would make their choices when the food trolley arrived on the ward. Unlike our previous inspection patients we spoke to did not have concerns with this arrangement and staff said that there is often sufficient choice for the patients.

Where necessary, staff could request a dietician to ensure a patient's diet was appropriate. The majority of patients and staff said the portion sizes were satisfactory and that there were hot and cold food options available at lunch and tea time, including cooked meals with a choice of meat or vegetarian option, salads, sandwiches, jacket potatoes and desserts.

Staff told us that patients with specific dietary needs were catered for. Diabetic options and soft food diets were provided for those that required it. We noted that there were vegetarian options available on the menus; we did not have any concerns raised with us about the availability of these unlike our previous inspection.

Patients could buy and store their own snacks and drinks. There were water coolers available for patients to access drinking water and set times were in place for patients to have hot drinks.

#### Older People's Mental Health Wards

We noted that a new catering system had been implemented on the Older People's Mental Health wards, which commenced approximately eight weeks prior to our inspection. Staff on Seren and ECU raised their concerns regarding the new arrangements; which they stated that on the whole do not work for the patient group on these two wards. However, this system was reported by staff to be working more effectively on St David's Unit

Food was brought to the ward by catering staff, however dependent on the number of catering staff available this was not always on a hot trolley because these required two members of catering staff to move. Also food was not always covered with thermo covers. Both these issues result in patient food not being suitably warm or hot when served to patients.

We were also informed that there was only a limited supply of snacks for the wards and no finger foods available since the recent changes. There was no

fruit regularly provided to the older people's mental health wards, but fruit could be requested on behalf of patients

We were informed that if patients were not up in time for breakfast then catering staff were unable to leave breakfast items for patients. This resulted in ward staff getting patients out of bed before their natural waking time. We observed one patient who was struggling to remain awake during their breakfast due to being awoken by staff so that they did not miss their breakfast. It is inappropriate for patients to be woken to meet the needs of the catering system.

We were also informed that there was no missed meal service available to patients; if a patient was unable to have a meal at the set times a sandwich could be provided. However, this may not be appropriate if a patient had dietary requirements, such as soft food, or swallowing difficulties.

We also noted that cups and glasses were not always readily available on the wards to provide patients with drinks. Whilst staff were able to collect these from the main kitchen, this would take the limited ward staff resources off the ward. We noted that on one day of the inspection that there had been no fluids available to patients for a number of hours. We immediately escalated our concerns of this inappropriate and dangerous situation to senior staff within The health board and this was rectified immediately.

Throughout the inspection we noted that the menu boards on the wards were blank. We observed staff members ordering patient food without consulting with patients; through our discussions it was evident that this was common practice. This denied patients their opportunity to have a choice of which food they wished to eat.

We observed staff members assisting patients with their meals when required. However, speciality adaptive cutlery and crockery was not readily available on the wards which some patients may benefit from using.

### **Improvements Needed**

**The health board must review the food and nutrition provision for the Older People's Mental Health wards. The health board must ensure that:**

- **Patients meals are served at the correct temperature**
- **Fluids are readily available for patients at all times**
- **Snacks are available for patients**
- **Fruit is available for patients**

- **Suitable arrangements are in place for patients that are not available for their meals, including breakfast**
- **Patients are given the opportunity to choose their meals with choice being offered in a suitable format.**
- **Provision of speciality adaptive cutlery and crockery is available on the wards**

### **Training**

We reviewed the staff training statistics for the mental health wards at Royal Glamorgan Hospital. It was evident that these figures had greatly improved since our previous inspection. Staff we spoke to were positive about the training opportunities that were available to them within The health board.

Whilst training had been undertaken, The health board were in the process of transferring training records from individual ward records to a centralised system. This meant the centralised system was not always up-to-date and provided a lower completion rate than what ward records indicated. Staff during our inspection and Senior Managers at feedback confirmed that The health board were progressing to ensuring all training records were maintained on the centralised system which would allow for easier analysis of training completion and gaps.

A system was in place for staff to receive an annual performance development review (PDR) and the majority of staff we spoke to confirmed they had an annual PDR. Completion rates were high, and where these had not been completed, dates for the appraisal meetings had been confirmed in individuals' diaries.

A system of staff supervision was in place, with sessions held approximately every four to six weeks. The staff we spoke to said they were documented and discussions were meaningful.

Some staff raised their concerns with regards to the Preceptorship Programme for newly qualified Registered Nurses. Their views were that newly qualified Registered Nurses were not always adequately supported to complete the Preceptorship Programme.

## **Improvement Needed**

**The health board must review the Preceptorship Programme to ensure that newly qualified Registered Nurses are adequately supported.**



## ***Monitoring the Mental Health Measure***

We reviewed the care and treatment planning documentation for five patients at the Royal Glamorgan Mental Health unit.

All five sets of documentation reached the standards required for the Care and Treatment Plan under the Mental Health Measure. There was a noticeable improvement in the documentation since our inspection in October 2015. However, there were several electronic systems in place to record this information. This meant that finding all the relevant documentation required not only how to use the systems but also which information was on what system. It was an onerous task to get the required information for the Care and treatment Plans.

We also noted that some staff were printing out paper copies for ease of reference. However some paper copies were being updated but not the electronic system, therefore the live electronic system was not always up-to-date and could impact on the provision of patient care.

### **Improvement Needed**

**The health board must review the electronic documentation systems to simplify access.**

## 6. Next Steps

The health board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The health board's Improvement Plan should clearly state when and how the findings identified at the Royal Glamorgan Mental Health unit will be addressed, including timescales.

The health board's Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability inspection process.

## Appendix A

**Mental Health:**

**Improvement Plan**

**Health Board:**

**Cwm Taf University Health Board**

**Hospital:**

**Royal Glamorgan Mental Health Unit**

**Date of Inspection:**

**11 - 13 June 2016**

<b>Improvement Needed</b>	<b>Health Board Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
The health board must ensure that the television is replaced on the Admission Ward.	The Television now replaced	Ward Manager Admissions	Completed
The health board must review the toilet, shower and bath facilities on Ward 21 and Ward 22 to ensure that they are fit for purpose.	An agreed programme for all showers to be replaced across the units is in place and 3 shower refurbishments are completed to date.  Discussed regularly at estates meeting to manage this programme of works.	Ward Managers	April 2017

<p>The health board must ensure that broken kitchen cabinets on Admission Ward are repaired or replaced.</p>	<p>Issue reported to the estates department for repair. This will be monitored by the ward manager and via the monthly estates meetings.</p>	<p>Ward Manager Admissions</p>	<p>October 2016</p>
<p>The health board must review the access the garden area to meet patients' individual needs and not implement an institutionalised practice.</p>	<p>To review access to outside space for PICU patients, different ways are being examined to meet individualised patients access / needs managed within our present staffing levels.</p> <p>Funding has been allocated for a gardening project to involve Service Users in developing the area.</p>	<p>Senior Nurse / Ward manager PICU / Head of Nursing</p> <p>Nurse Therapist / Ward Manager 21 &amp; 22</p>	<p>October 2016</p>
<p>The health board must ensure that all patient areas, including sleeping areas, have suitable clocks available for patients.</p>	<p>Dementia Friendly clocks are situated in all patient communal areas at present. Costings to be established to roll these out to the sleeping areas and then considered / actioned within current expenditure plans for 2016/17.</p>	<p>Senior Nurse  Assistant Director of Operations</p>	<p>October 2016.</p>
<p>The health board must ensure that all locks are working on communal facilities.</p>	<p>Ward Manager to identify and rectify all faulty locks with estates department.</p>	<p>Ward manager Seren / Senior Nurse</p>	<p>October 2016</p>

<p>The health board must review patient access to outside areas on the Older People's Mental Health wards.</p>	<p>Ward manager and estates to review the issues restricting access to outside areas and resolve.</p>	<p>Ward Manager Seren / Estates Department</p>	<p>October 2016</p>
<p>The health board must review the décor in the dining room on Seren Ward.</p>	<p>Conduct a review of decorating schedule within mental health to support the up keep of the area.</p>	<p>Head of Nursing / Assistant Director of Operations</p>	<p>October 2016</p>
<p>The health board must ensure that information and signage displayed on Seren Ward is appropriate to the patient group and their relatives.</p>	<p>All signage to be reviewed and notice boards up-dated.</p>	<p>Ward manager Seren ward / Senior Nurse</p>	<p>October 2016</p>
<p>The health board must review the domestic staff input to Seren Ward.</p>	<p>Mental Health Directorate to arrange to meet with Hotel Services to review and assess Hotel Services staff input.</p> <p>Consideration to be given to a resource plan if required.</p>	<p>Senior Nurse / Head of Nursing</p>	<p>April 2017</p>

<p>The health board must ensure that appropriate staffing levels are maintained on Ward 21 and Ward 22 and that there is confirmation that these levels will not be reduced.</p>	<p>A review has been submitted to Executives for consideration and requires additional information.</p> <p>Current enhanced levels of night staffing for Ward 21 and Ward 22 are maintained by the nurse bank workforce.</p>	<p>Head of Nursing / Assistant Director of Operations / Executives</p>	<p>November 2016.</p>
<p>The health board must review the skill mix for the night shift on Admission Ward to ensure that there is sufficient Registered Nurse capacity to meet the needs of the patient group.</p>	<p>Further work to be undertaken to review staffing levels including review of acuity tool and benchmarking across other areas.</p>	<p>Head of Nursing / Assistant Director of Operations</p>	<p>April 2017</p>
<p>The health board must review the staffing numbers and skill mix for the Older People's Mental Health wards to ensure adequate staff to care and support the patient group.</p>	<p>Further work to be undertaken to review staffing levels including review of acuity tool and benchmarking across other areas.</p>	<p>Head of Nursing / Assistant Director of Operations</p>	<p>April 2017</p>
<p>The health board must review the barrier nursing procedures for the Older People's Mental Health wards to ensure appropriate precautions are taken to maintain patient and staff safety.</p>	<p>Review of barrier nursing procedures.</p>	<p>Head of Nursing / Senior Nurse / Ward manager</p>	<p>October 2016</p>

The health board must ensure that privacy curtains are installed between beds in shared bedrooms, and replaced as a matter of priority when they are not in place.	All curtains now replaced.		Completed
The health board must explore the possibility of relocating the child visiting room to an area where visitors do not have to enter onto a ward.	Review of child visiting area to be undertaken and actioned as required.	Senior Nurse / Ward Manager	October 2016
The health board must remind staff of the need to ensure that patient status at a glance board in the ward offices are covered when not in use.	Reminder sent to all staff and this message to be reinforced via team meetings and daily handovers.	Ward managers	Completed
The health board must ensure that all patients are able to store their clothes appropriately.	Costing and ordering of furniture for the barrier nurse area to be undertaken and considered alongside other priorities within the financial plan for 2016/17.	Ward manager / Senior Nurse / Assistant Director of Operations	November 2016
The health board must review the visitor arrangements for Seren Ward to ensure that suitable arrangements are in place.	Review of visiting policy will be completed to ensure maximum privacy for patients and visitors as well as ensuring a consistent application of this policy by all staff.	Senior Nurse / Ward manager	October 2016

The health board must review the therapeutic activities available to the patients on the Older People's Mental Health wards.	Current review being undertaken and appointment of an Occupational Therapy support worker in recent months.	Senior Nurse / Ward Manager	October 2016
The health board must ensure that all medicines are appropriately secured and can be accounted for.	All medication fridge locks are in situ.		Completed
The health board must ensure that staff are able to monitor and record the temperature of medication fridges across each of the mental health wards.	All areas have now ordered thermometers to ensure that we can monitor the temperature in medication fridges.		Completed
The health board must ensure that there is a consistent medication administration audit process across the mental health unit.	All staff to be reminded about correct completion of medication charts and pharmacy highlighting omissions consistently.  This will feature within our regular audit planning.	Ward managers  Senior Nurse / Head of Nursing	October 2016
The health board must ensure that medication trolleys can be secured within the clinic rooms.	Locks for medication trolleys now in situ.		Completed





<ul style="list-style-type: none"> <li>• Suitable arrangements are in place for patients that are not available for their meals, including breakfast</li> <li>• Patients are given the opportunity to choose their meals with choice being offered in a suitable format.</li> <li>• Provision of speciality adaptive cutlery and crockery is available on the wards</li> </ul>	<ul style="list-style-type: none"> <li>▪ Suitable arrangements will be in place for patients that are not available for their meals, including breakfast</li> <li>▪ Patients will be given the opportunity to choose their meals with choice being offered in a suitable format</li> <li>▪ Provision of speciality adaptive cutlery and crockery will be available on the wards</li> </ul>		
<p>The health board must review the Preceptorship Programme to ensure that newly qualified Registered Nurses are adequately supported</p>	<p>Ward Managers review current arrangements and will ensure a consistent and high standard approach to preceptorship.</p>	<p>Ward managers</p>	<p>October 2016</p>
<p>The health board must review the electronic documentation systems to simplify access.</p>	<p>Cwm Taf UHB is currently involved in a broad scoping exercise of the WCCIS project implementation across Community and Mental Health in partnership with Local Authorities.</p>	<p>Head of Nursing / Assistant Director of Operations</p>	<p>October 2017</p>