

NHS Mental Health Service Inspection (Unannounced)

Royal Glamorgan Hospital

Adult Mental Health: Admission
Ward, Ward 21, Ward 22 and
Psychiatric Intensive Care Unit

Cwm Taf 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 people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Royal Glamorgan Hospital within Cwm Taf University Health Board on the evening of 22 January and days of 23 and 24 January 2018. The following sites and wards were visited during this inspection:

- Admission Ward - Adult Mental Health
- Ward 21 - Adult Mental Health
- Ward 22 - Adult Mental Health
- Psychiatric Intensive Care Unit (PICU) - Adult Mental Health

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

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

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

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

2. Summary of our inspection

Care was delivered to a good standard in a respectful manner by dedicated staff and improvements to the environment of care were being undertaken by to enhance the patient experience.

However, the health board need to consider the ongoing design limitation that will not be address with the current refurbishment programme for future service provision.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully.
- Good multi-disciplinary team working and collaborative working with community teams.
- Provided a range of suitable facilities and activities for patients.
- Mental Health Act documentation was compliant with the legislation.

This is what we recommend the service could improve:

- The provision of information displayed for patients.
- The consistency of use of the electronic patient record systems.
- Infection Prevention and control arrangements.
- Facilities available for appropriate storage of medication.

3. What we found

Background of the service

Royal Glamorgan Hospital provides NHS Mental Health services at Ynysmaerdy, Llantrisant CF72 8XR, within Cwm Taf University Health Board.

The Adult Mental Health service at Royal Glamorgan Hospital has four mixed gender wards: Admission Ward with 14 beds, two treatment wards (Ward 21 & Ward 22) with 14 beds each and a Psychiatric Intensive Care Unit with six beds.

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).

Each ward had a ward manager and a deputy ward manager, two deputy managers on the Admission Ward, with each ward having a team of registered nurses and healthcare support workers. The Admission Ward had a designated consultant; on the other three wards a consultant was allocated to patients depending on the patient's home address.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed that patient experience to be delivered to a good standard by staff that provided passionate care in a respectful manner.

Refurbishment was ongoing at the time of the inspection which had improved the environment of the wards. We were concerned about the cleanliness of outside areas.

Staying healthy

Since our previous inspection a therapeutic lead nurse role had been established and recruited to. Part of their role was to manage and co-ordinate the structured activities across the adult mental health service at Royal Glamorgan Hospital. The mental health unit had a therapies area that patients could access, which included a gym (with exercise therapist), pool table, arts and crafts and an Activities of Daily Living (ADL) kitchen.

There were also a range of suitable activities on the ward for patients, these included books, board games, group activities and games, light physical activities, arts and crafts, etc. These could provide patients with mental stimulation and light exercise appropriate to their care needs.

On each of the wards patients could access their bedrooms throughout the day. Each ward had a lounge area in which patients could sit and socialise with each other. The wards also had a number of communal rooms and areas that patients could access as a group or individually away from other patients if they wished.

Patients also had access to secure outside areas, throughout the day and evening. It was positive to note this improvement on the PICU where patients had previously limited access to the garden of 15 minutes every hour which was an institutionalised practice and not based on individual patient need.

However, on the whole outside areas were unkempt, with lots of discarded cigarette ends within the areas throughout the 3 days of the inspection. This

impacted negatively upon the therapeutic benefit of these areas, particularly for those patients who do not smoke. It was positive to hear of the recent development of a therapeutic garden which patients will be able to access to undertake horticultural activities.

Improvement needed

The health board must ensure that all outside areas are cleaned regularly to maintain cleanliness.

Dignified care

We observed staff interact and engage with patients appropriately and treating patients with dignity and respect. The staff we spoke to were committed to providing dignified care for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. When patients approached staff members they were met with polite and responsive caring attitudes. On the whole we observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

The Admission Ward had 14 beds for patient assessment, Ward 21 and Ward 22 had 14 treatment 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.

Each of the three wards had a mixture of bedrooms including five single en-suite bedrooms and four two-bedded dormitory style rooms; appropriate privacy measures were in place between the two beds within the shared room. 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 which assisted in upholding the dignity of patients. However, the male bathroom out of order on Ward 22 due to damage to the bath; this was awaiting repair at the time of the inspection.

The Psychiatric Intensive Care Unit (PICU) had six individual bedrooms each with en-suite toilet and shower. There was a bathroom on the ward, however at the time of our inspection there was very a unpleasant odour within the bathroom. We were informed that this was caused by the ongoing ineffective drainage/sewage system at Royal Glamorgan Hospital.

Since our previous inspection the health board have undertaken refurbishment of the Admission Ward, Ward 21 and Ward 22 which had improved the appearance of the ward environments and bedroom areas. There were planned redevelopments for the PICU which were in the early stages of progress at the time of our inspection. Whilst the refurbishment work was ongoing some communal areas of the wards were unavailable to patients, however it was evident that the health board had taken appropriate actions to minimise the disruption to patients.

The wards had specified visiting times; however staff confirmed that they were flexible when visitors attended based on individual circumstances. There was a child friendly visiting room available for patients; unfortunately this was still located on Ward 22 as identified during our previous inspection. This is not ideal because children would have to enter the ward area to access this room. We were pleased to hear that the health board had plans to relocate the child visiting area to a non-ward area that had been identified as more suitable.

There were no hearing or visual aids on any of the wards to assist patients who require them; this must be addressed to ensure equity of care for all patients.

Improvement needed

The health board must ensure that there are no unpleasant odours within bathrooms and toilets.

The health board must confirm that the child visiting area is located in a non-ward area.

The health board must ensure that hearing and visual aids are available for use.

Patient information

There was a range of information on display available for patients and visitors on Ward 21 and Ward 22. This included information on activities, independent advocacy services and how to provide feedback on the service and how to raise a complaint. However, there was no information displayed on the role of Healthcare Inspectorate Wales (HIW) or contact details. There was also a

range of pertinent information leaflets available to patients in some of the communal rooms.

There was less information available on the Admission Ward and PICU. We were informed that information boards on the Admission Ward had recently been mounted on the ward walls following the refurbishment of the ward and that there were imminent plans to update these with information for patients, relatives and other visitors. There was limited information displayed on the PICU, the health board should consider how to improve the provision of information on the PICU as part of their refurbishment of the ward.

Improvement needed

The health board must ensure relevant information is displayed across all wards.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated with patients effectively; including when required to de-escalate challenging behaviours. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or misunderstood, staff would patiently clarify what they had said.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings.

For individual meetings patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy representatives. Patient families and carers were also included in some individual meetings.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act (the Act) was compliant with the legislation. However, there was no information displayed to inform patients who were not restricted by the Act (informal patients) about their rights to leave the wards; information should be displayed near the exit of locked wards where informal patients are receiving treatment.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service with a representative that attended the hospital weekly. Patients could also access the Independent Mental Capacity Advocacy (IMCA) service.

There were places for patients to meet with visitors in private, however as detailed above improvements are required in the location of the child visiting area at the hospital.

Appropriate arrangements were in place for patients to make private telephone calls using the ward phones or patients' own mobile phones.

Improvement needed

The health board must ensure that information explaining the process to leave the ward for patients who were not restricted by the Mental Health Act (or Deprivation of Liberty Safeguards) is located near the exit of wards.

Listening and learning from feedback

There was opportunity for patients, relatives and carers to provide feedback on the care provided. Information on the NHS Putting Things Right process was displayed on Ward 21 and Ward 22, along with contact information for advocacy services. As stated above there was no information displayed regarding HIW and limited information on display on the Admission Ward and the PICU at the time of the inspection.

Delivery of safe and effective care

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

Staff provided safe and effective care for the patients. There were good processes in place to maintain patients' safety whilst receiving a good standard of care on the wards.

However, the health board should review the provision of care across the mental health wards at Royal Glamorgan Hospital to best meet future care provision.

Safe care

Managing risk and promoting health and safety

Access to the mental health unit and wards was secure to prevent unauthorised access. Staff could enter the wards with their health board identification cards and visitors rang the buzzer at the ward entrances.

The Admission Ward, Ward 21 and Ward 22 were located upstairs from the main entrance; these were accessed either via the staircase or lift so that there was accessible entry for all.

Staff had access to personal alarms to call for assistance if required. There were nurse call points around the ward but not within patient bedrooms. We were informed that if it was foreseen that patients may require assistance within their bedrooms that they could be provided with portable alarms so that they could summon assistance from staff without calling. However, during our conversation with one patient they were unaware of the portable alarms. The health board must review the system available to call for assistance from their bedrooms and ensure that patients are aware of this.

At the time of the inspection the health board were undertaking a review of furniture, fixtures and fittings with ongoing work to minimise the potential risks of the ward environments upon patient safety.

Within the PICU there was an Extra Care Area (ECA) which comprised of a reasonably large room, which was unfurnished at the time of our inspection, 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. The health board were in the process of redeveloping the PICU which would include improvements to the ECA to assist staff in managing patients displaying behaviours that could harm themselves or others.

Improvement needed

The health board must review the system available to call for assistance from bedrooms and ensure that patients are aware of this.

The health board must ensure any patient safety risks posed by furniture, fixtures and fittings are identified and managed appropriately.

Infection prevention and control

Throughout the inspection we observed that on the whole the hospital was visibly clean and free from clutter, the main exception being the outside areas with cigarette debris.

Cleaning equipment was stored and organised appropriately. Each ward had dedicated housekeeping staff that maintained the cleanliness of the ward throughout the morning until 2pm; after 2pm there was one housekeeper to cover the four wards. The reduction in housekeeping staff in the afternoon and evening impacted upon ward staff time with patients as they had to take on some domestic duties through the afternoon and evening. Ward staff were also responsible for monitoring and ordering of housekeeping stock which was an additional impact on time that they could spend providing patient care.

Ward staff we spoke with confirmed that when required ad-hoc deep cleaning was undertaken. However, staff were unable to confirm if there was a schedule of deep cleaning on each of the wards to ensure that regular deep cleans were undertaken to as part of infection prevention and control measures.

Staff had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required. Hand hygiene gel was available to staff and locked away to prevent ingestion by patients. However there was no hand gel dispenser outside the PICU or upstairs main ward entrance for staff, visitors or patients to use as they entered and exited the wards. Hand gel dispensers should be considered to be installed outside the wards to reduce the potential spread of infections.

Appropriate bins were available to dispose of medical sharp items, these were not over filled. There were colour coded waste bags so that staff could correctly segregate and dispose of waste.

Improvement needed

The health board must review housekeeping input and arrangements to minimise impact on ward staff

The health board must ensure that there is a programme of deep cleaning completed on each of the wards.

The health board must ensure that hand gel dispensers are located in appropriate places across the mental health unit.

Nutrition and hydration

Patients were provided with meals at the hospital making their choice from the hospital menu. The wards operated protected mealtimes so that patients were not interrupted during their meals.

Patients also had access to snacks along with hot and cold drinks, however we were informed that there was not always fresh fruit available to patients, if patients wished to have fruit they were required to order this instead of a dessert with their meal.

Staff could refer to the health board's Dietetics and Speech and Language Team if required. We noted that there were vegetarian options available on the menus; however one of the patients we spoke with stated that the variation in the vegetarian options could be improved as they felt that the meals were repetitive.

Improvement needed

The health board must ensure that fresh fruit is readily available for patients.

The health board must ensure that there are a variety of suitable alternatives for dietary choices.

Medicines management

All four clinic rooms observed were well organised. We reviewed medicine management in detail on three of the four wards; Ward 21, Ward 22 and the PICU. Medication was stored securely within locked medication trolleys, cupboards and fridges on Ward 22 and the PICU. However, on Ward 21 the medication trolley could not be secured to the clinic wall nor could the

medication fridge be locked; therefore medication was not as secure as it could be on that ward. The medication fridge on Admission Ward was not working and therefore any medication that required refrigeration was being stored on the next ward, Ward 21. The broken fridge had been reported and the ward was awaiting a replacement.

There was evidence that there were regular temperature checks of the medication fridge and clinic rooms to ensure that medication was stored at the manufacturer's advised temperature. This is an improvement from our previous inspection where medication fridges were not being regularly checked.

There were very good arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse to ensure that these were accurately accounted.

Medication Admission Record (MAR charts) were on the whole signed and dated when prescribed and administered or a reason recorded when medication was not administered. However, we did identify a small number of gaps, and therefore staff would not be able to verify if the patient had taken their medication or not. We also noted that the front page containing patient details were not always fully completed, such as missing Mental Health Act legal status.

It was positive to note some of the practice initiatives that had been developed on the PICU. This included a PICU medicines assessment that was completed by PICU registered nurses which evidenced that staff have a comprehensive knowledge of medication and interactions, a PICU specific preceptorship pack and an PICU Amber Care box for medical emergencies.

Improvement needed

The health board must ensure that medication trolleys can be, and are, secured to the wall.

The health board must ensure that all medication fridges can be, and are, locked when not being accessed by staff.

The health board must ensure that the medication fridge on Admission Ward is repaired or replaced.

Safeguarding children and adults at risk

Staff confirmed that there were established processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external

agencies as and when required. Whilst training statistics evidenced that there was high completion rates, we were made aware of one instance where a patient made an accusation on PICU staff had not initially referred the case as per the health board's safeguarding procedures. This would have ensured that the accusation was independently reviewed to safeguard the patient and staff. We were assured that the health board were dealing with the accusation appropriately at the time of the inspection.

Improvement needed

The health board must ensure that staff are aware of, and follow, the health board's safeguarding procedures.

Effective care

Safe and clinically effective care

On the whole we found governance arrangements in place that helped ensure that staff on both wards provided safe and clinically effective care for patients. However, the design of the mental health unit had the potential to impact upon patient experience. We have raised our concerns regarding the design of the mental health unit in previous inspection reports and acknowledge the challenges in redesigning the mental health unit to improve patient experience at the hospital.

As previously identified apart from the PICU, all wards had some shared bedrooms or dormitories (within the Older People's Mental Health Directorate) and does not reflect modern mental health care provision. These shared bedroom areas only afford the basic level of privacy for patients. The health board should also consider the inclusion of nurse call buttons within patient bedrooms.

There was only one entry point to the three wards on the first floor of the hospital, which was on to Ward 21, with access to the Admission Ward or Ward 22 via the main corridor of Ward 21. As a result Ward 21 was constantly busy with people entering the ward to access or leave the other two wards as well as Ward 21 itself. Some staff stated that this had an impact negatively on some patients on Ward 21 who found the ward too busy.

Some ward toilets and showers were located near patient communal areas on the wards and had a potential for jeopardising patient privacy and dignity. In addition, there were ongoing issues with the drainage at Royal Glamorgan

Hospital routinely resulting in toilet, bath and shower facilities not working or producing unpleasant odours; as was the case during this inspection and previous inspections.

All mental health wards at Royal Glamorgan Hospital are mixed gender. Due to the layout of the wards the health board are unable to suitably provide single gender wards or areas of the wards to reduce the potential impact on patient privacy and dignity that can occur on mixed gender wards.

We are also concerned about maintaining the privacy and dignity of patients that require to be moved from any of the three wards located on the first floor to the PICU on the ground floor. This requires the patient being escorted either in the lift or stairs and then through a main thoroughfare of the mental health unit. Whilst this area is not directly open to the public, there may be visitors to the unit or non-mental health staff in this area. This could impact upon the patient's dignity, particularly if the patient is being escorted in a safe-hold due to them exhibiting challenging behaviours, or if there is the potential of them doing so.

Improvement needed

The health board should review the provision of care across the mental health wards at Royal Glamorgan Hospital to best meet future care provision.

Record keeping

Patient records were a combination of electronic and paper records that were securely stored through our inspection. Electronic records required staff members' individual computer ID and were password-protected; paper records were stored and maintained within non-patient areas.

Staff entries in patient records were clear and of a good professional quality; included staff member's name, date and time. Entries had a clear structure, addressing the patient's mental health and physical needs. Patient records also evidenced strong multi-disciplinary teams.

However, there were two electronic systems in place and it was apparent that staff did not use the electronic systems consistently nor make best use of its functionality; therefore reviewing documentation on the system was time-consuming. Ward staff were able to navigate the electronic systems confidently. However, it was evident that to locate specific patient information there was often a reliance on assumed knowledge, of the patient or computer system, and therefore would limit a new or bank member of staff's ability to retrieve

information in a timely manner. During our discussions with senior managers they confirmed that they would review the electronic system to establish a consistent approach to its use by staff and make best use of its functionality.

Each Patient Status at a Glance board had a means for covering the confidential information when not in use, and we saw staff ensuring that the boards were covered throughout the inspection.

Improvement needed

The health board must review the electronic patient record systems to establish a consistent approach to its use by staff and make best use of its functionality.

Mental Health Act Monitoring

We reviewed the statutory detention documents of five patients across two wards, Ward 22 and the PICU, along with the governance and audit arrangements in place for monitoring the use of the Act across the health board.

All statutory Mental Health Act documentation reviewed was found to be in good order and retained in accordance with Schedule 1 of the Mental Health Regulations.

Staff made attempts to inform patients of their statutory rights under the Act. Patients had access to Independent Mental Health Advocacy (IMHA) and records of their involvement were detailed in patients' notes. Patients that we spoke with were positive about the advocacy service and said they were readily available which included regular visits by advocacy representatives to the ward or contactable by telephone.

Medication was provided to patients in line with Section 58 of the Act, Consent to Treatment. However, despite timely reminders from the Mental Health Act Administration Team, Approved Clinicians did not always submit Consent to Treatment documentation within required timescales. Therefore there had been occasions when treatment was required to be given using Section 62 (Emergency Treatment) of the Act pending the issue of a Section 58 Consent to Treatment certificate. This use of Section 62 for this means is not in the spirit of the Act.

Consent to treatment certificates were not always kept with the corresponding Medication Administration Record (MAR Chart); this was predominantly noted on Ward 21 and Ward 22. This meant staff administering medication could not

refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act. Nursing staff we spoke with stated that they did not always check that medication prescribed had been certified for relevant patients; these checks must be undertaken on each and every occasion that medication certified under the Act is administered.

Patient leave from hospital records that we reviewed were clearly documented, stating the purpose and conditions of the leave. The leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms.

There were strong health board governance and audit arrangements in place to ensure that the use of the Act was monitored and implemented correctly. The health board's Mental Health Act Administration Team comprised of a Team Leader, two mental health administrators and part-time clerk. The administration staff resources available to the team did not provide contingency to ensure that the team were able to fulfil their responsibilities under the Act. Any shortfall in resources was being covered by the Team Leader and consequently provided them with insufficient time to dedicate to the ongoing development of the Mental Health Act systems required to protect the health board and its patients.

Improvement needed

The health board must ensure that approved clinicians submit Consent to Treatment documentation within required timescales.

The health board must ensure copies of consent to treatment certificates are kept with the corresponding Medication Administration Record so that staff can ensure that the medication is certified under the Act.

The health board must ensure that the Mental Health Act Administration Team is sufficiently resourced.

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

We reviewed the care plans of a total of three patients.

The three patients had Care and Treatment Plans, for each the care co-ordinator was a member of the respective community team that was responsible for co-ordinating care when the patient was not in hospital. Ward staff had copies of the Care and Treatment Plans which were accessed via the health board computer system. However, not all Care and Treatment Plans had been updated by the Care Co-ordinator to reflect that the patient was receiving

care in hospital as opposed to the community. We did see evidence of care coordinators involvement in planning the discharge of patients. Staff we spoke with commented favourably on the inter-team working of the inpatient and community teams.

Following admission staff would develop In-patient Management Plans for the care and treatment of patients whilst in hospital. In-patient Management Plans were developed with members of the multi-disciplinary team by use of a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

However as identified above, it was difficult to navigate the electronic patient records due to multiple systems and inconsistency in practice of staff. A review of these systems and practices is required to ensure that information is accessible in a timely manner.

Improvement needed

The health board must ensure that Care and Treatment Plans are updated in a timely manner to reflect that a patient is receiving care in hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, staff confirmed that there were no patients subject to Deprivation of Liberty Safeguards (DoLS) authorisations.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

There was very good leadership and management across all wards by dedicated ward managers and deputy managers.

The ward teams were supported by health board senior management and had good collaborative working with the community teams.

The health board must ensure that the correct skill mix of staff is maintained on each ward, day and night, to maintain the safety of patients.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that wards focussed on continuously improving their services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

There was dedicated and passionate leadership from the ward managers who were supported by deputy ward managers and committed ward teams. There was evidence of strong multi-disciplinary teams and good links between senior health board managers and ward staff. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward managers on each ward, along with good support between wards. Wards were striving to provide high levels of care to patients to expedite recovery and minimise the length of time in hospital. This was supported by close and productive working with community teams.

Senior managers demonstrated that they were reviewing the current service provision and considering how this compares to the expected future service requirements. The health board were in the process of redeveloping the PICU with the aim to meet the standards of the National Association of Psychiatric Intensive Care Units¹ (NAPICU) which was a noteworthy development to enhance patient care within the hospital.

It was commendable to see ward staff developing initiatives such as the Preceptorship pack on PICU, PICU medicines management and systematic processes on each of the wards to ensure that ward areas such as clinics, storage areas and staff offices were well organised.

It was positive that throughout the inspection ward staff and senior managers were receptive to our views, findings and recommendations which enabled us to have open and honest discussions regarding areas for improvement and positive practices.

Staff and resources

Workforce

As stated earlier, the wards had established teams that evidenced good team working, as wards, across wards and with community teams. As was the case in previous inspections staff we spoke with commented positively on multi disciplinary team 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 multi-disciplinary teams worked in a professional and collaborative way and professional views were sought and valued.

However, as identified on previous inspections the PICU did not have a dedicated consultant, as guided by NAPICU, which meant there were multiple consultants responsible for different patients on the ward. Staff confirmed that

¹ www.napicu.org.uk The National Association of Psychiatric Intensive Care Units and low secure units (NAPICU) is a multi-disciplinary clinician led not-for-profit organisation committed to the development of psychiatric intensive-care units and low secure services in the UK.

this impacted negatively on their time and felt that this distracted from providing direct patient care and support.

Staff across all the wards were concerned regarding potential changes to staffing arrangements, which included the reduction of ward managers' supernumerary time² and changes in staff skill mix across the wards, reducing the number of registered nurses for health care support workers. Since our previous inspections it has been positive to note that the increase in night staff across Ward 21 and Ward 22 has been maintained to assist in providing safe staffing levels. However, only one of the two posts was granted as a substantive post.

The health board must ensure that a review of staff numbers and skill mix is completed, and reviewed regularly, to ensure that appropriate numbers and skillset of staff are provided to maintain the safety of patients. This is of particular importance for the PICU due to the potential changes of the ward and the potential high acuity within PICU environments.

Throughout the inspection staff we spoke with were feeling unsettled about potential changes to mental health services across the health board and how that could effect their roles. Staff were uncertain if there were any changes that may impact upon them and felt uninformed and relying on information from sources outside the in-patient mental health service at Royal Glamorgan Hospital. Staff stated that this, along with potential changes to staffing arrangements above, had impacted negatively on morale.

We reviewed staff training, and it was evident that this was being monitored by the ward managers, and overall there were high completion rates across the wards. Where any deficiencies in mandatory training, or refresher training was required, dates were being booked in for individuals to ensure timely completion and update.

² Time provided to ward managers to be outside the core staffing numbers to undertake managerial requirements.

Improvement needed

The health board should consider the consultant arrangements on PICU to reflect NAPICU guidance.

The health board must ensure that a review of staff numbers and skill mix is completed, and reviewed regularly, to ensure that appropriate numbers and skillset of staff are on each ward, day and night, to maintain the safety of patients.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

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

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

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

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Royal Glamorgan Hospital

Ward/unit(s): Adult Mental Health: Admission Ward, Ward 21, Ward 22 & PICU

Date of inspection: 22 - 24 January 2018

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Royal Glamorgan Hospital

Ward/unit(s): Adult Mental Health: Admission Ward, Ward 21, Ward 22 & PICU

Date of inspection: 22 - 24 January 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The Health Board must ensure that all outside areas are cleaned regularly to maintain cleanliness.	1.1 Health promotion, protection and improvement	Deep cleaning undertaken since visit. More frequent schedule to be in place with estates for smoking patios and gardens.	Directorate Manager	April 2018
The health board must ensure that there are no unpleasant odours within bathrooms and toilets.	4.1 Dignified Care	The Health Board has a plan in place to resolve drainage issue, work is due to conclude to resolve the issue by end March.	Directorate Manager	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must confirm that the child visiting area is located in a non-ward area.	4.1 Dignified Care	The Health Board has arranged for the visiting room to be re-located off the main ward area. Work on procedures for safe management and observation are pending completion and sign off for the area to be used from 1st May 2018.	Senior Nurse	May 2018
The health board must ensure that hearing and visual aids are available for use.	4.1 Dignified Care	The Health Board has ensured these are available at the Reception Desk	Complete	Complete February 2018
The health board must ensure relevant information is displayed across all wards.	4.2 Patient Information	Appropriate patient information displays will be in place on all wards.	Ward Managers	April 2018
The health board must ensure that information explaining the process to leave the ward for patients who were not restricted by the Mental Health Act (or Deprivation of Liberty Safeguards) is located near the exit of wards.	6.2 Peoples rights	The Health Board has placed signage alongside exit doors as required.	Ward Manager	Complete February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must review the system available to call for assistance from bedrooms and ensure that patients are aware of this.	2.1 Managing risk and promoting health and safety	The Directorate has considered the use of alarm calls for patient use and has reached the decision that it would not be appropriate for this group of patients. All patients' whereabouts and wellbeing are checked regularly throughout the shifts.	Directorate Management Team	Complete February 2018
The health board must ensure any patient safety risks posed by furniture, fixtures and fittings are identified and managed appropriately.	2.1 Managing risk and promoting health and safety	<p>System of ligature audit has been strengthened and is in place. Daily environmental checks are in place.</p> <p>Individual risk management process in place.</p> <p>Arrangements have been made to address ligature risks identified as a concern by HIW.</p> <p>Capital requirements to be identified and costed by April 2018 set out in a paper to Board by 1st May 2018.</p> <p>Any assessed risks not immediately rectifiable to be placed on the Directorate Risk Register until resolved.</p>	Directorate Management Team	<p>Complete February 2018</p> <p>April 2018</p> <p>May 2018</p> <p>April 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must review housekeeping input and arrangements to minimise impact on ward staff	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>The Health Board has requested Ward Managers review and identify current cleaning schedule needs (including deep clean information).</p> <p>The Health Board will make provision for revised cleaning needs to be in place.</p>	<p>Ward Managers</p> <p>Directorate Manager Facilities /</p>	<p>April 2018</p> <p>May 2018</p>
The health board must ensure that there is a programme of deep cleaning completed on each of the wards.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>A recent deep clean has been undertaken.</p> <p>As above, the frequency of this on an ongoing basis will be determined by each ward manager and built into the revised cleaning schedules that will be progressed with facilities.</p>	Ward Managers / Directorate Manager	April 2018
The health board must ensure that hand gel dispensers are located in appropriate places across the mental health unit.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Health Board has fitted a hand hygiene dispenser outside entrance to acute wards.	Complete	Complete February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that fresh fruit is readily available for patients.	2.5 Nutrition and Hydration	The Health Board has provision for adequate amounts of fresh fruit to be delivered each day and these are easily accessible by patients.	Complete	Complete February 2018
The health board must ensure that there are a variety of suitable alternatives for dietary choices.	2.5 Nutrition and Hydration	The Health Board has confirmed with Catering that there is a varied menu and choices for patients. Ward Managers and Patient Advocacy are asked to reports any concerns patterns to the Directorate on this regularly.	Complete	Complete February 2018
The health board must ensure that medication trolleys can be, and are, secured to the wall.	2.6 Medicines Management	The Health Board has ensured all Medication trolleys now fixed to the walls.	Complete	Complete February 2018
The health board must ensure that all medication fridges can be, and are, locked when not being accessed by staff.	2.6 Medicines Management	The Health Board has been repaired. All other fridges in good working operation.	Complete	Complete February 2018
The health board must ensure that the medication fridge on Admission Ward is repaired	2.6 Medicines Management	The Health Board has ordered a new fridge for the Admissions Ward. This is due for delivery 28th March.	Senior Nurse	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must review the electronic patient record systems to establish a consistent approach to its use by staff and make best use of its functionality.	3.5 Record keeping	The Health Board will ensure a review of the system functionality and any variation in use and report any limitations to the Management Team.	Senior Nurses Ward Managers	June 2018
The health board must ensure that approved clinicians submit Consent to Treatment documentation within required timescales.	Application of the Mental Health Act	The Health Board will remind all staff of the importance of correct completion of Mental Health Act documentation and this will be monitored through the Mental Health Act Legislation Committee.	Clinical Director	March 2018
The health board must ensure copies of consent to treatment certificates are kept with the corresponding Medication Administration Record so that staff can ensure that the medication is certified under the Act.	Application of the Mental Health Act	The Health Board has reviewed and amended the process and trained staff accordingly. This will be monitored through the Mental Health Act Legislation Committee.	Ward Managers	April 2018
The health board must ensure that the Mental Health Act Administration Team is sufficiently resourced.	Application of the Mental Health Act	A request for additional staff has been included in the Integrated Medium Term Plan submission for CAMHS and this will be considered along with other priority areas for the Health Board.	Directorate Management Team	April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that Care and Treatment Plans are updated in a timely manner to reflect that a patient is receiving care in hospital.	Monitoring the Mental Health Measure	The Health Board has reminded staff to ensure that the Care and treatment Plans are updated at the point of admission to hospital.	Complete	Complete February 2018
Quality of management and leadership				
The health board should consider the consultant arrangements on PICU to reflect NAPICU guidance.	7.1 Workforce	<p>The Health Board will ensure a review of the medical arrangements against the NAPICU guidance to understand how the medical input can be further improved.</p> <p>The review and any recommendations will be complete by June 2018 with a view to resolution within a further 3 months.</p>	Clinical Director	September 2018
reviewed regularly, to ensure that appropriate numbers and skillset of staff are on each ward, day and night, to maintain the safety of patients	7.1 Workforce	The Health Board was already undertaking an establishment review that is due to report in March 2018. There were only significant changes to registered mental health establishments in one of the four areas subject to this visit and this was at this time under	Directorate Management Team	April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>consideration.</p> <p>A business case for additional staff has been prepared and is due for consideration in March 2018.</p> <p>This review process will be repeated annually or when a significant service change or need is identified.</p>		

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): Julie Denley

Job role: Assistant Director Operations (Mental health & Learning Disability)

Date: 20 March 2018