

## **Mental Health/ Learning Disability Inspection**

**(Unannounced)**

Pastoral Cymru (Cardiff)

Limited: Ty Catrin

Independent Hospital

4th, 5th, 6th March 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

|   |    |
|---|----|
| 1. Introduction.....                        | 2  |
| 2. Methodology.....                         | 4  |
| 3. Context and description of service ..... | 6  |
| 4. Summary .....                            | 7  |
| 5. Findings.....                            | 9  |
| Core Standards .....                        | 9  |
| Application of the Mental Health Act.....   | 18 |
| Monitoring the Mental Health Measure.....   | 19 |
| 6. Next Steps.....                          | 20 |
| Appendix A .....                            | 21 |

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

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

---

<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.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

### 3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Ty Catrin Hospital, Cardiff on the evening of 4th March 2015 and all day on the 5th and 6th March 2015.

Ty Catrin independent hospital ('Ty Catrin') was first registered in October 2009 by HIW. Ty Catrin is currently registered to provide care to forty two (42) adult patients, within five wards, requiring care and treatment for a mental disorder in a low secure environment<sup>2</sup>. The hospital is also registered for three (3) patients who require treatment in a locked rehabilitation environment. The hospital is registered to provide treatment or nursing (or both) for a total of forty five (45) persons liable to be detained under provisions of the Mental Health Act 1983. The hospital's registered provider is Pastoral Cymru (Cardiff) Limited.

During the three day inspection, we reviewed 6 wards, examining patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, two peer reviewers, one lay reviewer and two members of HIW staff.

---

<sup>2</sup> Low secure service – low secure units offer intensive, comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security

## 4. Summary

Our visit to Ty Catrin was a satisfactory one in which improvements were noted since our previous visit in May 2014. We are grateful to all staff and patients who assisted us during the inspection and appreciate the openness and engagement of everyone in assisting us during the inspection.

On the evening of the first night of the inspection (4th March 2015) the Nurse in Charge of the hospital did not have sufficient knowledge or information to undertake the role. Information about current patient numbers in the hospital, observation levels and other relevant information could not be located upon our arrival to Ty Catrin. There was also difficulty on the first night of the inspection with on call arrangements for the hospital and it was not immediately clear who was on call when we arrived.

We reviewed three sets of Care and Treatment Planning documentation. One of the files reviewed was very comprehensively completed. We raised issues in relation to the weight management of one patient who had gained a significant amount of weight since admission to the hospital. Another patient who we reviewed we could find no evidence that a Care and Treatment Plan was on file and no evidence that one had commenced.

The usage of agency staff was required to be reviewed. The high usage of agency staff could be having a negative effect on the care and treatment of patients.

We observed some good relationships and interactions between staff and patients during our inspection. However, three patients on Roath ward felt that on occasions they did not feel all staff spoke to them with respect and allegations of bullying and intimidation were reported to us. We raised this with the Registered Manager and requested to investigate staff attitudes. We also requested this was escalated to the POVA process for investigation.

There was no formal supervision in place for medical staff although they do attend peer group meetings, however, these are not supervisory. We also requested a review of the number of patients each Responsible Clinician are responsible for in line with guidance by the Royal College of Psychiatrists.

Patients complained to us about a lack of opportunities for recreational, social and rehabilitation activities.

Security arrangements were well managed and there were sufficient safety alarms for staff and visitors. Environmentally the hospital was reasonably well maintained and suitable for the patient group. However, we found on a number of wards there were issues with general maintenance. We found furniture was upholstery was torn and damaged on some wards, there was

unpleasant odours in the patient kitchens and food in the fridges was not dated and bins in patient toilets and bathrooms were overflowing

Our review of Mental Health Act documentation highlighted the good availability of section 12 doctors. The paperwork for section 17 leave was completed to a high standard and included supportive risk assessments. We did however request a review of the role of the Mental Health Act Administrator was required to ensure sufficient time is available to ensure records are maintained at ward level to an acceptable standard. The administrator was responsible for a large number of patient records across two hospitals which was proving difficult to manage.

The level of psychology input at Ty Catrin was reported to be good by patients and staff.

It was noted during our visit that Heath ward had a clear rehabilitation focus and offered patients well managed and supportive living arrangements in a step down flat.

## 5. Findings

### *Core Standards*

#### **Ward environment**

Ty Catrin hospital is situated in Cardiff. The building is on three levels and access to the hospital is via a reception area. The reception area is a bright space and access to the ward areas is via an air lock system. All visitors are provided with a safety alarm when accessing the ward areas.

Ty Catrin is a 45 bedded low secure hospital and has two male wards, two female wards and a high dependency ward. There is a step down facility integrated into the second floor of the hospital. Ty Catrin also has training and conference room facilities which are used by clinical and academic staff.

#### **Sophia Ward**

Sophia ward is situated on the first floor of Ty Catrin and is accessible through a locked door.

The ward provided accommodation for eight female patients and at the time of our visit seven patients were residing on Sophia ward. All patient bedrooms provided en-suite shower facilities although there was no bathroom on the ward. Some patients reported they would like the option of using a bath as opposed to a shower.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. The nurses' station over looked this area and other rooms can be accessed from the main lounge area.

The lounge area had a dining area which had sufficient tables and chairs for patients to use.

The ward displayed minimal patient information concerning their rights and information other than advocacy services. An activities timetable was displayed.

The ward had an area in which patients could make and receive telephone conversations. This was not in a private area and patients reported private conversations could be overheard by others on the ward. Mobile phones were not allowed on the ward.

Smoking was not allowed on the ward. Patients were encouraged to use smoking cessation devices such as e-cigarettes. Patients could access a garden area, however, patients had to leave the ward to gain access to it as it

is located downstairs. The standard of decoration throughout the ward was in a satisfactory condition. However, some items of furniture were showing signs of wear and tear. The standard of cleanliness was noted as satisfactory.

### ***Recommendations***

***Arrangements need to be explored to enable patients to have access to bathing facilities***

***The location of the communal telephone needs to be considered to enable patients to be able to make and receive telephone conversations in private***

***Ward furniture needs to be reviewed and replaced as necessary***

### Victoria Ward

Victoria ward is situated on the first floor of Ty Catrin and is accessible through a locked door.

The ward provided accommodation for eleven female patients and at the time of our visit nine patients were residing on Victoria ward. All patient bedrooms provided en-suite facilities and there was a bathroom on the ward although it was cluttered and being used to store boxes. There was not enough storage on the ward for patient belongings.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. The nurses' station overlooked this area and other rooms can be accessed from the main lounge area.

The ward had an area in which patients could make and receive telephone conversations. The phone was previously in a private room but had been moved to a more open area. This could make private telephone conversations difficult for patients

Smoking was not allowed on the ward. Patients were encouraged to use smoking cessation devices such as e-cigarettes. The standard of decoration throughout the ward was in a satisfactory condition. Some chairs on the ward were in a poor state of repair and had torn upholstery. The standard of cleanliness was noted as satisfactory. Patients could access a garden area although this was not directly through the ward due to its situation on the first floor of the building.

The ward displayed patient information and information on how to raise concerns and make complaints. There was information displayed about advocacy services. An activities timetable was displayed.

## **Recommendations**

***The bathroom on the ward needs to be cleared of the boxes and other items that are being stored within it. Storage arrangements need to be reviewed on the ward and more suitable storage locations identified***

***The location of the communal telephone needs to be considered to enable patients to be able to make and receive telephone conversations in private***

***Ward furniture needs to be reviewed and replaced as necessary***

### Trelai Ward

Trelai ward is situated on the first floor of Ty Catrin and is accessible through a locked door.

The ward provides accommodation for four female patients and at the time of our visit four patients were residing on Trelai ward and this ward provides high dependency care for the patients. All patient bedrooms provided en-suite facilities.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. . The standard of decoration throughout the ward was in a satisfactory condition. The chairs and edging around the carpet were showing signs of wear and tear. The standard of cleanliness was satisfactory, however there was a lack of storage available on the ward and also the lack of a kitchen area.

## **Recommendations**

***Ward furniture needs to be reviewed and replaced as necessary***

### Heath Ward (second floor)

Heath ward is situated on the second floor of Ty Catrin and is accessible through a locked door.

The ward provided accommodation for three patients and at the time of our visit two female patients were residing on Heath ward. Patient bedrooms provided en-suite facilities. The ward is a step down locked rehabilitation ward.

The ward provided bright and clean areas for patients to live in and replicated a step down flat. The furniture and decorative state of the ward were in a good condition and patients were able to access the ward via fob entry.

## Bute Ward

Bute ward is situated on the ground floor of Ty Catrin and is accessible through a locked door.

The ward provided accommodation for eleven male patients and at the time of our visit the ward was fully occupied. All patient bedrooms provided en-suite shower facilities.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. The nurses' station over looked this area.

The decoration on the ward was in a poor condition. Furniture was worn and the ward was cluttered. The kitchen area was not clean and the bins were over flowing. There was an unpleasant odour in the kitchen area.

The ward displayed patient information concerning their rights and information about advocacy services. However, the print on the information was small and not easy to read.

Smoking was not allowed on the ward. Patients were encouraged to use smoking cessation devices such as e-cigarettes. Patients could access a garden area directly from the ward area.

### ***Recommendation***

***Ward furniture needs to be reviewed and replaced as necessary***

***Patient information needs to be presented in a clear and easy to read format***

***Cleanliness in the kitchen area needs to be reviewed***

## Roath Ward

Roath ward is situated on the ground floor of Ty Catrin and is accessible through a locked door.

The ward provided accommodation for eight male patients and at the time of our visit seven patients were residing on the ward. All patient bedrooms provided en-suite shower facilities.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. The nurses' station over looked this area and other rooms can be accessed from the main lounge area.

The lounge area had a dining area which had sufficient tables and chairs for patients to use.

The ward displayed patient information concerning their rights and information about advocacy services and an activities timetable was displayed.

The ward had an area in which patients could make and receive telephone conversations. This was not in a private area.

Smoking was not allowed on the ward. Patients were encouraged to use smoking cessation devices such as e-cigarettes. Patients could access a garden area from the ward area.

The standard of decoration throughout the ward was in an average condition. Some items of furniture were showing signs of wear and tear. The standard of cleanliness on the ward was satisfactory. However, the kitchen areas had overflowing bins and unpleasant odours.

### ***Recommendation***

***The location of the communal telephone needs to be considered to enable patients to be able to make and receive telephone conversations in private***

***Ward furniture needs to be reviewed and replaced as necessary***

***Cleanliness in the kitchen area needs to be reviewed***

### **Safety**

During our visit we noted that staffing levels were appropriate for the number of patients on the wards. However, it was reported to us by patients and staff that more staff were required to facilitate more activities and community leave. Patients stated that staffing issues could sometimes mean activities and leave could be cancelled at short notice.

Staff on all wards had safety alarms which would raise the alarm to other staff members in the event of an emergency incident. Staff reported that these were responded to quickly. One recent incident was reported to us during the visit where a staff member was severely injured as the result of a restraint on 25/2/2015 . The response time to the security alarm being raised was considerable and requires investigation.

On the evening of our night visit the on call arrangements were poor. The Nurse in Charge of the hospital was unable to reach the on call. The Nurse in Charge also did not have sufficient information available (for example number

of patients on each ward, observation levels etc) which could have had a significant impact on safety for patients and staff.

### ***Recommendations***

***Staffing levels need to be reviewed to ensure there are sufficient numbers on duty to facilitate leave and activities.***

***The on call arrangements need to be reviewed and the circumstances of the night of our visit investigated.***

***The Nurse in Charge needs to be left with sufficient information to undertake the role.***

***A review of the incident on 25/02/2015 needs to be undertaken and HIW informed of the outcome of the investigation.***

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

The majority of staff we spoke to commented positively on the multi disciplinary team (MDT) working. MDT meetings take place on a weekly basis and all disciplines are represented including Psychology, Occupational Therapy, Doctors and Nurses. Staff spoke of the mutual respect member of the team have established.

Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt respected and valued by each other.

At the time of our visit the hospital had two Consultant Psychiatrists. Both psychiatrists had a caseload of twenty one (21) patients each. This high case load meant there was little time for reflective practice, training and supervision. The hospital needs to review this situation and consider ways of reducing the case load of the Consultant Psychiatrists.

The hospital was meeting its staffing levels on each of the wards. However, at the time of our visit the use of bank and agency staff was high. This high use of bank and agency staff was impacting on the continuity of care for patients as staff turnover was perceived to be high among patients and staff members. Some patients reported it was difficult establish therapeutic relationships with bank and agency staff members as they did not know how long they would be working on the ward and this created uncertainty.

Daily handover meetings take place at the hospital, in which handover notes from the previous shift are communicated with the next shift.

## ***Recommendations***

***Review of the case load of each of the Consultant Psychiatrists to be undertaken. Royal College of Psychiatrists guidance recommends that Consultant Psychiatrists case load should be between 12 – 16 patients.***

***Review the use of bank and agency staff.***

## **Privacy and dignity**

Patient feedback regarding privacy and dignity at Ty Catrin was mixed, with most patients having no issues in this area. Some patients, particularly on Roath ward, said staff did not always respect their privacy and dignity by knocking on their bedroom door prior to entering or not leaving enough time for them to answer before entering their room. Nearly all the patients we spoke to confirmed they had a named nurse and that they could speak with them in private regarding any issues.

Patients could make phone calls at Ty Catrin, however on a number of wards patients said the location of the phone in communal areas could impact on their ability to have private conversations. Visitor rooms were available for patients to meet with family and friends.

All patients had their own bedrooms and were able to store their own belongings. Some patients reported a lack of storage in their rooms. Most patients reported staff treated them with respect and we observed good patient staff interactions.

Some issues were raised around staff attitude. Some patients on Roath ward felt that on occasions they did not feel all staff spoke to them with respect and allegations of bullying and intimidation were reported to us. We raised this with the Registered Manager and requested to investigate staff attitudes.

On Roath ward confidential patient information was visible through the nursing station window from the communal living area regarding each patient's detention status. This could compromise privacy and dignity of patients.

## ***Recommendations***

***Staff members need to be considerate to patients' privacy and dignity when entering their bedrooms***

***Ty Catrin should review the locations of telephones on each ward to enable patients to make and receive private telephone conversations***

***Ty Catrin to investigate allegations of abuse and bullying.***

***The visibility of confidential patient information on Roath ward needs to be addressed***

### **Patient therapies and activities**

Patients complained of feeling bored. It was reported on some wards there was not enough opportunity for patients to engage in therapeutic, recreational or rehabilitation activities. It was reported that staffing numbers could often lead to activities and section 17 leave being cancelled at short notice.

The level of psychology input at Ty Catrin was reported to be good by patients and staff.

Patients physical observations were undertaken by an onsite practice nurse and patients had access to general GP and other healthcare services as required.

### ***Recommendations***

***A review of staffing levels to facilitate patient therapies, activities and leave is required***

### **Food and nutrition**

Discussions with patients and staff highlighted a mixed response in relation to the food served at Ty Catrin. A number of patients we spoke with were complimentary of the food available at the hospital. Meal times were lunch at 12:00pm and tea at 17:00pm. We were told after 17:00pm there was no food available unless it was prepared by the patient.

Some patients reported the food was not adequate in terms of taste and portion size and that the taste was bland. Some patients stated they were not provided with menu choices. Patients also stated they would prefer to buy their own food where possible. Patients stated that the fridges in the kitchen areas were not big enough to store their own food should they wish to do so.

The fridges on Roath ward and Bute ward contained food that was not dated or labelled which meant it was not possible to tell how long the food item had been in the fridge and whether it was past its use by date or not. The odour in both kitchens was unpleasant.

### ***Recommendation***

***The provision of food to patients at Ty Catrin needs to be reviewed to ensure the taste and portion sizes are adequate***

## ***Foods left in fridges on all wards needs to be labelled and dated***

### **Training**

We reviewed 10 staff files and noted the neat layout the files had which ensured easy access to relevant information. Each file had a table of contents with information filed in the appropriate section and a checklist was attached to the inside cover which provided an overview of the status of essential employee checks, including, references, a Disclosure Barring Service (DBS) check, professional registration, medical questionnaire and so on. There was no duplication of information within the files.

All the files reviewed contained information regarding an employee's employment including references, interview notes, job description, application form, offer letter and so on.

We noted and endorse the good practice adopted by Ty Catrin to regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a persons integrity and character.

An appraisal proforma and system was in place, however only two files out of the 10 reviewed had a completed appraisal on file. The information provided regarding appraisals showed the majority of staff had exceeded their appraisal due date. Conversations with staff highlighted that many appraisals and supervisions had not taken place.

We noted that not all the interview forms were not all scored and signed.

There was a high level of take up for mandatory/statutory training. However, from reviewing the training records of all staff twelve required training in control and restraint (MAYBO). There also did not appear to be training received in the Mental Health (Wales) Measure 2010 or Deprivation of Liberty Safeguards (DOLs).

### ***Recommendation***

***A regular and structured system for staff to receive supervision and appraisal is required.***

***All staff must receive up to date mandatory training to ensure they have the necessary skills for the patient group.***

## ***Application of the Mental Health Act***

We reviewed the statutory detention documents of seven of the detained patients across three wards who were being cared for at Ty Catrin at the time of our visit. The following noteworthy issues were identified:

- Section 17 leave was completed extremely well with complete risk assessments and plans should problems occur while patients were accessing leave

We identified issues in a number of areas and these included:

- The Mental Health Act Administrator was responsible for 67 patients across two hospital sites. It was reported the workload is heavy with most patients accessing tribunals and managers hearings. Due to the heavy workload it was reported that the administrator was not able to work closely with staff at ward level about their knowledge of the Act, any training required and the maintenance of legal papers within individual patients ward files.
- The legal paperwork held at ward level was disorganised and incomplete. It was difficult to locate all paperwork to be reviewed and we could not find evidence of patients being re-presented with their rights under section 132 of the Act.
- There were no individual Mental Health Act documentation files for each individual patient, this made locating information difficult.

### ***Recommendations***

***The role of the Mental Health Act Administrator needs to be reviewed with the workload of 67 patients***

***Legal paperwork held at ward level needs to be complete and better organised***

***A record of discussions with patients about their rights under s132 of the Act needs to be recorded in patient notes***

***The organisation and structure of Mental Health Act documentation needs to be reviewed and consideration given to having individual patient files***

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

We reviewed care and treatment planning documentation at Ty Catin and identified the following observations:

- One patient did not have a CTP in place and there was no evidence one had commenced
- There were significant concerns around the weight management of a patient's CTP we reviewed
- The standard of care planning on Roath ward was noted to be comprehensive completed

### ***Recommendations***

***All issues regarding care and treatment plans need to be addressed, specifically to ensure they are dated, are in place for all patients, provide sufficient information which addresses all the patients needs.***

## 6. Next Steps

Ty Catrin 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 Improvement Plan should clearly state when and how the findings identified at Ty Catrin will be addressed, including timescales.

The 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 process..

## Assurance Plan Following HIW Inspection 4<sup>th</sup>,5<sup>th</sup> and 6<sup>th</sup> March 2015

### [Ty Catrin] – Partnerships in Care

| Assurance Plan v[01/06/15]: [Ty Catrin] |  |   |   |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|
| Ref                                     | Issue  | Comments  | Action  | Progress/<br>Assurance  | Evidence  | Lead  | Time<br>Line                                  | Outcome                                   | Monitoring<br>Progress  | RAG<br>Action   |
|   | <i>Specific issue identified related to the theme</i>  |   | <i>Explain actions to be taken to resolve the issue</i> | <i>Describe the progress on the actions taken and the assurance that this has addressed the issue</i> | <i>Describe the evidence provided to demonstrate the issue has resolved and actions have been delivered</i> | <i>Who is responsible for completion of the actions</i> | <i>Timeline for completion of the actions</i> | <i>Measurement of change, improvement</i> | <i>Review and sign off by Executive of submitted evidence and assessment of whether all actions have addressed the issues to prevent a reoccurrence</i> | <i>RAG status<br/><br/>Green = Complete<br/><br/>Amber = On track<br/><br/>Red = Not on track/<br/>not complete</i> |
| 26 (2)<br>(a) &<br>(b)                  | A number of maintenance issues need to be addressed in relation to furniture and carpets in communal patient areas | Details of expenditure required to rectify the position with the need to replace furniture and carpets to be discussed with relevant PiC staff on 27 <sup>th</sup> May 2015 | Agree a programme of replacement and repair             | Met with PiC on 27/05/15 and identified all furniture and Carpets/ flooring requiring replacement     |   | Hospital Manager  | 3 months                                      |   |   |   |
| 6 (3)<br>&20<br>(10 (a)                 | Staffing levels need to be reviewed to   | Staffing levels are routinely discussed and reviewed at   | Continue to discuss staffing levels at                  | This is an ongoing process. On review of the  | Minutes of Planning Meetings  | Hospital Manager  | ongoing                                       |   |   |   |

**Assurance Plan v[01/06/15]: [Ty Catrin]**

| Ref        | Issue  | Comments   | Action   | Progress/<br>Assurance   | Evidence | Lead             | Time<br>Line          | Outcome | Monitoring<br>Progress | RAG<br>Action |
|------------|--|--|--|--|----------|------------------|-----------------------|---------|------------------------|---------------|
|            | ensure sufficient patient therapies and activities are facilitated | weekly planning meetings which are attended by all members of the multi-professional team. Ward Managers attend these meetings and are able to discuss their staffing requirements in this forum. Patient activity programmes are discussed at each clinical team meeting which will highlight if lack of staff is preventing a reasonable and/ or prescribed level of activity. | Planning Meetings  | minutes of the planning meeting there is scope for us to evidence the content of the dialogue fully. |          |                  |                       |         |                        |               |
| 20 (1) (a) | A review of the on-call arrangements for the hospital is required  | The on-call arrangements have been reviewed. The staff member allocated to have been on call on 4 <sup>th</sup> March was on leave. This was an isolated but serious error.  | Ensure that all on call staff e-mail to acknowledge receipt of the on-call rota and that they are available for the dates allocated. |  |          | Hospital manager | Immediate and ongoing |         |                        |               |

| Assurance Plan v[01/06/15]: [Ty Catrin] |  |   |  |                                      |   |                  |                           |         |                        |               |
|---|--|---|--|--------------------------------------|---|------------------|---------------------------|---------|------------------------|---------------|
| Ref                                     | Issue  | Comments  | Action   | Progress/<br>Assurance               | Evidence  | Lead             | Time<br>Line              | Outcome | Monitoring<br>Progress | RAG<br>Action |
| 20 (2)<br>(a)                           | A regular and structured system for staff to receive supervision is required   | Hospital manager has requested that HR provide a position statement in relation to supervision on a weekly basis in order to maintain a focus on delivery of supervision to all staff.            | Position statement to be discussed weekly with Ward Managers and Heads of department to ensure that supervision is delivered reliably. | Process discussed and agreed with HR | Going forward minutes of meetings with Ward managers and weekly management team meetings. | Hospital manager | Immediate and ongoing     |         |                        |               |
| 20 (2)<br>(a)                           | All staff must receive up to date mandatory training to ensure that they have the necessary skills for the patient group | Hospital Manager has requested a monthly report from HR on compliance with all statutory/ mandatory training to ensure compliance   | Review compliance monthly  | Process discussed and agreed with HR | Going forward minutes of weekly management team meetings                                  | Hospital manager | Immediate and Ongoing     |         |                        |               |
| 19 (1)<br>(a) (b)                       | An analysis of the incident on 25/02/15 is required to ensure risks are addressed  | An analysis of the incident has been carried out. The patient had made a complaint regarding a staff member working on the night of the incident which was the subject of a POVA strategy meeting | Provide HIW with copies of the assessment reports from Caswell Clinic.   |                                      | Provide HIW with copies of the assessment reports from Caswell Clinic.                    | Hospital manager | 2 <sup>nd</sup> June 2015 |         |                        |               |

**Assurance Plan v[01/06/15]: [Ty Catrin]**

| Ref               | Issue  | Comments  | Action  | Progress/<br>Assurance | Evidence | Lead             | Time<br>Line | Outcome | Monitoring<br>Progress                  | RAG<br>Action |
|-------------------|--|---|---|------------------------|----------|------------------|--------------|---------|---|---------------|
|                   |  | which involved a review of the appropriateness of the placement and management. The patient has been assessed by Consultant Forensic Psychiatrist from the Caswell Clinic on two occasions and on both assessments the view was that he was not inappropriately placed in conditions of low security. The assessment by Caswell Clinic asked the clinical team to consider expediting discharge which the team are now attempting to achieve. |   |                        |          |                  |              |         |   |               |
| 19 (2)<br>(c) (i) | All issues regarding care and treatment plans need to be addressed | All patients are now allocated an internal care co-ordinator on admission who is required to develop  | Periodic audit required to ensure that CTP documents are in line with the |                        |          | Hospital Manager | 1 month      |         | Audit again before the end of June 2015 |               |

| Assurance Plan v[01/06/15]: [Ty Catrin]          |   |   |  |   |          |                  |  |         |                        |               |
|--|---|---|--|---|----------|------------------|--|---------|------------------------|---------------|
| Ref  | Issue   | Comments  | Action   | Progress/<br>Assurance  | Evidence | Lead             | Time<br>Line   | Outcome | Monitoring<br>Progress | RAG<br>Action |
|  |   | a care and treatment plan with the patient and maintain that plan throughout the admission. | requirements of The Welsh Measure.<br><br>Audit again before the end of June 2015  |   |          |                  |  |         |                        |               |
| 20 (2)<br>(a)                                    | Section 132, rights were not evidenced in files reviewed                                    |   | Mental Health Act manager to Establish a system to ensure that rights are read quarterly and that evidence of this is submitted. The MHA manager can use the medical secretaries for administrative support to achieve this. | MHA manager to evidence that patient rights are read at least on a quarterly basis. |          | MHA Manager      | Instigate the process with immediate effect. First evidence of the patients having their rights read will be available on 8 <sup>th</sup> June2015 |         |                        |               |
| 15 (1)<br>(a)(b)<br>(c) and<br>19 (1)<br>(a) (b) | The Mental Health Act Administrators role was difficult due to the workload of 67 patients. |   | Hospital Manager to discuss with Regional Executive Director   |   |          | Hospital Manager | 1 month  |         |                        |               |
| 26 (2)   | Cleanliness in  | We have appointed   | Have agreed on   |   |          | Housekeepin      | Review in 2  |         |                        |               |

**Assurance Plan v[01/06/15]: [Ty Catrin]**

| Ref | Issue   | Comments  | Action   | Progress/ Assurance | Evidence | Lead         | Time Line | Outcome | Monitoring Progress | RAG Action |
|-----|---|---|--|---------------------|----------|--------------|-----------|---------|---------------------|------------|
| (a) | kitchen areas needs review                                    | a housekeeping supervisor to oversee the cleaning schedules and to monitor the performance of the housekeeping staff. | 27/05/15 with PiC that refurbishment of the kitchens is required.  |                     |          | g Supervisor | weeks     |         |                     |            |
|     | Foods left in fridges on all wards needs dating and labelling |   | The fridges will be checked daily by the housekeeping staff and any foods not labelled will be disposed of. Will ensure that labels are available for the ward staff to use and raise awareness amongst the staff group regarding this |                     |          |              |           |         |                     |            |

| Assurance Plan v[01/06/15]: [Ty Catrin] |  |  |                        |                        |          |                  |                       |         |                        |               |
|---|--|--|------------------------|------------------------|----------|------------------|-----------------------|---------|------------------------|---------------|
| Ref                                     | Issue  | Comments   | Action                 | Progress/<br>Assurance | Evidence | Lead             | Time<br>Line          | Outcome | Monitoring<br>Progress | RAG<br>Action |
|   |  |  | requirement.           |                        |          |                  |                       |         |                        |               |
| 15 (1)<br>(b)                           | The visibility of confidential information on Roath ward needs to be addressed   | Staff have been advised of the need to ensure that confidential information is not visible when people are looking through the window to the office. |                        |                        |          | Ward Managers    | Immediate and Ongoing |         |                        |               |
| 20 (1)<br>(a)                           | Staffing levels need to be reviewed to ensure that there are sufficient numbers on duty to facilitate leave and activities.                | As Above   |                        |                        |          | Hospital Manager |                       |         |                        |               |
| 20 (2)<br>(a)                           | The on call arrangements need to be reviewed and the circumstances of the night of the visit investigated<br><br>The Nurse in Charge needs | As Above regarding the on-call arrangements.<br><br>The information requested by HIW   | Review the information |                        |          | Hospital Manager | 1 month               |         |                        |               |

**Assurance Plan v[01/06/15]: [Ty Catrin]**

| Ref                         | Issue   | Comments  | Action   | Progress/<br>Assurance | Evidence | Lead             | Time<br>Line | Outcome | Monitoring<br>Progress | RAG<br>Action |
|-----------------------------|---|---|--|------------------------|----------|------------------|--------------|---------|------------------------|---------------|
|                             | to be left with sufficient information to undertake the role                                    | on the night of arrival in relation to patient numbers, observation levels is all readily available to all registered nurses on site through handover reports.<br>We will review the pack of information available to the senior nurse on site and signpost them to this information. | available to the Senior Nurse on Site.                                       |                        |          |                  |              |         |                        |               |
| 19 (1)<br>(a) (b)           | Review of the caseload of the Consultant Psychiatrists. RCPsych guidelines state 12-16 patients | The work load of the two RCs is not excessive . The royal college standard of a case load of 15 refers to the nhs where consultant forensic psychiatrists in addition to inpatient work also have outpatients and prison sessions   | The workload has been reviewed and additional RC input has been put on place |                        |          |                  |              |         |                        |               |
| 15 (1)<br>(a) (b)<br>26 (2) | Review the location of the payphones on   | Explore the option of using the old smoking rooms to  |  |                        |          | Hospital Manager | 2 months     |         |                        |               |

| Assurance Plan v[01/06/15]: [Ty Catrin] |   |  |  |                        |          |                  |              |         |                        |               |
|---|---|--|--|------------------------|----------|------------------|--------------|---------|------------------------|---------------|
| Ref                                     | Issue   | Comments   | Action   | Progress/<br>Assurance | Evidence | Lead             | Time<br>Line | Outcome | Monitoring<br>Progress | RAG<br>Action |
| (c)                                     | each ward to enable patients to receive private telephone conversations                       | house a telephone that can be plugged in and out to allow the space to be used for therapy as well as for a telephone.   |  |                        |          |                  |              |         |                        |               |
|   | Ty Catrin to investigate allegations of abuse and bullying on Roath ward and escalate to POVA | The Registered Manager discussed the issues with the POVA Team and agreed an approach to investigate. The details of the reported concerns included, Staff not promoting or safeguarding dignity and respect on the wards. 4 male patients raised similar concerns. Staff knocking and entering rooms without waiting for a reply. Complaints of poor staff attitudes. | All staff to receive written information on the need to knock patient bedroom doors before entering. |                        |          |                  | 1 month      |         |                        |               |
|   | Staff members need to consider  | Staff to be reminded to allow the patient time to respond  | Hospital Manager to Memo ward  |                        |          | Hospital Manager | 1 month      |         |                        |               |

**Assurance Plan v[01/06/15]: [Ty Catrin]**

| Ref | Issue   | Comments  | Action      | Progress/<br>Assurance | Evidence | Lead | Time<br>Line | Outcome | Monitoring<br>Progress | RAG<br>Action |
|-----|---|---|-------------|------------------------|----------|------|--------------|---------|------------------------|---------------|
|     | patients privacy and dignity when entering patient bedrooms | when it is necessary to knock and enter patient bedrooms. | based staff |                        |          |      |              |         |                        |               |