

Mental Health/ Learning Disability Inspection (Unannounced)

**Cefn Coed Hospital: Abertawe
Bro Morgannwg UHB**

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1. Introduction

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

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

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

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

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

2. Methodology

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

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

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

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Cefn Coed Hospital on the 10th and 11th May 2016. We inspected four wards, Clyne an acute admission ward for females, Fendrod an acute admission ward for male patients, Gwelfor an open rehabilitation ward for male and female patients and Celyn, an extended assessment for older female patients.

Cefn Coed hospital is a psychiatric hospital run by Abertawe Bro Morgannwg University Health Board (ABMUHB) and provides general adult and old age psychiatric care.

During our inspection we reviewed patient records, interviewed patients and staff, reviewed the environment of care and observed staff-patient interactions. HIW's review team comprised of one peer reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our May 2016 visit to Cefn Coed Hospital was a follow-up visit, focusing primarily on the issues we identified in November 2014. It was pleasing to note that considerable improvements had been made to address some of the matters we identified in our previous report. These included:

- The progress made of de-commissioning a number of wards from the main Cefn Coed Hospital since our last visit
- The improvement noted regarding staff mandatory training, specifically that manual handling training was now mandatory and addressing the difficulties staff had attending life support training

In addition to the improvements noted, we also identified good practices that we have continued to observe following all our visits to the hospital, specifically the continuing way the majority of staff engaged with the inspection programme and the number of positive staff and patient interactions we observed throughout our visit.

Despite the good practice we identified, we also found significant scope for improvement in a number of areas. Following our visit we issued an immediate assurance letter to the health board regarding fire safety procedures and the completion of care documentation. The purpose of the letter was to seek assurance from the health board of the actions they had undertaken to mitigate the risks.

The other areas we have identified for improvement are documented in Appendix A, but a summary of the main issues include:

- Environmental issues were identified that need to be addressed and included:
 - Fire doors wedged open
 - A number of ligature risks identified, particularly TV cables
 - Some external environments required a thorough clean due to cigarette ends littering the area
 - Lack of visitor rooms on Clyne ward to provide privacy
 - No hand gel at the entrance of Fendrod ward

- Vision panels that were in the open position and unable to be controlled from inside the bedroom
- There were a lack of visible posters/patient information regarding advocacy services on Clyne and Fendrod wards
- Significant issues were identified on Celyn ward regarding care documentation that included a lack of audit and signing-off by Registered Nurses and significant gaps of missing/incomplete data on charts.
- Issues regarding the Mental Health Act were identified including no copies of section papers in the case notes, illegible writing on medical opinions and a lack of progress against the 2014 recommendations.

5. Findings

Core Standards

Ward environment

Following our previous visit in November 2014 there had been considerable work undertaken to decommission a number of wards. Out of the six wards we visited in 2014, only two wards were providing care and treatment for patients within the main hospital building. Heddfan, ISIS, Tegfan, Ward 2 and Ward F had closed. Ward 4 had been renamed as Clyne Ward and provided acute assessment for female patients. Fendrod Ward situated upstairs of the main hospital provided acute assessment for male patients.

Clyne Ward

Clyne Ward is a 14 bedded admission ward for female patients and access to the ward is via an intercom system. On entering the ward there were situated a number of offices for staff members and opposite the offices were a number of chairs that provided seating for visitors. Notice boards in this area displayed information including 'Know How We Are Doing' which presented statistics for staff training, Protection of Vulnerable Adults (PoVA), complaints and infection control. The staff board was not yet complete with their pictures and profiles, but pleasingly thank you cards and letters were displayed.

Another door led to the patient areas. An open plan dining room and living room provided sufficient space for the patient group to sit, eat and watch TV. The dining room had enough seats and tables for the patients to eat all together and large windows within this area flooded the room with light. At the time of our visit the fire door was wedged open. The member of staff did remove the wedge when the issue was highlighted, however the following day it was noted that the door was wedged open again.

A quiet room was situated between the dining room and lounge which offered a private space for patients and staff. The lounge was large and provided plenty of seating and a TV for the patient group. At the end of the lounge was a kitchen which enabled patients to make their own hot and cold drinks as well as obtain snacks. Within this kitchen there was a table and chairs and near the entrance to the kitchen were art and craft materials stored in boxes.

At the far end of the lounge another TV was wall mounted with a games console connected. A patient toilet was situated in close proximity which was not very private because the door opened directly onto the lounge. An adjacent fire exit was locked and staff told us that in the event of an emergency they would open the fire door (the key was kept in the nursing office). We were later told that all staff carried a master key to open the fire exit.

The ward had all single bedrooms and patients shared shower and toilet facilities. The shower rooms had a step to get up to them which was not conducive for anyone with a disability.

We observed an unoccupied bedroom and noted how sparse the room was and how the room had the feel of a low secure unit, partially due to the furniture available in the room, which consisted of a single bed, chest of drawers, bed side cabinet and wardrobe.

The clinic room was in a side corridor and appeared to be isolated. The clinic would benefit from a 'stable' type door to allow staff to administer medication without having to open the whole door which was in practice at the time of our visit. The examination room situated next to the clinic was a large space providing facilities for staff to undertake patient tests and assessments. The oxygen mask at the time of our visit was not covered and was collecting dust. This needs to be reviewed and covered accordingly.

The patient board in the nurses' office displayed confidential information that could be partially seen from patient areas. Staff confirmed that a new board had been ordered to ensure that patient information is not on display.

The ward provided an unwelcoming outside space for patients; excess un-erected panels were laid on the ground in one area providing access to sharp edging. The area was all concrete, surrounded by secure fencing. There was no seating and the area was littered with cigarette ends. The plastic corrugated roofing that provided some shelter for the area was covered with moss and debris. The whole area would benefit from a thorough clean.

Clyne Ward was bright and airy with furniture and fixings that were well maintained. At the time of our visit new seating and tables were being delivered to the ward.

Fendrod Ward

Fendrod Ward is a 20 bedded admission ward for male patients. The ward was situated upstairs within the main hospital building and had only recently been occupied by the patient group. The ward was newly decorated and there were plans in place for pictures to be hung. New furnishings and fittings had been ordered including new seating for the lounge and a cooker for the occupational therapy kitchen.

The ward had 16 single bedrooms and two shared rooms, each with two beds. We noted that all vision panels on the bedroom doors were in the open position, however patients were able to control the panel from within their bedroom.

As with Clyne ward the bedrooms had a feel of a low secure unit. During our visit while observing an empty bedroom being cleaned we noted that the

water was black and dirty with bits of debris floating in it and urgently needed changing. Despite the cleanliness noted throughout the wards and statistics regarding infection control rates this was disappointing to observe.

Patients had a lounge with TV and a separate dining room. The ward required signage so areas could be easily identified and fire doors clearly marked. These had been ordered and staff were waiting for them to be delivered and installed.

The hand gel dispensers on this ward had no hand gel in them so were completely ineffective.

Gwelfor Ward

Gwelfor Ward at the time of our visit was an open rehabilitation unit, however the door to the unit was locked due to risks posed by and to some patients residing on the ward. There were no notices displayed for informal patients on how they could leave the ward due to the locked door. We were told that the ward was in the process of transitioning to a locked rehabilitation service.

The ward provided 18 bedrooms which were all single occupancy with en-suite facilities. The ward was mixed gender and had designated wards for female and male patients. The female corridor had a female only lounge and laundry room. We noted that the vision panels in bedroom doors could not be controlled from the inside allowing patients to have a degree of choice regarding privacy and dignity.

The ward had a kitchen from which patients could make hot and cold drinks. New work tops had been ordered and there were all the necessary kitchen utilities available including a fridge and microwave. A table and four chairs were also available.

A dining room had sufficient seating for the patient group to eat together and a lounge provided seating, TV and a bookcase displaying CDs and DVDs.

Gwelfor Ward had three outdoor areas which provided some garden areas and seating for patients to use. One area had no water butt to collect rain water and this had resulted in green staining on the building. Another outside space on Gwelfor required patients to step out into the garden area, which needs reviewing because it did not allow for patients easy access the area if they used walking aids or were unsteady on their feet.

Following on from our visit in 2014, Gwelfor Ward had extended ledges from the roof of the building which provided some shelter for those patients who wanted to smoke.

Celyn Ward

Celyn Ward provided continued/extended assessment for older female patients. The ward had 20 bedrooms, including 16 single en-suite rooms and two double rooms, each with two separate beds.

The ward is oval shaped with a central garden area. The environment was clean, bright and spacious and the furniture and fittings were of a good standard. Additional lounge spaces were available for patients to access for private time. A sensory room for de-escalation and relaxation was well equipped.

Outside each patient bedroom there was space available for their 'life story' which we observed to be photographs and/or items personal of the patient.

The issue we identified in 2014 regarding the fire door had been addressed.

Recommendations

A review of the shower facilities on Clyne ward is required to ensure they are conducive for anyone with a disability to access (due to the steps required to access them)

A review of cleaning standards is required to ensure they remain high and rooms and other patient areas are not cleaned with dirty water.

Confirmation is required that the signs ordered for Fendrod ward have been received and put in place to provide staff, patients and visitors with clear signage across the ward.

Notices need to be clearly displayed on Gwelfor ward informing informal patients on how they can leave the ward.

Outside spaces, particularly on Clyne and Gwelfor require a review to ensure they are conducive for spending time outside.

Hand gel needs to be available for Fendrod ward.

Safety

Discussions with patients highlighted that the majority with whom we spoke to said they felt safe at Cefn Coed Hospital. The majority of staff we spoke to did not identify any safety issues, however staff did comment on the layout of Clyne Ward and said they could not hear staff alarms when they had been activated.

We identified concerns on Clyne ward regarding fire safety procedures. The latest fire risk assessment provided for the ward had not been updated. The previous ward (Intensive Support Intervention Service - I.S.I.S) was written on

the cover and throughout the document. The risk assessment had not been updated since October 2014 despite the 12 month review frequency and to reflect the change to Clyne ward. Therefore we could not be assured that the fire safety risk assessment reflected the current situation on the ward.

This concern resulted in an immediate assurance letter being sent to the health board, to which they have responded and provided an updated fire plan and risk assessment. Additional processes have also been put in place to ensure any changes and upgrades to wards are captured and actions are implemented accordingly.

During our walk about of the hospital environment, we noted a number of safety issues. Ligature risks were identified on Clyne Ward regarding the wire from a TV to the electrical socket which was not concealed. Within the clinic, the position of the ligature cutters was visible to patients and because the door had to be held open by staff posed a safety threat. A stable style door should be considered to allow staff to administer medication safely.

Fire doors were wedged open. When we spoke to staff about this they immediately removed the wedge. However, the following day the doors were again wedged open.

We noted an increase in the staffing numbers that many patients stated had made a difference and staff were wearing personal alarms which we were told and observed to be in working order.

Recommendations

A review of the alarm system on Clyne ward is required to ensure staff can hear alarms that are activated.

An updated ligature risk assessment needs to be carried out and areas identified addressed, including the wire from the TV to the electric socket and the position of the ligature cutters in the clinic on Clyne ward.

The clinic on Clyne ward needs to be reviewed to ensure staff can administer medications safely due to the remote location of this room.

The multi-disciplinary team

The staff we spoke to felt the multi-disciplinary team worked in a professional and collaborative way and the staff we spoke too attended regular case reviews for their patients.

Staff had handover meetings between each shift and occasional staff meetings took place.

Privacy and dignity

All the patients we spoke to told us that they felt their privacy and dignity was respected at the hospital. The patients we spoke to had their own bedrooms and their own belongings. We noted on Gwelfor and Fendrod that the vision panels in bedroom doors were set to the open position. The vision panels could not be operated by the patient from within their bedroom, therefore this may compromise the patient's privacy and dignity. Vision panels should be closed by default, enabling staff to open them when necessary.

Patients were able to name their primary nurse and told us they could meet with them in private if required. Visits from family and friends were encouraged and welcomed, however on Clyne Ward we observed a visit taking place in the reception/entrance of the ward. This situation is not acceptable and needs to be reviewed to ensure patients and their visitors have privacy.

Patients had access to phones to maintain contact with family and friends. Some patients had their own mobile phones, while others had access to a ward payphone. Wi-Fi was also available for alternative contact with family and friends.

Patient information written on a white board within the nurses office on Clyne ward could be seen from the patient areas and we were informed that a new board had been ordered to ensure this information is not compromised.

Recommendations

A review of all bedroom door vision panels is required to ensure patients can control them from within their bedrooms and that the default position is set to closed to protect the patients' privacy and dignity.

A review of visitor rooms is required to ensure family and friends have privacy when visiting and are not subject to sitting in open areas such as corridors.

Confirmation is required that the patient information board on Clyne ward has been replaced and patient information is not compromised.

Patient therapies and activities

Our observations during our visit highlighted limited activity and therapies taking place, despite seeing art and craft materials and therapy kitchens on some wards. Half of the patients we spoke to said they are involved in activities which included card and jewellery making. Patients had been asked what they liked doing but some patients we spoke to had not engaged in activities by choice.

Occupational therapy (OT) input was varied across Cefn Coed. In 2014 we identified no OT input on Celyn ward and the situation had not changed. Daily activities were limited to staff interventions and there were no weekly planned activities in place for staff to follow/deliver.

On other wards some staff said they see an occupational therapist on their ward everyday while others had no set days. Despite OT offering activities to some patient groups, staff said patient uptake was poor. Weekends we were told were more relaxed but there was no OT input.

No activity timetables were displayed on the wards and there were no advocacy posters on view in the patient areas, despite weekly advocate visits to the wards.

The psychologist providing services to Clyne ward had recently left and staff were unsure when a replacement would be provided.

There was physiotherapy input for patients on Celyn ward and despite no physiotherapy involvement at weekends, staff continued with planned interventions such as positioning plans and mobilising.

Patients and staff told us there were no issues accessing other healthcare services, including dentist, GP or optician, should they be required.

Recommendations

A review of occupational therapy input specifically on Celyn ward is required to ensure patients receive activities and therapies that help them achieve meaningful outcomes.

A review of advocacy information is required to ensure posters and leaflets are visible in all patient areas.

General healthcare

A review of the treatment/medication room on Celyn ward was undertaken and the following observations identified:

- Daily controlled drug checks including Temazepam are completed by two members of staff
- Resus equipment was not easily accessible because at the time of our visit medication trollies and an ECG machine were hindering access.
- Medication fridge was being checked daily and temperatures recorded
- The level of the oxygen needs to be checked daily and visible for staff, displaying test date, amount and signature. The oxygen was checked by HIW reviewer and staff nurse. One cylinder was nearly empty which was the one ready to be used for any incident. However there were two full and one three-quarters full cylinders available. A review of the

procedures in place for the use of oxygen is required to ensure in an emergency which oxygen cylinder would be available to use.

- A review of the NEWS charts (National Early Warning Score) showed sporadic compliance. Patient details were varied, with some charts having just the patients name on them.
 - Frequency of blood pressure, pulse and temperature was not evident on all charts, i.e. daily, weekly etc.
 - Pain scores were not being completed but most patients were prescribed analgesia
 - One patient's chart stated that blood pressure and pulse to be checked and recorded daily, but the last entry was dated April 2016
 - A patient's readings identified an increase in observations needed however they had not been done since 7 May 2016

Recommendation

The areas identified need to be addressed, specifically ensuring the resus equipment is accessible and access is not hindered. Oxygen levels need to be tested daily and recorded and a review of the procedures in place for which oxygen cylinder would be used in an emergency. NEWS charts need to be updated and completed fully for all patients.

Food and nutrition

Feedback from patients and staff was varied regarding the food served at the hospital. One patient told us it had improved since their last admission, however other comments received said there were too many carbohydrates being served, the salads were uninspiring and that the packet food was not worth looking at.

There were no concerns or issues raised regarding patients receiving a specialist diet if required. Drinks and snacks could be obtained outside of the set mealtimes, with some wards having open access to ward kitchens for patients to make their own drinks. Other wards operated a timetable in which they had set times throughout the day for providing drinks and snacks. Patients could also buy and store their own snacks should they wish.

Portion sizes were commented upon favourably by patients and staff, stating they had more than enough food at each mealtime.

Everyone we spoke to told us they could choose their own food, however their choices were made at the time of the food being served. During our visit we did not see menus displayed at ward level to provide patients with information as to what was being served that day/mealtime. Staff confirmed that they order the food for their patient groups and that patients choose their options at that specific mealtime.

The food served at the hospital continued to be pre-prepared and delivered pre-packed from Singleton Hospital, with staff finishing the cooking process on their ward kitchens at Cefn Coed.

We observed a lunch time on one ward from the kitchen. The food was served in and from plastic containers to patients onto their plates. We noted that nearly all the patients asked what the food choices were as there was no labels or menus to provide this information. Staff were helpful in telling patients what each tray contained, but there was one dish in which staff were hesitant regarding the pie's contents.

The staff and patient interactions observed from the kitchen were accommodating, ensuring each patient had what they wanted and portions were generous. Patients that requested additional servings were also provided with them, once all patients had been served. We observed staff communicating with patients using their preferred language.

As the hot food was not served from a heated servery counter and staff were unable to re-heat food, there was a lot of waste. We observed a patient arriving late for lunch. Their option was a salad which fortunately for the patient is what they wanted.

Patients ate in the dining room and once they had finished eating returned their plates and cutlery to the serving hatch. Although there were tables and chairs for patients to use, the dining experience appeared uninteresting and routine based. A timetable of mealtimes including drink and snack times were posted on the kitchen door.

At the time of our visit mealtimes were protected on all wards. Whilst this is something HIW acknowledge, support and respect, it was unfortunate that some staff were resistant to allowing one member of HIW to observe a mealtime. It is recognised that mealtimes for patients are an important part of the patients' day and their recovery and it is essential that HIW staff and senior staff conducting quality audits are able to observe interactions to ensure standards are maintained.

It was pleasing to note that access to dietetic services had improved following our previous visit, with staff confirming that the in-house service was used.

Recommendation

A review of the food served to patients is required. Specifically how the food is served to patients from plastic containers and kept at the correct temperature, the labelling of the food choices and the dining experience.

Training

A review of training was undertaken and it was pleasing to note that a recommendation we made in 2014 regarding staff to receive manual handling training had been added to the mandatory training list. Two wards had achieved 100% compliance in their manual handling training while Clyne was at 88% and Gwelfor at 74% compliance.

Staff told us that the difficulty they had in 2014 attending life support training had been addressed and was delivered at ward level.

The statistics provided for mandatory training across the four wards we visited highlighted good compliance rates, with 100% compliance achieved in areas including violence and aggression (Clyne and Celyn) and hand hygiene (Celyn and Fendrod).

Staff we spoke to told us they had received an appraisal in the last 12 months and data for Celyn Ward confirmed all their staff had an up to date appraisal. (The compliance data for Clyne, Fendrod and Gwelfor was not listed)

Limited improvement was noted regarding staff supervision. Some staff told us they were offered it but it was not documented, while another said they had a session the week before and that was the first they'd had in years. Further improvements are required for staff to receive regular and meaningful, documented supervision.

It was pleasing to hear from some staff that morale had improved since our previous visit in 2014.

Recommendation

Staff supervision needs to be improved for all staff to ensure they receive a regular and documented session.

Governance

Since our previous visit in 2014 it was very encouraging to note that the de-commissioning of a number of wards had taken place.

We noted an increase in the staffing numbers that many patients stated had made a difference.

During our visit we engaged in debate regarding protected meal times. Whilst we agree with the principles the hospital were adopting regarding this, there was some reluctance by staff to allow one member of the inspection team to observe a mealtime. Food is a vital part in a patient's recovery and day-to-day experience and this needs to be observed to ensure patients are receiving sufficient food and service. There needs to be a degree of flexibility

with regards to the audit/quality assurance of the food and service patients are receiving to be able to satisfy the health board that standards are being met and delivered.

Recommendation

A review of the governance/audit systems and processes need to take place to ensure that mealtimes can be observed to ensure patients are receiving a good standard of food and service.

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for two patients on Celyn Ward and identified the following observations:

- All Wales Food Record charts reviewed on Celyn Ward highlighted significant gaps in the entries, a lack of audit and signing off by Registered Nurses.
- Long gaps of between 3 -12 days were recorded for when bowel movements were documented. This issue was particularly concerning because some patients were on medication that can cause constipation.
- Skin bundles documentation was examined and highlighted an example of no record of care for over 17 hours.
- A review/assessment of bed rails had not been undertaken with the required level of frequency.
- Patients with a high risk Waterlow score had not been reviewed with the required level of frequency.
- The nutritional risk assessments should be reviewed every 3 days but monthly reviews were being undertaken.

Recommendation

All the areas identified must be addressed, ensuring all patient documentation is fully completed, in a timely manner and signed off by relevant staff.

Application of the Mental Health Act

We reviewed the statutory detention documents of three of the detained patients being cared for on one of the wards. The following issues were identified:

- Two out of the three files examined did not have copies of section papers in the case notes. An explanation for one of the files reviewed was that they may not have been returned from PICU when the patient came back to the ward in May 2016.
- Reasons for the medical opinions written on one HO3 form were virtually illegible and therefore it was difficult to determine that they covered parts (a) and (b) relating to the criteria for detention.
- Copies of AMHP assessments were not located in files. However assurance was given by the MHA Administrator that they would have been scanned to wards with the section papers.
- Copies of Managers' review decisions were not found in the files reviewed. Assurance was again given by MHA Administrator that Managers' review decisions are scanned to wards.
- Copies of section papers, including renewal and other relevant statutory documents were not being moved from old files to new case note folders when opened.
- Detained patients were being moved from wards to general hospital in an emergency for treatment for physical disorder or injury with no legal authority in place.
- There was little to no advocacy information displayed on the wards we visited.
- Code of Practice was available on the wards with Parts 2 & 3 of the Mental Health Measure.

Following our previous visit in November 2014 we reviewed progress against the action plan. One action stated that "an 'on ward' audit of patient files will be reinforced to ensure relevant MHA information is duly recorded. With the Ward Clerks to review files on a monthly basis." There was no evidence of monthly audits having taken place to date. There had been no recent delivery of Mental Health Act training to Ward Clerks on Clyne and Fendrod, therefore there was no knowledge or understanding to enable them to support ward staff in aspects of the Mental Health Act.

The second action from 2014 stated that "old, out of date and cancelled Section 17 leave papers should be clearly marked as cancelled in the patients ward notes." In the examined files, there was no clear annotation 'cancelled' on section 17 leave forms that had been withdrawn or changed.

Recommendations

Copies of section papers must be with the case notes.

Written instructions must be clear and legible for staff to carry out the appropriate actions.

Section papers, including renewal and other statutory documents must be moved to new case note folders when opened.

Patients must have the correct legal authority in place if being moved to a general hospital for treatment.

A review of the 2014 recommendations is required, specifically to address the lack of monthly audits and the annotation on withdrawn and cancelled section 17 forms.

6. Next Steps

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

The health board's Improvement Plan should clearly state when and how the findings identified at Cefn Coed will be addressed, including timescales.

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

Appendix A

Mental Health/ Learning Disability: Improvement Plan

Health Board: Abertawe Bro Morgannwg University Health Board

Hospital: Cefn Coed Hospital

Date of Inspection: 10th – 11th May 2016

Recommendation	Health Board Action	Responsible Officer	Additional Evidence	Timescale
A review of the shower facilities on Clyne ward is required to ensure they are conducive for anyone with a disability to access (due to the steps required to access them)	Prior to admission, patients are assessed and should assistance with mobility be required then these individuals would be transferred to Ward 14 at the Princess of Wales Hospital, which is the designated inpatient ward that caters for reduced mobility. Nevertheless, following review of the area with capital colleagues, ramping equipment will be provided, affording disabled clients with improved mobility in the area.	Clyne Ward Manager	<ul style="list-style-type: none">➤ Assigned mobility ward is Ward 14➤ A threshold ramp is to be provided as a solution for vertical barrier removal in the shower facilities	Complete
				31 st July 2016

<p>A review of cleaning standards is required to ensure they remain high and rooms and other patient areas are not cleaned with dirty water.</p>	<p>The Health Board adopts the Credits for Cleaning (C4C), All Wales Monitoring Tool for Cleanliness within all of its functional areas.</p> <p>A 13 week quality report for each ward is produced detailing the work required following an audit.</p> <p>In terms of the specific cleaning issue identified by the visiting team, the Hotel Services Supervisor for Cefn Coed Hospital was informed, and the matter addressed with the ward domestic team.</p>	<p>Hotel Services Supervisor</p>	<ul style="list-style-type: none"> ➤ Credits for Cleaning (C4C) Monitoring Tool in place. ➤ Ward cleaning standards reviewed at the Hospital Operational Subcommittee ➤ The need to maintain high quality cleaning standards has been reinforced with the ward domestic team via supervisors. 	<p>Complete</p>
<p>Notices need to be clearly displayed on Gwelfor ward informing informal patients on how they can leave the ward.</p>	<p>The Clinical Service Manager has arranged that notices are now displayed</p>	<p>Clinical Service Manager</p>	<ul style="list-style-type: none"> ➤ Notices are now displayed 	<p>Complete</p>

<p>Outside spaces, particularly on Clyne and Gwelfor require a review to ensure they are conducive for spending time outside.</p>	<p>In terms of the Gwelfor Unit, a 'Grow Local' Welsh Government bid, submitted by the Patient's Council, has been awarded. As a result, several raised beds have been created adjacent to the unit to encourage patients to grow their own vegetables. Moreover, flower beds have been established behind both the unit and the step down houses. Garden furniture and barbeque has also been provided via charitable funds, so that patients can make greater use of the outside space. In regards to Clyne Ward, the Patients Council has involved the Heath Board's Arts In Health Coordinator to help with designing the ward courtyard. This will involve the placement of marine plywood over the existing fence in order for a patient inspired design to be painted. In addition, charitable funds have been provided to create raised flower beds ready for autumn planting. Furthermore the Patient's Council together with Cwmbwrla Day Centre are building hardwood garden benches for placement in the courtyard.</p>	<p>Service Manager</p>	<ul style="list-style-type: none"> ➤ Grow Local bid awarded ➤ Raised flower beds created ➤ Garden furniture provided ➤ Health Board Arts In Health Coordinator involvement ➤ New benches being made and designed by patients ➤ Raised flower bed on Clyne ward has been weeded and repositioned ➤ Tawe Clinic Improvement Group is working to improve the outside environment for both Fendrod and Clyne wards. ➤ Engagement with Local Community and Patient's Council. 	<p>Complete</p>
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Hand gel needs to be available for Fendrod ward.	The need to ensure hand gel is available at source has been communicated to the Ward Manager	Fendrod Ward Manager	<ul style="list-style-type: none"> ➤ Hand gel dispensers have been replenished. 	Complete
Confirmation is required that the signs ordered for Fendrod ward have been received and put in place to provide staff, patients and visitors with clear signage across the ward.	A review of hospital signage has been carried out in conjunction with the signage contractor.	Hospital Manager	<ul style="list-style-type: none"> ➤ A correct way finding system is now in place which clearly identifies both Fendrod and Clyne Wards (Tawe Clinic). 	Complete
A review of the alarm system on Clyne ward is required to ensure staff can hear alarms that are activated.	The Clinical Service Manager has advised that a test has been carried out on the affray alarm system, and this is working correctly.	Clinical Service Manager	<ul style="list-style-type: none"> ➤ Affray alarm tested ➤ Routine weekly tests in place ➤ Personal alarms issued to all ward staff 	Complete
An updated ligature risk assessment needs to be carried out and areas identified addressed, including the wire from the TV to the electric socket and the position of the ligature cutters in the clinic on Clyne ward.	An anti ligature risk assessment has been undertaken. Television cabling assessed as low priority due to location, level of activity and level of supervision. However, estates colleagues have been contacted to ensure any trailing wires are suitably concealed.	Clinical Service Manager	<ul style="list-style-type: none"> ➤ Ligature assessment completed and attached ➤ Ligature cutters relocated ➤ Estates to address trailing wires 	Complete

<p>The clinic on Clyne ward needs to be reviewed to ensure staff can administer medications safely.</p>	<p>A new clinical area is to be made available as part of the second phase of the hospital decommissioning programme.</p>	<p>Hospital Manager</p>	<ul style="list-style-type: none"> ➤ A larger more observable area has been identified on the ward (existing laundry area) 	<p>31st August 2016</p>
<p>A review of all bedroom door vision panels is required to ensure patients can control them for within their bedroom and that the default position is set to closed to protect the patients privacy and dignity.</p>	<p>A review of the bedroom door vision panels has been conducted on Fendrod, Clyne and Gwelfor Ward. In terms of Clyne Ward all of the bedroom door panels can be operated from either side of the door. In regards to Fendrod Ward there are six bedroom Vistamatic vision panels that can be operated from either side of the door (bedroom numbers 12 and 14 to 18). The remaining fourteen bedroom door vision panels are operated from the outside of the door only.</p>	<p>Service Manager</p>	<ul style="list-style-type: none"> ➤ All bedroom door vision panels on Clyne Ward can be operated either side of the door ➤ On Fendrod ward, six bedroom door panels are operated from either side of the bedroom door – ward staff have been instructed to ensure that the default position is closed. 	<p>Complete</p>

	<p>At Gwelfor Ward, there are 18 bedroom door vision panels that can be operated from the outside of the door only. The Clinical Service Managers have advised that the panels are used by ward staff to discreetly observe patients without opening the door and therefore preserve dignity and to ensure that the patient is not unnecessarily disturbed. Moreover, the default position will be for the vision panel blind to be closed.</p>		<ul style="list-style-type: none"> ➤ On Gwelfor Ward, staff have been instructed to ensure that the default position is closed. 	<p>Complete</p>
<p>A review of visitor rooms is required to ensure family and friends have privacy when visiting and are not subject to sitting in open areas such as corridors.</p>	<p>Since the inspection, a family visiting room has been provided on the first floor of the Tawe Clinic for use by both Clyne and Fendrod Wards. Moreover and in line with the second phase of the decommissioning process, there are plans to create a shop and cafeteria area with internal and external seating for patients and visitors.</p>	<p>Hospital Manager</p>	<ul style="list-style-type: none"> ➤ Family Visiting Room now provided. 	<p>Complete</p>

<p>Confirmation is required that the patient information board on Clyne ward has been replaced and patient information is not compromised.</p>	<p>A new information board has been procured for the ward</p>	<p>Ward Manager</p>	<ul style="list-style-type: none"> ➤ New information board (PASAG) has been ordered and once received will be positioned to ensure that patient confidentiality is not compromised. 	<p>31st July 2016</p>
<p>A review of occupational therapy input specifically on Celyn ward is required to ensure patients receive activities and therapies that help them achieve meaningful outcomes.</p>	<p>An Occupational Therapy Activity Worker has now been appointed via Welsh Government funding. Older People Services has established a project group that is aimed at improving a meaningful day for patients and incorporating that into the Care & Treatment Plans and supporting staff to deliver this.</p>	<p>Lead Occupational Therapist</p>	<ul style="list-style-type: none"> ➤ Occupational Therapy Activity Worker appointed ➤ Project Team developed to ensure Occupational Therapy input is provided across all areas of the service. 	<p>Complete</p>
<p>A review of advocacy information is required to ensure posters and leaflets are visible in all patient areas.</p>	<p>Mark Doyle has provided posters and leaflets for the South Wales Advocacy Service and these have been distributed to all the wards and departments of the hospital.</p>	<p>Hospital Manager</p>	<ul style="list-style-type: none"> ➤ Posters and leaflets provided 	<p>Complete</p>

<p>The areas identified need to be addressed, specifically ensuring the resus equipment is accessible and access is not hindered. Oxygen levels need to be tested daily and recorded and a review of the procedures in place for which oxygen cylinder would be used in an emergency. NEWS charts need to be updated and completed fully for all patients.</p>	<p>The Clinical Services Manager for Older Peoples Services has advised that a review of the treatment room has been undertaken by ward staff to ensure that resuscitation equipment is readily accessible</p> <p>In terms of daily oxygen level tests, this will now be monitored via the daily checklist of resuscitation equipment.</p> <p>In regards to the updating of the NEWS charts, the Ward Manager will ensure that these are fully completed and this will be monitored via the Quality Assurance Reviews, as instructed by the Unit Nurse Director</p>	<p>Clinical Service Manager</p>	<ul style="list-style-type: none"> ➤ Resuscitation equipment now accessible. ➤ Oxygen levels monitored via resuscitation checklist on a daily basis ➤ Monthly quality NEWS charts fully completed ➤ Monthly Quality Assurance Reviews in place 	<p>Complete</p>
<p>A review of the food served to patients is required. Specifically how the food is served to patients from plastic containers and kept at the correct temperature, the labelling of the food choices and the dining experience.</p>	<p>An All Wales Menu Framework is in operation within Cefn Coed Hospital. This currently consists of 18 soups, 38 main course items and 42 desserts, snacks and accompaniments. Menus are sent to the ward on a weekly basis whereby patients are encouraged to participate in food choice.</p>	<p>Hotel Services Manager</p>	<ul style="list-style-type: none"> ➤ Hot food provided on wards following a regeneration cycle ➤ Food is kept at correct temperature via heated counter tops 	<p>Complete</p>

	<p>The Hotel Services Manager has stated that hot food is served to the ward via a heated servery trolley, which have heated counter tops, with a residual heat so that food put on a regeneration cycle can be held at the correct temperature. In terms of food labelling, the description of the food item is located on the lid of each food container, and then discarded once opened. Colleagues from the Hotel Services Department have advised however that a daily menu will now be displayed at the side of the food trolley. Additionally a hot meal can be provided out of hours should patients require it. These would be frozen meals that can be re-heated as necessary.</p>		<ul style="list-style-type: none"> ➤ Menus to be provided alongside food trolleys ➤ Hot meals can be provided during out of hours 	
<p>Staff supervision needs to be improved for all staff to ensure they receive a regular and documented session.</p>	<p>It is acknowledged that a refresh is necessary on the implementation of regular and documented clinical supervision for staff. The Clinical Service Manager has advised that whilst management supervision is provided and documented, clinical supervision is held more on an informal basis.</p>	<p>Service Manager</p>	<ul style="list-style-type: none"> ➤ Practice Governance and Supervision Policy ➤ A database of supervisors is available 	<p>For review via Service Groups August 2016</p>

<p>A review of the governance/audit systems and processes need to take place to ensure that mealtimes can be observed to ensure patients are receiving a good standard of food and service.</p>	<p>As observed by the visiting team a protected mealtime policy is adopted by the Health Board. However on a case by case basis in order to meet person centred requirements ward staff need to be flexible for example in the event of a family member providing support with eating and drinking.</p>	<p>Service Manager</p>	<ul style="list-style-type: none"> ➤ It has been cascaded to ward staff of the need to facilitate a full inspection should a member of HIW wish to observe meal times as part of their inspection review 	<p>Complete</p>
<p>All the areas identified must be addressed, including ensuring all patient documentation is fully completed, in a timely manner and signed off by relevant staff.</p>	<p>The Service Manager responsible for Celyn Ward has rectified deficient record keeping and has put a plan in place for long term and sustainable improvement</p>	<p>Service Manager</p>	<ul style="list-style-type: none"> ➤ Agreed at the Health Board Nursing & Midwifery Board that all registered nurses and midwives would have an objective for record keeping set within the Personal Development Process. ➤ Documentation checks will form part of the spot check audit programme for the Unit Nurse Directors. ➤ Audit checklist attached which will review the documentation for all patients across Older People Mental Health Services 	<p>Complete</p>

Copies of section papers must be with the case notes.	An internal Mental Health Documentation Checklist has been developed for all inpatient areas for those patients detained under the Mental Health Act.	Ward Manager	<ul style="list-style-type: none"> ➤ Checklist developed and attached. ➤ Audits conducted on all Adult and Older People Services Wards Cefn Coed Hospital and are being rolled out to all other areas. 	
Written instructions must be clear and legible for staff to carry out the appropriate actions.	Medical colleagues have been reminded to ensure that medical opinion written on Mental Health Documentation is clearly legible.	Clinical Service Manager	<ul style="list-style-type: none"> ➤ Monitored via the Mental Health Documentation Checklist and Quality Assurance audits ➤ To be reviewed via the weekly ward Multi Disciplinary Team Meetings (MDT) 	Complete
Section papers, including renewal and other statutory documents must be moved to new case note folders when opened.	Copies of section papers, including renewal and other relevant statutory documentation are now transferred from old files to new case note folders as necessary.	Ward Manager	<ul style="list-style-type: none"> ➤ Mental Health Documentation Checklist ➤ Ward Manager will scrutinise as part of checklist. Ward clerk will be responsible for ensuring all correct documentation is in place. 	Complete
Patients must have the correct legal authority in place if being moved to a	This matter has been reiterated to Ward staff via the Mental Health Act	Ward Manager	<ul style="list-style-type: none"> ➤ Mental Health Documentation Checklist to be reviewed 	Complete

general hospital for treatment.	Department and further training has been delivered		by the Ward Manager and Ward Clerk.	
A review of the 2014 recommendations is required, specifically to address the lack of monthly audits and the annotation on withdrawn and cancelled section 17 forms.	Mental Health Act Documentation Audit Tool developed. Monthly audits are now in place, conducted via the Ward Manager and Ward Clerk. Copies of audits are retained on the patients file. The Mental Health Act Department will be contacted should there be any missing documentation. This can be immediately scanned to the wards. A custom made 'cancelled' stamp will be provided to the wards to ensure that withdrawn and cancelled Section 17 forms are clearly annotated.	Ward Manager	<ul style="list-style-type: none"> ➤ Monthly documentation audits in place ➤ Obsolete forms are filed in the patient health record and these are marked "cancelled" when new forms are generated ➤ Custom made 'cancelled' stamp to be provided for annotation on withdrawn and cancelled Section 17 forms 	Complete