

NHS Mental Health Service Inspection (Unannounced)

Cwm Seren / Low Secure Unit
(LSU) and Psychiatric Intensive
Care Unit (PICU)

Hywel Dda University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Cwm Seren within Hywel Dda University Health Board on 3, 4, 5 May 2017. The following sites and wards were visited during this inspection:

- Cwm Seren / Low secure unit
- Cwm Seren / PICU

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

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

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

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

2. Summary of our inspection

Overall, we found evidence that Cwm Seren (LSU and PICU) provided patient centred, effective care for patients. However, we had some concerns regarding the environment and safety of both patients and staff.

This is what we found the service did well:

- Staff on both units provided care to patients in a respectful manner
- Patients were provided with up-to-date information in writing or by speaking to staff
- There were good multi disciplinary therapeutic relationships between staff and patients
- Individualised patient focused care was provided
- Patients and relatives that we spoke to were very happy with the care received
- Staff we spoke to were happy in their roles and stated that they felt supported by peers and management.
- Legal documentation under the Mental Health Act was compliant with the relevant legislation.

This is what we recommend the service could improve:

- Some areas of the environment, to help maintain patients' safety, privacy and dignity
- Maintain a safe working environment for staff with robust alarm systems and visual safety on designated doors
- Information leaflets should be made available for patients and carers / relatives
- Patients' views should be captured to inform improvements in service provision

- Some areas of documentation required auditing
- Some areas of service provision needs to be reviewed.

3. What we found

Background of the service

Hywel Dda University Health Board provides NHS mental health services at Cwm Seren, Hafan Derwen, St Davids Park, Carmarthen SA31 3HB.

The service at Cwm Seren has two distinct units:

- Low Secure Unit (LSU)

A 14 single room en-suite male unit with a 4 bed step down unit (18 beds in total). At the time of the inspection two rooms were out of commission due to refurbishment.

- Psychiatric Intensive Care Unit (PICU)

An 8 single room en-suite mixed gender unit (including one high dependency room and a room used as the 136 suite¹). At the time of the inspection one room was out of commission due to refurbishment.

During the inspection, there were 16 patients in the LSU and 6 (with one admission) on PICU.

Cwm Seren employs a staff team which includes a Psychiatrist, junior doctor, two psychologists, a psychology assistant, Occupational Therapist (OT), two OT assistants, nurses, health care support workers and hotel services staff. The multi-disciplinary team includes a GP, pharmacist, social worker, the forensic community mental health team and the community mental health team. The team could also access advocacy services and Independent Mental Health Advocates (IMHA) when required.

¹ A 136 suite is a place of safety where a police officer can take a person after removing them from a public place if they are considered to be suffering from a mental disorder and it is in their best interest, or for the protection of others. The person must be in immediate need of care and control and should receive a mental health assessment. Section 136 of the Mental Health Act 1983 - An emergency power to remove a mentally disordered person considered to pose a risk to themselves or others, to a place of safety. A place of safety can be in any mental health based unit, a 136 suite in a psychiatric hospital, or in a residential home, the home of a friend or relative and the decision where is based on individual needs.

Quality of patient experience

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

Throughout our inspection we observed staff treating patients with respect and kindness. Staff made every effort to maintain patient dignity and the en-suite bedrooms provided additional privacy for patients.

Patients on both units provided very positive feedback on the care they had received whilst at the hospital.

The unit environment was suitable for the patient groups, clean and generally maintained to a high standard. However, there were some improvements required to benefit patient experience.

There was very little health promotion information available to patients on either unit. Staff ensured that they communicated with patients effectively using words and language suitable to the individual patient.

During the inspection we spoke with a number of patients to obtain views on the services provided. Patient comments and discussions included the following:

- Good engagement with staff
- Helped to look after themselves when needed, otherwise encouraged to make appointments with GP / dental services
- Most patients were satisfied with the range of activities available
- Understood their plan of care, although one patient felt that they were not always listened to
- Good access and engagement with advocacy service

Staying healthy

Overall patients told us that they were encouraged to maintain a healthy lifestyle. HIW were satisfied that the service offered an increasing range of

activities, support and services to promote healthy living on the LSU but due to the nature of the PICU, where low stimulus is promoted, there were not so many activities available.

LSU

We saw information displayed promoting healthy eating and patients told us that there were regular communal meals cooked with vegetables which had been grown in the unit's garden.

We saw a range of activities such as pool table, books, personal radios, televisions and a gym available. There were only three staff members trained to supervise the use of the gym and patients told us that this meant access to the gym could be limited due staff unavailability.

There was a large garden with raised vegetable beds and appropriate out door seating. However, we were told and saw that the design of the outer perimeter fencing did not comply with the national association of psychiatric intensive care unit and low secure unit guidance on the physical environment. Specifically the fence was not constructed with an anti-climb surface nor did it consist of meshing which inhibits the easy passage of items. HIW issued an immediate assurance letter on 8 May 2017 in respect of the safety implications of this issue. We received a satisfactory response on 15 May 2017 outlining on-going improvements.

We saw various past and present patients' artwork tastefully displayed on the walls of the unit, which promoted a welcoming environment and showed appreciation of individual accomplishment.

Patients told us that they were encouraged to make their own appointments to see the GP (who visited the unit twice weekly) and the local community dentist. It was positive to see that staff also assisted patients to make these arrangements when required.

There were morning meetings on the unit to organise individual activities and ensure any appointments were scheduled into daily routines.

PICU

We did not see information leaflets advising on health promotion or how to maintain a healthy lifestyle.

There were no GP arrangements on PICU. Patients requiring general health care would be escorted to the nearest general hospital. If they were acutely

unwell with mental health issues staff would accompany and stay to support the general hospital staff.

Although there was a television in the lounge area and a table tennis facility in the garden area, we did not see patients using the garden other than to smoke. We saw a wall mural which patients had built and appropriate safe garden furniture. Patients were supervised in the garden at all times and we were told it was accessible between 6am and midnight. As with the LSU, the perimeter fence was not to the required standards.

Staff told us that patients could also use the gym facility on the LSU unit. At the time of our inspection three staff members on PICU had received training to oversee the use of the equipment. We were also told that an activity lead had recently been appointed which the unit manager agreed would be of benefit to the patients.

Dignified care

Overall we were satisfied that patients were treated with dignity by the staff teams, although environmental facilities on the units did not always promote dignity. For example, the observation panels to each bedroom on both units were old and broken; some with blinds set to open and some with blinds set to closed. This did not foster a safe or dignified environment. Our concerns regarding the observation panels were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix A. We received a detailed and acceptable response on 15 May 2017.

LSU

We saw that staff spoke with patients in a respectful and supportive manner. Patients seemed comfortable interacting with staff of all grades. There were individual en-suite bedrooms which had been personalised, taking into consideration patient and staff safety and welfare. There were curtains to the en-suite rooms, but these were in the process of being changed to wooden doors which would be ligature safe. The bedroom observation panels to the side of the doors were not suitable, with most of the controls broken or staff did not have the key to turn the blinds. This meant that some blinds were permanently open, which did not afford patient privacy, whilst others were set to closed and this made maintaining a safe environment and close monitoring of patients more intrusive, as staff would shine a light in to the bedroom at night.

One patient told us of an occasion where a staff member had sworn at them. We discussed this with the unit manager who confirmed there was an on-going internal investigation.

The bright and open environment was generally clean and tidy. There was sufficient communal room available to enable patients to have personal quiet time.

PICU

We saw that all staff called patients by their first names according to the wishes of the patients. Patients had their own en-suite bedrooms which had some personal items according to the patients identified risks.

This was a mixed gender unit but was not organised into male / female areas. However, this was not a problem as each bedroom door was lockable. Again, as in LSU, the observation windows were not all working properly.

There was a television lounge, although this was fairly small and became quite crowded when the high dependency room (HDU) was occupied. The HDU had a quiet room which all patients could access when the unit was not in use.

Improvement needed

The health board needs to ensure that privacy /safety blinds are working and can offer privacy to patients whilst also allowing staff to monitor patients in their bedrooms as is sometimes required.

Patient information

We did not see a great deal of information for patients / relatives or carers which would aid understanding of specific mental health diagnosis. Both units had individual information leaflets regarding the facilities and arrangements offered. Patients told us that they were satisfied that staff communicated information in a timely manner.

LSU

Initially we did not see any information leaflets regarding advocacy services, although patients told us that the facility was available and that they frequently used it. During the inspection a sign was displayed on the information board. This was evidence that the staff listened to feedback and actioned any improvements as soon as possible.

We did not see the use of braille or pictorial signage to assist patients with information and we also saw that signage on doors was misleading, as some rooms had been changed to offices but the original signage had remained.

The unit manager told us that the unit was working towards the bronze carer award and therefore information for relatives / carers, and how to meaningfully display this, was a work in progress.

The unit had recently devised a new leaflet which was awaiting agreement from senior staff. This leaflet outlined the facilities and arrangements on the unit. We looked at the draft and noticed that it did not have information regarding how to make a complaint nor how to contact HIW or the Community Health Council (CHC). The ward manager confirmed that these would be added before the leaflet was finalised.

As part of the admission process, all patients and nearest relatives are provided with information relative to their rights while detained under the Mental Health Act (section 132 of the Mental Health Act) and this included information about the section of the MHA they are detained under, consent to treatment and leave of absence. This information was regularly discussed and re-presented to patients and recorded as such.

PICU

We were assured by both staff and patients that there was a very good advocacy service available which visited the unit every Monday, Tuesday and Wednesday. There was a poster displayed on the office window offering this information and staff told us that this service was also offered as part of the admission process.

Visiting times for the unit was by appointment only and was usually lasted for an hour. However, there was some discretion used if visitors had travelled a distance to visit.

The unit had also devised a new leaflet which outlined the facilities and arrangements offered. We looked at the leaflet and noticed that, similar to the LSU, it did not have information regarding how to make a complaint nor how to contact HIW or the Community Health Council.

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of absence .This information was regularly discussed and re-presented to patients and recorded as such.

Improvement needed

Both unit managers need to ensure that information leaflets contain how to make a complaint, HIW and CHC addresses.

Communicating effectively

All patients told us that they understood what was happening with their care and had access to their Care and Treatment Plan (CTP). Patients attended multidisciplinary team meetings (MDT) and where appropriate worked with their key nurses to review and develop their care and activity plans.

Neither unit had a means to gather patient feedback or to listen to how patients would like to see the service improve. Both units told us that there was an open door policy and that patients had opportunities to make their voices heard in meetings such as the morning meeting. We discussed with the unit manager on LSU setting up a monthly clinic where patient could have access to the managers and formally bring any improvements or concerns to their attention. We were told that this was a probable way forward.

Staff in PICU told us that patients were not always well enough to offer feedback but it was an area that could be explored such as questionnaires when patients are well enough to progress to another unit.

Improvement needed

Both unit managers need to establish a means to capture patient /carers / relatives' feedback on their experiences whilst on the units.

Timely care

We saw evidence that Cwm Seren was improving its service provision with the employment of Occupational Therapists, Psychologists and an activity co-ordinator. These new members of staff are providing therapeutic treatments in a timely and holistic manner. There was evidence of seamless working between the in-patient teams.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act or restrict patients leaving the hospital was compliant with the relevant legislation.

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

There was also an advocacy service available with the advocate visiting the units at least three times a week. Patients and staff told us that this service was invaluable.

There were suitable places for patients to meet with visitors in private on both units along with arrangements in place to make private telephone calls.

Patients were allowed to bring personal possessions into the LSU. However, items were risk assessed prior to storing in individuals' bedrooms. We saw that items which posed a risk, or were not suitable due to lack of space in bedrooms, were stored in a cupboard on the unit. These items were not labelled or itemised to identify the owners and the storage cupboard was overflowing. Discussion with the unit manager indicated that storage space was a problem.

Improvement needed

The health board needs to ensure there is adequate storage space at Cwm Seren.

The unit manager needs to ensure that patients' personal belongings are labelled and itemised.

Delivery of safe and effective care

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

Staff on both units provided effective care for patients. There were processes in place to maintain patients' safety whilst receiving an improving standard of care from a motivated staff team.

However, there were areas of improvement required to maintain a safe environment for both patients and staff and this was drawn to the attention of senior staff immediately.

Safe care

Our concerns regarding the emergency alarm system were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are within this section of the report and again in Annexe B.

Managing risk and promoting health and safety

There were processes in place to manage risk and maintain health and safety. Both units provided individualised patient care that was supported by managed positive risk taking, both in unit practices and care planning.

All patient areas were on the ground floor of the hospital with accessible entry, including for people with mobility difficulties, from the main designated entrance.

On both units, staff had access to personal alarms to call for assistance if required. However, the system was not robust, insofar as the alarm would be raised in the office and also on the handset of the nurse in charge. The nurse in charge would then need to alert other members of staff. If it was the nurse in charge who had raised the alarm it would alert in the office and on the handset of the nurse in charge on the next unit. The efficacy of the alarm system was significantly reduced when staff were not in the office (which was often the case). There were no nurse call points around either unit or within patient bedrooms so that patients / staff could summon assistance if required.

We were also told of an incident in the junior doctors' on call room, whereby the staff member opened the door and was assaulted by a patient. This was due to no viewing panel in the door. This was escalated to senior management at the time of the incident but had not been addressed

The furniture, fixtures and fittings on both units were appropriate to the respective patient groups. However, the notice boards on PICU had been pulled down and had not been replaced. Parts of the flooring were sealed with grey tape and carpets, specifically in the office, were stained and dirty.

Generally, the lay out of PICU was not intended for an intensive care suite and this remains an issue. A review of the unit, especially the location and facilities of the Section 136 Suite is urgently required to ensure patients receive appropriate care in a suitable environment. The furniture within the Suite comprised of standard office table and bed settee. This should be reviewed to ensure that the furniture provides patients and professionals with an appropriate level of comfort. The furniture should also be secured or weighted to prevent being used as an object to cause harm.

The HDU within PICU had a shower and adjacent toilet, as well as a small sitting room and an office where staff could observe patients discreetly. There were also seclusion facilities within this area which comprised of a further bedroom with access to discreet shower and toilet facilities. We were informed that this facility was not used often and records supported this. It had, however, been used for a patient recently and records showed evidence of care plans reflecting local seclusion policy and national guidelines.

There was a well equipped arts and crafts room on the LSU, with safe procedures for use of potentially dangerous tools. We saw that there was a First Aid box in case of emergencies, although some of the contents were out of date.

Improvement needed

The health board must ensure that the internal environment is adequately maintained.

The health board need to ensure that safety measures are in place regarding the junior doctors on call room.

The health board need to urgently review the appropriateness of the 136 facility.

The unit manager needs to ensure the contents of the First Aid boxes are within

the manufacturers use by dates.

Infection prevention and control

Throughout the inspection we observed the hospital to be visibly clean and free from clutter. Cleaning equipment was stored and organised appropriately.

Both units had detailed cleaning schedules completed by health board domestic staff. Additionally on the LSU patients were encouraged to clean their rooms and communal areas as part of their rehabilitation programme.

We did not see hand hygiene products available in relevant areas on the units. Staff did however have access to infection prevention and control and decontamination Personal Protection Equipment (PPE) when required.

There were laundry facilities for both units. Laundry rooms and linen cupboards were well organised on both units. We were told that the washing machine on LSU flooded regularly and laundry on the main LSU would have to be taken to the step down area of the unit. We saw laundry stored on the cupboard floor and towels on waste bins in the bathroom on LSU. These were both addressed before the end of the inspection period.

Improvement needed

The health board should ensure that hand cleansing gel is available at designated points on entry and on leaving the units.

The health board need to ensure that equipment in maintained in good working order.

Nutrition and hydration

Patients were provided with meals at the hospital which included breakfast, lunch, evening meal and supper. Patients choose their meals from the hospital menu. Both units operated protected mealtimes so that patients were not interrupted during their meals. Patients also had access to fresh fruit and snacks along with hot and cold drinks.

We observed a selection of meals and they appeared nutritious and appetising. During our discussions with patients they were complimentary about the meals which they received. Staff confirmed that alternatives to the set meals were available and that efforts were made to ensure that patients received food that they wished to eat.

We also saw that staff ate dinner and tea with the patients to enable informal conversations and observations to take place especially food and fluid intake.

There was an occupational therapy (OT) kitchen on the LSU where patients could prepare their own meals and drinks in a supervised environment. Patients had their own cupboards and areas within the fridge freezers to store food that they purchased while on leave from the hospital. However, the drawers to the freezers were broken and the stored food was disorganised. We asked to see the record of fridge temperatures so that staff could be assured that food was stored at the correct temperature. We were told that these were not routinely recorded. We saw that perishable foods were dated to ensure they were used before the use by date.

We looked at the equipment in the kitchen and saw that the cooker needed deep cleaning and this was pointed out to the unit manager on the day.

Improvement needed

The unit manager needs to ensure that the temperatures on the fridges and freezers are recorded daily.

The unit manager needs to ensure that the cooker in the OT kitchen is cleaned regularly.

Medicines management

Overall, medicines management on both units was safe and effective, although there were some areas that could be improved.

We saw signatures, adverse risks, patient identification, medication reviews and planning were consistently completed on the medication documentation.

However, we did not see:

- An area for recording the Mental Health Act section that patients were detained under on the Medication Administration Records (MAR)

- Completed Lunsers (a tool used for side effect monitoring) on all patients in LSU. PICU told us they do not use any formal tool for side effect monitoring
- Clear evidence that lessons are learned from medication errors.

We were told that the LSU had been identified to pilot a new electronic medicines administration system and this would commence in 2017.

Medication was stored securely with cupboards and medication fridges locked. There was a regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication on both units.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature.

There were arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked daily.

Improvement needed

The health board needs to ensure that the Mental Health Section that patients are admitted under is recorded on the Medication Administration Chart.

The unit managers must ensure that staff fully complete the agreed tool used for side effect monitoring in LSU and PICU.

The health board must ensure that there is evidence of how lessons are learned from medication errors.

Safeguarding children and adults at risk

There were established processes in place to ensure that staff on both wards safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Children were allowed to visit the units by pre-arranged appointments only. There was an appropriate room with books and toys away from the unit environment where patients could meet with young family members.

Effective care

Safe and clinically effective care

Overall we found governance arrangements in place that helped ensure that staff on both units provided safe and clinically effective care for patients.

Record keeping

Patient records were electronic and were password-protected. The system appeared well organised, easy to navigate with multidiscipline documentation available in one place. Paper records and documents were scanned on to the system. We saw good quality and depth of information contained on all care and treatment plans across both units.

It was evident that staff on both wards were providing good level of assessments and monitoring of patients' wellbeing. The care and treatment plans were outcome focussed with comprehensive relapse indicators and contingency plans. Physical health assessments were undertaken on admission with ongoing monitoring via the NEWS² or as clinically indicated. We saw good use of recognised mental health and occupational therapy assessment tools with evidence based clinical practice. All patient interventions were appropriate to meet individual patient need, with clear details provided in the records. There was evidence of regular reviews of assessments and care plans. However, although the LSU documentation showed that patient's capacity to understand and agree treatment was recorded this was not always the case on PICU.

There was a section to record any identified unmet needs and family / carer involvement, although this was not always completed. We discussed with the unit manager how staff recorded whether a patient agreed with the care plans or not and were told that this was recorded electronically with a yes or no. This needs to be more robust and we suggested the signature page be printed for patients to sign and then scanned on to the system. The unit manager agreed that this was feasible and would be implemented. We also suggested that staff record whether patients receive a copy of their care and treatment plan to read at their leisure.

The unit manager told us that a care and treatment plan audit was in the process of being developed. This was evidence of noteworthy practice.

² NEWS (National Early Warning Score) a systematic standardised clinical assessment tool.

The patient status at a glance board within the nursing offices of both units provided clear and quick information. The boards were covered to maintain confidentiality when not in use.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across the two units (two from each unit).

It was evident that detentions had been applied and renewed within the requirements of the Act.

Medication was provided to patient in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) a record of the statutory consultees' discussion was completed and kept with SOAD documentation.

Consent to treatment certificates were kept with the corresponding Medication Administration Record (MAR Chart). This meant staff administering medication could refer to the certificate to ensure that medication was prescribed under the consent to treatment provisions of section 58 of the Act.

The health board's mental health act administration team ensured that patients were provided with their statutory rights under the Act, including appealing against their detention. There was evidence that patients were supported by the advocacy service

We also noted that all leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms. These forms were detailed and had been fully completed.

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

We reviewed the care plans of a total of five patients; Three from the LSU and two from PICU.

There was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements.

On both units there were an extensive range of risk assessments that set out the identified risks and how to mitigate and manage them. There were also good physical health assessments and monitoring recorded in patient notes.

We found that Care and Treatment Plans reflected the domains of the Welsh Measure.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training and were aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS). There were no patients detained under DoLS during our inspection.

Quality of management and leadership

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

There had been a relatively recent change in management on the LSU and we saw very good leadership and management on both units. Staff throughout Cwm Seren evidenced good team working and spoke of increasingly positive staff morale.

Both teams were supported by relatively new health board senior management and had improved collaborative working with the community teams. Link nurses were now in place to offer more specialist advice on specific conditions.

Staff were encouraged to attend mandatory training courses. .

Governance, leadership and accountability

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

There seemed to be on going issues with the health board's estates department, with staff stating that there were long waiting times for issues to be resolved. For example, there was an area of the ceiling in the food preparation area on LSU which had needed attention for almost 18 months. We have also identified other areas throughout the report.

There was dedicated and passionate leadership from the unit managers who were supported by committed teams, strong multi-disciplinary teams and senior health board managers who regularly attended both units. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the new leadership and support provided by the unit manager on LSU and the manager on PICU. Staff also commented that team-working and staff morale on the units had vastly improved.

Both units were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. This was supported by close and productive working with the forensic mental health team and the respective community mental health teams.

Patients' feedback on the care that they had received, from both units, was very positive.

It was positive that throughout the inspection staff on both units were receptive to our views, findings and recommendations. However, we followed up on the recommendations of our last report and found that nine actions remained outstanding.

Staff and resources

Workforce

Both wards had established teams that evidenced good team working. However, there were vacancies for both qualified and health care support workers; it was positive that the unit managers confirmed that there had been a good response from recent recruitment drive.

Staff described the process for obtaining bank / agency staff and it seemed protracted and bureaucratic. There were a number of senior staff required to have oversight before authorisation. This seemed excessive, particularly for bank staff, and the time taken to obtain the authority was on occasion disproportionate.

We saw that there was 93% compliance on staff appraisals in PICU and the unit manager on LSU, although relatively new in post, has almost completed all staff's personal development plans prior to commencing regular supervision sessions.

There was a programme of mandatory training in place which seemed compliant, although the system for recording staff attendance and completion of training did not allow an overview for the unit managers. Staff told us that the system was not timely in recording information and could sometimes be six months out of date. Staff also told us that there were IT problems, such as passwords which made accessing the eLearning programmes very difficult.

There is a current review of mental health service provision in Hywel Dda University Health Board underway and it would be beneficial to take advantage of this situation to ensure the PICU service is prioritised. We were told of occasions when patients with brain injury, learning disability or social issues were admitted into the Section 136 Suite. This is not an appropriate use of the service.

Improvement needed

The health board should review the system for referral and completion of works from the Estates department.

The health board needs to review the process for authorisation of bank / agency staff.

The health board needs to review the service offered at PICU.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved

Appendix B – Immediate improvement plan

Service: Cwm Seren

Ward/unit(s): LSU / PICU

Date of inspection: 3, 4, 5 May 2017

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Finding</p> <p>HIW found that the current alarm system used in the building to alert staff to emergency situations was not fit for purpose, in as much as; the hand held alarms would alert staff who were in the office and the ward manager’s handset. There is the potential that staff may not be present to receive these alerts. Staff would then need to alert colleagues on the wards to the emergency and where it was. On the occasions where the ward manager was requesting assistance the alarm would alert</p>		<p>Deliver the recommendations of the Modernising Alarm Task and Finish Group which was convened to examine the provision and maintenance of all the alarm systems across Adult Mental Health (AMH) Wards.</p> <p>Capital bid to be submitted for purchase and maintenance contract for new alarm system by 31.07.17</p>	<p>Head of Service (HoS)</p>	<p>Completed</p> <p>Cwm Seren – Recommendation from the task and finish group– the BLIK system to be reintroduced.</p> <p>Capital bid submission to Directorate Business Planning Performance and</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>the ward manager on the neighbouring ward and the office.</p> <p>This system is not timely and does not provide a safe environment for staff or patients.</p> <p>Improvement needed:</p> <p>The health board urgently need to provide a safe system for alerting staff when there is an emergency situation.</p>		<p>Personal alarms provided as an additional support for areas not well covered by the current system. This reduces as opposed to eliminates risk whilst a full upgrade is progressed through the submission of the capital bid.</p>	<p>Service Manager</p>	<p>Assurance Group (BPPAG) Thursday 27th July 2017</p> <p>Complete – The personal alarms were in situ prior to HIW visit.</p>
<p>Finding</p> <p>HIW were told and saw that the design of the outer perimeter fencing did not comply with the national association of psychiatric intensive care and low secure unit guidance on the physical environment. In as much as;</p> <ul style="list-style-type: none"> • It was not constructed with anti-climb 		<p>Project team set up comprising of:</p> <ul style="list-style-type: none"> • Service Manager AMH • Ward Manager AMH • Business Manager AMH • Discretionary Capital Projects Manager 	<p>Director - Estates Facilities and Capital Management</p>	<p>Project Group Established 17th May 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>surface</p> <ul style="list-style-type: none"> • It did not consist of meshing which inhibits the easy passage of items • In addition we were told of an instance where a patient had attempted to use the fence as a ligature point. This potential remains unchanged. <p>Improvement needed;</p> <p>The health board urgently need to provide a safe but secure outer perimeter fence.</p>		<ul style="list-style-type: none"> • Estates Operational Support Officer • Estates Operations Manager East <p>The service representatives within this team will be responsible for outlining the Project design brief to enable the design team to progress this scheme to design/costing stage.</p> <p>Next steps:</p> <p>A capital bid is being completed based on the cost proposals from the Estates Team. To be submitted to the next capital planning group.</p> <p>Subject to approval a timeline of approximately twenty four weeks would be required to complete this work.</p>	<p>Head of Service</p>	<p>Capital bid submission to Directorate BPPAG Thursday 27th July 2017</p> <p>Assuming that approval to the bid would be achieved in August 2017 it is anticipated that this</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
				will be complete by February 2018

Appendix C – Improvement plan

Service: Cwm Seren
Ward/unit(s): LSU / PICU
Date of inspection: 3, 4, 5 May 2017

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board needs to ensure that privacy /safety blinds are working and can offer privacy to patients whilst also allowing staff to monitor patients in their bedrooms as is sometimes required.	4.1 Dignified Care	A new system of privacy/safety windows are being installed as part of the Welsh Government Anti Ligation Programme of work which is currently in the planning stage with work due to start shortly.	AMH Business Manager	Work will be completed by April 2018. There is a rolling programme of upgrades where two rooms are being completed at

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Interim assurance measures to ensure dignified care is maintained whilst waiting for the Anti ligature work to be progressed to include installing a coating to windows to increase privacy.	Ward Manager	a time to manage bed capacity 4 th August 2017
Both unit managers need to ensure that information leaflets contain how to make a complaint, HIW and CHC addresses.	4.2 Patient Information	Patient information leaflet to be reviewed and amended. Amended leaflet to be sent to the Quality Assurance and Professional Practice Team for quality checking and ratification. Post ratification leaflet to be made	Ward Manager Ward Manager Quality	1st June 2017 Completed 1 st June 2017 Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		available to patients and carers	Assurance and Professional Practice Team (QAPDT)	4 th August 2017
Both unit managers need to establish a means to capture patient /carers / relatives' feedback on their experiences whilst on the units	3.2 Communicating effectively	A post episode of care feedback form is to be devised with input from the QAPDT which will be used to gather feedback from both patients and their carers.	Senior Nurse for Quality Assurance and Professional Practice	30 th September 2017
<p>The health board needs to ensure there is adequate storage space at Cwm Seren.</p> <p>The unit manager needs to ensure that patients' personal belongings are labelled and itemised.</p>	6.2 Peoples rights	Individual storage is available for patients on the units – on PICU restricted items are stored in plastic boxes in a storeroom. On the LSU a storeroom has been identified to store patient's belongings in labelled boxes. There is a document to sign when property is taken out or returned.	Ward Manager	1st July 2017 Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must ensure that the internal environment is adequately maintained.	2.1 Managing risk and promoting health and safety	<p>Escalation process is in place to manage estates requests which are not acted upon.</p> <p>Timetable for 15 Steps Programme (environmental walkabout including carers and service users) to be devised. The QAPDT are ensuring governance arrangements are in place prior to the roll out of the 15 Steps Programme.</p>	<p>Service Manager</p> <p>Senior Nurse for Quality Assurance and Professional practice</p>	<p>Completed 31st July 2017</p> <p>31st July 2017 Pilot walkabout has been undertaken process now being refined</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board need to ensure that safety measures are in place regarding the junior doctors on call room.</p> <p>The health board need to urgently review the appropriateness of the 136 facility.</p>		<p>The door to the Junior Doctors room has been equipped with a peep hole so the person in the room can see who is outside the door before opening it.</p> <p>An urgent review of the section 136 facility will be undertaken by the Head of Service</p>	<p>Estates Department</p> <p>Head of Service</p>	<p>in readiness for full walkabout programme</p> <p>1^s July 2017 Completed</p> <p>15th July 2017 Complete</p> <p>There is no alternative in Ceredigion at present but this is being addressed through the Transforming</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The unit manager needs to ensure the contents of the First Aid boxes are within the manufacturers use by dates.</p>		<p>First aid boxes to be in situ on both LSU and PICU.</p> <p>All staff to be informed where the First Aid boxes are situated within the units.</p>	<p>Ward Manager</p>	<p>Mental Health which is currently out to public consultation</p> <p>1st July 2017 Completed</p>
<p>The health board should ensure that hand cleansing gel is available at designated points on entry and on leaving the units.</p> <p>The health board need to ensure that equipment in maintained in good working order.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Cleaning gel is available upon entry to the ward.</p> <p>Escalation process is in place to manage estates/maintenance requests which are not acted upon.</p>	<p>Ward Manager</p> <p>Service Manager</p>	<p>1st July 2017 Completed</p> <p>31st July 2017 Completed</p>
<p>The unit manager needs to ensure that the temperatures on the fridges and freezers are recorded daily.</p>	<p>2.5 Nutrition and Hydration</p>	<p>Devise an audit schedule to ensure compliance with the procedure</p>	<p>Ward Manager</p>	<p>7th August 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The unit manager needs to ensure that the cooker in the OT kitchen is cleaned regularly.		Implementation of a cleaning schedule for the kitchen and cooker.	Occupational Therapy	Complete
<p>The health board needs to ensure that the Mental Health Section that patients are admitted under is recorded on the Medication Administration Chart.</p> <p>The unit managers must ensure that staff fully complete the agreed tool used for side effect monitoring in LSU and PICU.</p> <p>The health board must ensure that there is</p>	2.6 Medicines Management	<p>HDUHB are introducing new prescription charts which have space for MHA status specified.</p> <p>Add this action into the admission checklist and send communication briefing to all members of staff.</p> <p>Pharmacy to review existing protocols for the assessment and monitoring of side effects to ensure the fitness for purpose and to roll out the procedure to all registered nursing staff.</p> <p>Audit of compliance of the above two months post re- introduction.</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Lead Pharmacist Mental Health and Learning Disabilities</p> <p>Lead Pharmacist Mental Health and Learning Disabilities</p>	<p>30th September 2017</p> <p>30th September 2017</p> <p>31st August 2017</p> <p>31st October 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
evidence of how lessons are learned from medication errors.		<p>Individual errors and learning is captured through a documented reflective process.</p> <p>Service errors and learning is a standing agenda item for staff meetings.</p> <p>Service errors and learning will be incorporated into the Heads of Service Mental Health and Learning Disabilities Quality, Safety and Experience Assurance Sub-Committee reports.</p>	<p>Ward Manager</p> <p>Service Manager</p> <p>Head of Nursing – Mental Health and Learning Disabilities</p>	<p>30th June 2017 Complete</p> <p>14th August 2017</p> <p>30th September 2017</p>
Quality of management and leadership				
<p>The health board should review the system for referral and completion of works from the Estates department.</p> <p>The health board needs to review the process</p>	7.1 Workforce	<p>Escalation process is in place to manage estates/maintenance requests which are not acted upon.</p> <p>The Directorate have reviewed the</p>	Service Manager	31 st July 2017

