

NHS Mental Health Service Inspection (Unannounced)

Llanfair Unit - Daffodil Ward

Cardiff & Vale University

Health Board

Inspection date:

9 - 11 January 2018

Publication date: 12 April 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience.....	8
	Delivery of safe and effective care	12
	Quality of management and leadership.....	23
4.	What next?.....	26
5.	How we inspect NHS mental health services.....	27
	Appendix A – Summary of concerns resolved during the inspection.....	28
	Appendix B – Immediate improvement plan.....	29
	Appendix C – Improvement plan	30

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 Llanfair Unit within Cardiff and Vale University Health Board on 9 - 11 January 2018. The following sites and wards were visited during this inspection:

- Llanfair Unit - Daffodil Ward - Mental Health Service for Older People

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

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

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

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

2. Summary of our inspection

Care was delivered to a high standard by a passionate team and in a respectful manner. Processes were in place to ensure safe and clinically effective care. However, improvements are required in the management of medicines and clinical room audits.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully.
- Provided a range of suitable facilities in a very pleasant environment of care.
- Good multi-disciplinary team working and collaborative working with community teams.
- Legal documentation under the Mental Health Act and Deprivation of Liberty Safeguards were compliant with the relevant legislation.

This is what we recommend the service could improve:

- Support from other directorates to minimise the isolation of Llanfair Unit.
- Medicine management and clinic room audits.
- Completion of mandatory training and Personal Appraisal and Development Reviewers

3. What we found

Background of the service

Daffodil Ward at Llanfair Unit provides NHS mental health services at Llandough Hospital, Penlan Road Llandough CF64 2XX within Cardiff and Vale University Health Board.

The ward has 17 beds for the assessment and treatment of older people functional mental health, the ward is mixed gender. At the time of our inspection there were 15 patients being cared for on the ward.

The service employs a staff team which includes a ward manager, two deputy ward managers and a team of registered mental health nurses and healthcare support workers. There were five responsible clinicians who work across in-patient service and community teams based on geographical location.

The team could also access other disciplines such as occupational therapy, physiotherapy, dietetics, speech and language therapy and had daily GP cover.

Daffodil Ward opened in September 2017 following the combination of wards East 14 and East 16 at the main Llandough Hospital and relocated at the Llanfair Unit within Llandough Hospital grounds. The staff team of Daffodil Ward comprised mainly of staff that had previously worked on wards East 14 or East 16.

The health board's Mental Health Service for Older People community teams are based upstairs within the Llanfair Unit. Llanfair Unit also contains Meadow Ward which provides mental health rehabilitation care for adults aged between 18 and 65 years.

Quality of patient experience

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

We observed that patient experience on Daffodil Ward to be delivered to a high standard by a team that provided passionate care in a respectful manner.

Patients provided positive feedback on the care they had received whilst on the ward and we saw an array of thank you cards displayed.

The ward environment was suitable to the patient group, clean and refurbished to a high standard. However, there were areas of outstanding work that need to be completed by the health board's estates department.

Staying healthy

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

The ward had a designated refocusing nurse that facilitated a range of activities; ward staff also had access to a range of activities so that they could facilitate additional activities on the ward. There was an arts and crafts room, on ward hair and nail salon available to patients and an Activities of Daily Living (ADL) kitchen within the Llanfair Unit.

There was on-ward input from occupational therapy and physiotherapy that provided individual patient assessment and therapy sessions.

It was positive to hear that there was a volunteer that attended the ward twice a week to facilitate group activities for the patients.

Patients could access their bedrooms throughout the day. The ward had a number of communal rooms and areas that patients could access as a group or individually away from other patients if they wished.

Patients also had access to a large secure garden area, however it was in need of attention to make more suitable for patient use. Ward staff explained their desire to improve the garden area to help enhance patient experience; the health board must support staff in developing the garden to offer a pleasant area for relaxation and fresh air.

The food provided to patients gave a balanced choice of meals, with fresh fruit and drinks readily available.

The hospital had become non-smoking. There was a range of smoking cessation products available to patients who may wish to receive assistance in not smoking whilst at the hospital.

Improvement needed

The health board should support the ward with their plans to develop the garden area to enhance the patient experience.

Dignified care

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

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

It was positive that prior to the opening of the ward in September 2017 the health board had involved ward staff in refurbishment of the ward. There had been concerted efforts in ensuring that the ward was appropriately furnished and decorated for the patient group. The ward provided comfortable, homely, quiet and communal spaces and there were many examples of tasteful homely touches. It was commendable that ward staff had, and continue to, undertake fundraising activities to fund additional improvements to the ward environment.

At the time of the inspection the environment was very pleasant and provided a relaxing environment for patients to receive care. However, there were a few areas of refurbishment requiring completion from the health board's estates

department, such as installing blinds, bedroom door signs and other minor works.

There were 15 individual bedrooms and one two-bedded room; appropriate privacy measures were in place between the two beds within the shared room. The bedroom doors were lockable from inside to prevent other patients entering; staff could over-ride the locks when required.

The ward was divided into male and female bedroom areas and each gender area had gender specific toilets and showers. There was a bath available which could be accessed via separate entrances from either the male or female side of the ward. The location of these facilities helped maintain patients' privacy and dignity when used as patients could access them without leaving a gender specific area.

The ward had specified visiting times; however staff confirmed that they were flexible with when visitors attended based on individual circumstances.

Improvement needed

The health board must ensure that outstanding estates work for Daffodil Ward is expedited.

Patient information

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

Improvement needed

The health board must display information and contact details for Healthcare Inspectorate Wales.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated well with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where

patients remained unclear or misunderstood, staff would patiently clarify what they had said.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act (the Act) or restrict patients leaving the hospital by Deprivation of Liberty Safeguards (DoLS) were compliant with the relevant legislation. However, whilst information was displayed to inform patients who were not restricted by the Act or DoLS about their rights to leave, this was not located near the exit of the ward. The ward manager confirmed that additional information would be mounted near the exit so that it was more noticeable.

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

There were suitable places for patients to meet with visitors in private along with arrangements in place to make private telephone calls using the ward phone or patients' own mobile phones.

Improvement needed

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

Listening and learning from feedback

There was opportunity for patients, relatives and carers to provide feedback on the care provided on Daffodil Ward. Information on the NHS Putting Things Right process was displayed along with contact information for advocacy services and Community Health Council. As stated above there was no information displayed regarding HIW.

It was positive to see a large display of "Thank You" cards on the ward from former patients and family members. We also saw that feedback that was received at a senior level within the organisation was disseminated to ward staff.

Delivery of safe and effective care

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

There were established processes and audits in place to manage risk, health and safety and infection control. These assisted staff to provide safe and clinically effective care. However, improvements are required in the management of medicines and clinical room audits.

The health board need to ensure that the most responsive system for patient safety is in place at Llanfair Unit in case of a medical emergency.

Legal documentation in relation to the Mental Health Act and Deprivation of Liberty Safeguards were compliant with the relevant legislation.

Safe care

Managing risk and promoting health and safety

Access to the ward was secure to prevent unauthorised access. Staff could enter the ward with their health board identification cards and visitors rang the buzzer at the unit and ward entrances. The ward was located downstairs from the main entrance; this was accessed either via the staircase or lift so that there was accessible entry for all.

Staff had access to personal alarms to call for assistance if required. There were nurse call points around the ward and within patient bedrooms so that patients could summon assistance if required.

Individual patients were assessed to determine if bed movement sensors were required to alert staff if a patient rises from their bed which could result in injury, such as a patient fall. However during the first night of our inspection it was noted that the bed sensor alarms were excessively loud and had the potential of disrupting other patients' sleep and therefore impacting upon their mental and physical wellbeing. We were informed that the issue was compounded by the fact that the bed sensors were activating the alarm when patients were only

repositioning themselves in bed during their sleep and not getting out of bed. The ward manager confirmed that the issue had been raised by staff and that the health board were awaiting the contractor, to review and provide a solution to the issue.

Patients' bedroom doors had observation panels so that staff could check on patients whilst they were in their bedrooms without the need to open the door and potentially disrupt sleep. However, staff stated that quite often they were unable to adequately ensure that patients were safe within their bedrooms due to poor lighting and therefore would be required to enter the patient's bedroom to undertake appropriate observation of the patient. The health board need to review patient bedrooms so that staff are able to assure themselves that a patient is safe by observing them through the observation panel and limit the requirement to enter the bedroom and check the patient which could disrupt their sleep.

The furniture, fixtures and fittings on the ward was appropriate to the patient groups. There were up-to-date ligature point risk assessments in place for the ward which identified potential ligature points and what action had been taken to remove or manage these. We were informed that there was additional anti-ligature work planned to remove some ligature points which would reduce the risk of patient self harm.

The training statistics provided evidenced that 75% of staff on Daffodil Ward were up to date with resuscitation training. This meant that there would be ward staff available to deal with a medical emergency whilst specialist medical emergency staff attend the ward.

However, whilst the Llanfair Unit is located on the Llandough Hospital site, Llanfair unit did not receive emergency medical cover from the Llandough Hospital "Crash Team¹". If there is a patient emergency, staff are required to telephone emergency services via 999. We have identified similar issues with regards to unified care between mental health services and medical services at Llandough Hospital during previous inspections. Whilst we have been assured that these issues are improving within the main hospital building; in other

¹ Crash Team - medical practitioners that respond to life endangering medical emergencies within a hospital, such as cardiac or respiratory failure.

Mental Health Services for Older People wards, such as Llanfair unit the emergency issues still remain.

We were informed that due to the remote location of the Llanfair Unit on Llandough Hospital site it was not practicable for the crash team to attend and transport their emergency equipment to the Llanfair Unit (whilst leaving the main hospital without an emergency response team and associated equipment); therefore the Llanfair Unit was reliant on a the emergency service via telephoning 999.

Whilst the ward staff we spoke with were aware of the procedure to follow in the case of a medical emergency, staff raised their concerns regarding the arrangements due to the perceived delays in a response from the emergency service via 999. Senior health board members confirmed that there were ongoing discussions regarding the arrangements in case of medical emergency at Llanfair Unit to ensure that the procedure to follow was the most appropriate.

78% of ward staff were Strategies & Interventions for Managing Aggression (SIMA) trained, the health board's approach to the safe management of violence and aggression. As stated above, staff promptly and appropriately interacted with patients to prevent patient behaviours escalating and therefore able to prevent incidents as much as possible.

Staff confirmed that there was a close working relationship with the other ward at Llanfair Unit (Meadow Ward) and that if required, staff from the other ward would attend to assist in managing any patient behaviours of violence and aggression. Reviewing the incident reporting data for the word, since the ward was opened in September 2017 there had only been two incidents of violence or aggression, neither of which resulted in harm to patient or staff.

The ward had a High Care Room which allowed for staff to care for a patient in a quieter area of the ward away from other patients to help manage aggressive behaviour. Ward staff had highlighted areas of improvement which would assist staff in providing safer support for patients; these improvements were being considered by the health board.

Improvement needed

The health board must ensure that bed sensors work effectively but do not disturb other patients' sleep.

The health board must ensure that staff are able to observe patients through bedroom observation panels to limit the requirement to enter the bedroom which could disrupt their sleep.

The health board must confirm that the additional anti-ligature work planned to remove some ligature points has been completed.

The health board need to ensure that the most responsive system for patient safety is in place at Llanfair Unit in case of a medical emergency.

The health board should undertake improvements to the High Care Room to assist staff in providing safer support for patients.

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. The ward had dedicated housekeeping staff that maintained the cleanliness of the ward throughout the day.

There were hand hygiene products available in relevant areas of the hospital; these were accompanied by appropriate signage. Staff also had access to infection prevention and control and decontamination Personal Protective Equipment (PPE) when required.

Appropriate bins were available to dispose of medical sharp items, these were not over filled. There were colour coded waste bags so that staff could correctly segregate and dispose of waste. However, not all staff we spoke with were clear on the colour coding of waste bags.

There were fully working laundry facilities within the Llanfair Unit. However, the linen storage room was too small for the quantity required by the ward. At the time of the inspection the Ward Manager explained that they had already highlighted this issue and were awaiting additional storage to be installed by the health board's estate teams and rearrange the "on ward" storage.

Improvement needed

The health board must ensure that there is sufficient linen storage on Daffodil Ward.

Nutrition and hydration

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

We observed a selection of meals and they appeared and smelt appetising. Patients also had access to fresh fruit, snacks along with hot and cold drinks. There was evidence of patients being provided with suitable adapted crockery to assist patients in eating and drinking by themselves. However, a number of cups appeared well-used and may be in need of replacing.

The ward had input from Dietetics and Speech and Language Team; any individual patient's special dietary requirements or preferences were documented.

It was positive to note that staff provided a positive mealtime experience by ensuring that the tables were presented attractively, laid with a table cloth and cutlery prior to patients coming to dine.

Improvement needed

The health board must ensure that crockery and cutlery is regularly reviewed and replaced as required.

Medicines management

Improvements were required to ensure that medicines management on Daffodil Ward was safe and effective. Additionally, the clinic room appeared disorganised and cluttered.

The medication trolley that was in use on Daffodil Ward was unable to be locked; therefore medication in the trolley was not as secure as it could be. A replacement medication trolley had been ordered however this had not arrived on the ward during the time of our inspection. We also observed on a number of occasions that when the medication trolley was not being used, and stored in the clinic room, it was not secured to the wall to prevent it being moved out of the clinic by unauthorised persons.

It was also noted that medication fridges were not always locked when not being accessed by staff; therefore the medication was not as secure as it could be. There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacture's advised temperature. However, the clinic room temperature was very warm; we suggest that the ambient temperature of the clinic room is monitored to ensure that the temperature does not exceed professional guidance or any medication manufactures' guidance for storage.

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

Medication Admission Record (MAR charts) were consistently signed and dated when prescribed and administered or a reason recorded when medication was not administered. However, the front page containing patient details were not always fully completed or had incorrect details, such as missing or incorrect Mental Health Act legal status. In addition, not all MAR charts included photographic identification of the patient, the health board's process for identifying patients on Mental Health Service for Older People wards for administration of medication.

Improvement needed

The health board must ensure that the Clinic Room on Daffodil Ward is organised and uncluttered.

The health board must ensure that the medication trolley is replaced.

The health board must ensure that the medication trolley is secured within the clinic room when not in use.

The health board must ensure that the medication fridge is locked when not being accessed by staff.

The health board should monitor the ambient temperature of the clinic room.

The health board must ensure that MAR charts are completed with the required up to date personal patient information and photographic identification.

Safeguarding children and adults at risk

Staff confirmed that there were established processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required. However, training statistics evidenced that only 25% and 31% of staff were up to date with safeguarding children and safeguarding adults respectively. The health board need to ensure staff complete training in these areas.

Medical devices, equipment and diagnostic systems

There was a daily audit of resuscitation equipment; staff document when these had occurred to ensure that the equipment was present. However, there was no regular check to ensure that equipment had not passed its expiry date.

Improvement needed

The health board must ensure that audit of resuscitation equipment expiry dates are completed as per health board policy.

Effective care

Safe and clinically effective care

There were established processes and audits in place to manage risk, health and safety and infection control. These assisted staff to provide safe and clinically effective care. However, improvements are required in the management of medicines and clinical room audits.

Record keeping

Patient records were a combination of electronic and paper files that were securely stored through our inspection. Electronic records required staff members' individual computer ID and were password-protected; paper records were stored and maintained within the nursing office. However, there was no secure confidential waste disposal within the nursing office, it was confirmed at the inspection feedback that this would be promptly addressed to ensure the secure disposal of confidential information.

Reviewing records, we identified that some information was absent from some patients' files but was up to date on the electronic records; this meant that we were required to clarify with staff which set of records was the most up to date. This meant that a staff member unfamiliar with the ward (e.g. bank staff) may not be referring to the most up to date information when providing care. However, it was evident that the ward staff that assisted us during the inspection were familiar with the computer and paper records and were able to navigate both systems to guide us to where the information should be located.

Staff entries in patient records were clear and of a good professional quality; included staff member's name, date and time. Entries had a clear structure, addressing the patient's mental health and physical needs and where appropriate included direct patient quotes which enhanced the patient's view documented in the records. Patient records also evidenced the strong integrated working between the ward's multi-disciplinary team and community teams.

There was no permanent method for staff to maintain confidentiality of the information on Patient Status at a Glance boards when the boards were not in use. Staff had implemented a make-shift method by covering patient names with paper, which provided a basic level of confidentiality. However, this was not in place on the first night of the inspection. The Patient Status at a Glance boards require suitable means for covering confidential information when not in use.

Improvement needed

The health board must review patient records systems to minimise the duplication of information and to ensure that paper and electronic records contain the most up to date information.

The health board must ensure that there are suitable means to cover confidential information on Patient Status at a Glance boards when not in use.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across the one ward, Daffodil Ward.

It was evident that consideration to the use of the Act or DoLS was completed. Detentions had been applied and renewed within the requirements of the Act.

Staff made attempts to inform patients of their statutory rights under the Act. Patients had access to Independent Mental Health Advocacy (IMHA) and records of their involvement were detailed in patients' notes.

All patient leave from hospital was clearly documented, stating the purpose and conditions of the leave, and had been authorised by the responsible clinician on Section 17 Leave authorisation forms.

Medication was provided to patient in line with Section 58 of the Act, Consent to Treatment. 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.

Responsible clinicians were recording the outcome of capacity assessments; however these lacked detail and on the whole only stated "the patient lacked capacity". There was typically no detail of the capacity assessment and what aspect(s) of care and / or life the patient lacked in. Responsible clinicians should record the outcome of capacity assessments in greater detail to better

evidence their assessment and the aspect(s) of care and / or life in which the patient lacks capacity (at the time of assessment).

During our conversations with the Mental Health Act Administration Team it was positive to hear the initiatives and work they'd been undertaking to improve the implementation and monitoring of the Act across the health board.

Training in the Act and Mental Capacity Act was now mandatory for staff within mental health directorate. Additional bespoke training was also due to be provided to the staff team on Daffodil Ward to provide specific information regarding the use of the Act in older people mental health services. There was also an intranet page developed with the Mental Health Act Administration Team available to health board staff to access for guidance.

The Mental Health Act Administration Team were also disseminating information on changes to the application of the Act following amendments to relevant legislation, such as the Policing and Crime Act 2017 which has impacted upon Section 135 and 136 of the Mental Health Act².

There were strong health board governance and audit arrangements in place to ensure that the use of the Act was monitored and implemented correctly. The Mental Health Act Administration Team had developed a receipt of statutory documentation system for non-mental health wards. Therefore there was a clear audit trail of statutory detention papers to ensure that these were not mislaid on non-mental health wards, which had been identified as a risk by the administration team. This practice is to be commended.

Improvement needed

The health board must ensure that responsible clinicians record detailed outcomes of capacity assessments.

² Section 135 and 136 of the Mental Health Act relate to police holding powers and place of safety.

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

We reviewed the care plans of a total of two patients. Care and Treatment Plans reflected the domains of the Welsh Measure, however there were a number of domains that stated not applicable without rationale given. It is beneficial if staff state the reason why the domains are not applicable to the individual patient.

There were a 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. However, we did identify that some improvements in the completion of physical health monitoring are required; we discussed a number of specific cases with the relevant staff during the inspection.

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. Discharge planning was undertaken as soon as possible to identify the most appropriate outcome for the patient.

Improvement needed

The health board must ensure that physical health monitoring records are completed when required and maintained within patient records.

Mental Capacity Act and Deprivation of Liberty Safeguards

Where required, staff had referred to the local authority to apply Deprivation of Liberty Safeguards for applicable patients. It was evident that the process was being applied appropriately.

The ward maintained a record of DoLS applications and copies of relevant paperwork. However, at the time of the inspection, the most recent application had not been added to the DoLS file, therefore staff had to confirm whether or not the patient was subject to DoLS restrictions as indicated in the patient record's record.

Improvement needed

The health board must ensure that the ward maintains up-to-date record of Deprivation of Liberty Safeguards applications.

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.

Daffodil Ward was well managed by the ward manager who provided strong leadership to a dedicated ward team focused on providing high level of patient care.

There was evidence of good multi-disciplinary team working and close liaison with community teams to expedite recovery and minimise the length of time in hospital.

There were no vacancies on Daffodil Ward at the time of our inspection.

Completion rates of some modules of staff mandatory training need improving.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the ward focussed on continuously improving its services. It was positive throughout the inspection that staff were receptive to our views, findings and recommendations.

There was dedicated and passionate leadership from the ward manager who was supported by a committed ward team, strong multi-disciplinary team and close liaison with the community teams. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward manager. Staff also commented that team-working and staff morale on the ward was very good.

There were regular meetings with the ward manager and senior members of the health board, including the Lead Nurse for Mental Health Service for Older People and the Quality Improvement Nurse.

The ward was striving to provide high levels of care to the patient group to expedite recovery and minimise the length of time in hospital. This was supported by close and productive working with the REACT team³ and community mental health teams⁴ for older people. Ward staff and senior managers commented favourably on the support from the community teams and hospital-community team working.

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

Staff and resources

Workforce

Daffodil Ward opened in September 2017 following the combination of wards East 14 and East 16 at the main Llandough Hospital and relocated at the Llanfair Unit within Llandough Hospital grounds. The staff team of Daffodil Ward comprised mainly of staff that had previously worked on wards East 14 or East 16. There were no vacancies on Daffodil Ward at the time of our inspection.

On the whole ward staff and senior managers were positive and complimentary about how ward staff had pulled together to become a close-knit team on Daffodil Ward within 4 months.

The staff we spoke with stated that there was an open team with good communication between team members. Staff stated if they wished to clarify any issues they could talk to their manager or team member. During the inspection we were informed that there are regular professional meetings, which were positive and constructive and enabled improved team working.

³ REACT (Response Enhanced Assessment Crisis Treatment) team provide a dedicated crisis service for older people with dementia, depression or psychosis.

⁴ Community Mental Health Teams provide first-line assessment and follow-up treatment and care to patients in the community with dementia, depression or psychosis.

However since the move the ward had been very busy with ensuring a smooth transition for both staff and patients and it had been difficult to hold regular ward meetings. The Ward Manager confirmed that regular ward meetings would be re-established very shortly.

We reviewed staff training and found, whilst there were areas of high compliance there were also deficits in mandatory training, such as Mental Capacity Act, safeguarding adults and safeguarding children, and Fire training. The health board must ensure that staff are supported to complete their mandatory training. Some staff also expressed their desire to receive additional fire training with regards to an incident during the night as they felt this would be a different scenario to an incident during the day.

Staff had annual Personal Appraisal and Development Reviewers (PADR), whilst approximately 50% of staff had elapsed 12 months, dates for all staff to undertake a PADR had been confirmed.

During our conversations with staff they raised a number of concerns regarding undertaking duties that took them away from providing direct patient care since moving to the Llanfair Unit. These included taking laundry to and from the ward (particularly at night) and ad-hoc pharmacy orders that required staff to leave the ward to take orders and collect medication from the main hospital pharmacy.

Improvement needed

The health board must ensure that there are regular Daffodil Ward team meetings.

The health board must ensure that staff complete their mandatory training.

The health board should review the Fire Training to ensure it meets staff's learning objectives for the course.

The health board must confirm that all staff have received an annual Personal Appraisal and Development Reviewers within the last 12 months.

The health board must review the support to Llanfair Unit from other directorates to minimise the impact on ward staff's ability to provide direct patient care.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Llanfair Unit

Ward: Daffodil Ward

Date of inspection: 9 - 11 January 2018

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: Llanfair Unit
Ward: Daffodil Ward
Date of inspection: 9 - 11 January 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should support the ward with their plans to develop the garden area to enhance the patient experience.	1.1 Health promotion, protection and improvement	The ward team are working with our Estates Department and further progress has been made since the inspection	Ward Manager	Review June 18
The health board must ensure that outstanding estates work for Daffodil Ward is expedited.	4.1 Dignified Care	The list of outstanding Estates items identified during the inspection have been progressed and almost completely addressed.	Ward Manager	Review 30 April 18

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must display information and contact details for Healthcare Inspectorate Wales.	4.2 Patient Information	The ward team will ensure that this information is displayed	Ward Manager	31 March 18
The health board must confirm that information explaining the process to leave the ward for patients who were not restricted by the Mental Health Act or Deprivation of Liberty Safeguards is located near the exit of the ward.	6.2 Peoples rights	A requisition has been made to the Estates Department for the relocation of the information board.	Ward Manager	31 March 18
Delivery of safe and effective care				
The health board must ensure that bed sensors work effectively but do not disturb other patients' sleep.	2.1 Managing risk and promoting health and safety	The Ward Manager has a meeting with Carecom, the alarm providers, week commencing 12 February 18.	Ward Manager	31 March 18
The health board must ensure that staff are able to observe patients through bedroom observation panels to limit the requirement to enter the bedroom.	2.1 Managing risk and promoting health and safety	The requisite keys to enable this have been obtained and distributed	Ward Manager Directorate Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must confirm that the additional anti-ligature work planned to remove some ligature points has been completed</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>This is a cross-directorate project which is still in progress.</p> <p>The environment has already been subject to extensive ligature assessments and there remain a small number of potential ligature points.</p> <p>Patients are individually assessed to take account of this risk factor.</p>	<p>Senior Nurse Manager / Lead Nurse / Nurse Directorate Manager</p>	<p>30 June 18</p>
<p>The health board need to ensure that the most responsive system for patient safety is in place at Llanfair Unit in case of a medical emergency.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>The Directorate has requested the support of the Clinical and Executive Boards to progress the specific issue of medical emergency response and a review is underway. As HIW have noted, the ward team have interim response plan in place.</p> <p>The UHB will continue to monitor any adverse patient safety incidents that are reported in relation to this matter.</p>	<p>Clinical Board Director / Clinical Board / Lead Nurse</p> <p>Clinical Board Director / Clinical Board / Lead Nurse</p>	<p>30 Nov 18</p> <p>Embedded as part of routine practice</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should undertake improvements to the High Care Room to assist staff in providing safer support for patients.	2.1 Managing risk and promoting health and safety	The Ward Manager is currently working with our clinical holding advisor and others to develop this room.	Ward Manager	31 May 18
The health board must ensure that there is sufficient linen storage on Daffodil Ward.	2.4 Infection Prevention and Control (IPC) and Decontamination	Linen stock has been reviewed and increased	Ward Manager	Complete and will now become part of routine allocated linen stock
The health board must ensure that crockery and cutlery is regularly reviewed and replaced as required.	2.5 Nutrition and Hydration	Crockery and cutlery has been reviewed and is in good order. The directorate will continue to replace crockery and cutlery as necessary.	Ward Manager	Embedded as part of routine practice
The health board must ensure that the Clinic Room on Daffodil Ward is organised and uncluttered.	2.6 Medicines Management	Since the inspection the room has been reorganised and de-cluttered. All staff have been reminded of the requirement to keep the room uncluttered and this will be monitored as part of routine practice.	Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the medication trolley is replaced.	2.6 Medicines Management	The new medication trolley is now in place.	Ward Manager	Complete
The health board must ensure that the medication trolley is secured within the clinic room when not in use.	2.6 Medicines Management	The trolley is now secure. All staff have been reminded of this requirement.	Ward Manager	Complete
The health board must ensure that the medication fridge is locked when not being accessed by staff.	2.6 Medicines Management	The fridge is now locked and all staff are aware of the fact that this must always be the case when not in use.	Ward Manager	Complete
The health board should monitor the ambient temperature of the clinic room.	2.6 Medicines Management	An ambient thermometer is on order. A process for the regular monitoring of the temperature will be put in place.	Ward Manager	28 Feb 18 To establish once thermometer in situ
The health board must ensure that MAR charts are completed with the required up to date personal patient information and photographic identification.	2.6 Medicines Management	All charts are up to date and will continue to be monitored at ward rounds. Routine monthly audit of medication charts is undertaken by pharmacy staff as part of performance metrics used in monthly Executive Performance	Ward Manager Pharmacy	Complete Embedded as part of routine practice

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Reviews.		
The health board must ensure that audit of resuscitation equipment expiry dates are completed as per health board policy.	2.9 Medical devices, equipment and diagnostic systems	This has been actioned and will form part of routine practice on the ward.	Ward Manager	Complete Review regularly in line with health board policy
The health board must review patient records systems to minimise the duplication of information and to ensure that paper and electronic records contain the most up to date information.	3.5 Record keeping	The health board recognises that this is a complex problem and undertakes to conduct a review of record systems with a view to eliminating duplication and implementing regular monitoring.	Senior Nurse Manager/ Ward Manager	31 May 18
The health board must ensure that there are suitable means to cover confidential information on Patient Status at a Glance boards when not in use.	3.5 Record keeping	A roller blind is on order.	Ward Manager	31 March 18
The health board must ensure that responsible clinicians record detailed outcomes of capacity assessments.	Application of the Mental Health Act	The Clinical Director will remind all Consultant Psychiatrists of their obligation in this regard.	Clinical Director	16 Feb 18

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that physical health monitoring records are completed when required and maintained within patient records.	Monitoring the Mental Health Measure	The Ward Manager has reminded staff individually and in a group setting. Documentation will continue to be subject to regular audit.	Ward Manager / Lead Nurse	Complete Audit is embedded as part of routine practice
The health board must ensure that the ward maintains up-to-date record of Deprivation of Liberty Safeguards applications.	Deprivation of Liberty Safeguards	All DOLS paperwork is now up to date and a process will be in place to ensure that this continues to be regularly audited.	Lead Nurse	Complete Review June 18
Quality of management and leadership				
The health board must ensure that there are regular Daffodil Ward team meetings.	7.1 Workforce	Regular meetings are now taking place	Ward Manager	Complete and will be embedded as part of routine practice
The health board must ensure that staff complete their mandatory training.	7.1 Workforce	The Ward Manager has agreed an incremental mandatory training structure of 75% by end of August 2018 and 90% by end of March 2019. This will be monitored through Quality, Safety and Experience structures in the Clinical	Ward Manager	31 Aug 18 / 31 March 19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Board.		
The health board should review the Fire Training to ensure it meets staff's learning objectives for the course.	7.1 Workforce	Further fire training that is more relevant to the Llanfair Unit has taken place since the inspection and training will continue at regular intervals.	Ward Manager	Complete
The health board must confirm that all staff have received an annual Personal Appraisal and Development Reviewers within the last 12 months.	7.1 Workforce	PADR compliance rates stand at 50%, with a target of 58% by end of February 2017, 67% by end of April 2018 and 100% by end of August 2018	Ward Manager / Directorate Manager / Lead Nurse	31 Aug 18
The health board must review the support to Llanfair Unit from other directorates to minimise the impact on ward staff's ability to provide direct patient care.	7.1 Workforce	The Directorate will work with the Clinical Board and support services on the University Hospital Llandough site to identify deficits in support to the Llanfair unit. Equitable support from security has been agreed and a number of staff have been authorised to drive UHB vehicles to assist transporting patients to the main building when necessary. The Directorate will articulate outstanding issues regarding portering and pharmacy, and raise these with the	Lead Nurse / Directorate Manager	Review June 18

Improvement needed	Standard	Service action	Responsible officer	Timescale
		UHB.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Carol Evans

Job role: Assistant Director Patient Safety and Quality

Date: 14 February 2018