

Hospital Inspection (Unannounced)

Cardiff and Vale University Health
Board, University Hospital
Llandough /

Pine Ward (in-patient
detoxification)

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	11
	Quality of management and leadership	15
4.	What next?	17
5.	How we inspect hospitals	18
	Appendix A – Summary of concerns resolved during the inspection	19
	Appendix B – Immediate improvement plan	20
	Appendix C – Improvement plan	21

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 focused inspection of Pine ward in-patient detoxification unit in University Hospital Llandough within Cardiff and Vale University Hospital on 14 March 2018.

This inspection was conducted as part of HIW's wider thematic review of substance misuse service across Wales. Key findings from this inspection will be included in the substance misuse thematic report which will be published on HIW's website in July 2018. More information about our substance misuse review can be found on our [website](#).

Our team, for the inspection comprised of two HIW inspectors and one mental health clinical peer reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that systems were in place to keep patients safe and to provide care that was effective.

Patients provided positive feedback about their care and we saw staff treating patients with dignity and respect. The ward environment provided a pleasant place for patients to receive treatment. Patients we spoke to told us that the hospital smoking ban was a significant issue for them, indicating that improvements were needed to patient information prior to admission, and consistency in the application of the smoking policy on hospital premises.

We saw that care plans were comprehensive and individual to each patient.

Patients were able to access a comprehensive therapy programme during their stay and other services they may need for their care.

We identified some aspects of the environment and medicines management needed to be addressed.

We found the staff team worked well together with a clear management structure and were committed to providing high quality care.

This is what we found the service did well:

- Patients we spoke to told us that they had opportunities to discuss their care and that staff had been kind to them
- The ward environment was purpose built with spacious, well maintained facilities and dedicated accessible provision
- We saw that efforts had been made to make written care plans individual to each patient

- We found effective multi-disciplinary team working. The staff team presented as friendly and we found an inclusive approach to managing the service.

This is what we recommend the service could improve:

- Patient information on smoking and consistency in the application of the no smoking policy on the hospital site
- Some aspects of the environment, including temperature regulation within bedrooms and ward office and maintenance needed in the patient's lounge
- Some aspects of medicine storage, including hygiene in treatment room and dispensary and prompt dispensing of patients' personal medication following their discharge
- Consideration of the suitability and sustainability of caring for patients with alcohol related brain damage for longer stays within Pine ward
- Arrangements to disseminate information and learning in a formal and consistent way too all staff working on the ward.

3. What we found

Background of the service

Pine ward is based within Hafan y Coed, a new Adult Mental Health Unit at University Hospital Llandough which opened in March 2016.

Pine ward provides a specialist inpatient treatment unit for people with substance misuse problems. The ward also provides treatment programmes for outpatients.

Pine ward admits patients who are referred from various areas throughout Wales, including Cardiff and Vale University Health Board, Cwm Taf, Powys and Hywel Dda health board areas. There are twelve individual bedrooms on the unit for both male and female patients. The length of stay on the ward is dependent upon the patients agreed treatment package, but is typically two weeks.

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 found that arrangements were in place to support patients to improve their health and wellbeing.

Patients we spoke to told us they had opportunities to discuss their care, and staff had been kind to them.

We saw staff treating patients with respect, and arrangements were in place to protect patients' privacy and dignity.

The ward environment provided a pleasant place for patients to receive treatment.

However, patients also told us that the hospital smoking ban was a significant issue for them, indicating that improvements were needed to patient information prior to admission, and consistency in the application of the smoking policy on hospital premises.

We spoke to patients on the ward who praised the care from staff and we observed staff treating patients with dignity and respect.

One patient told us that they were "bored and ready to start therapy" but had to wait until the following day for the usual start of the therapy programme following admission. We advised that the health board should encourage an increased awareness, on an individual basis, of the point when patients are ready to commence the daily therapeutic programme to enable maximum benefit for patients.

Patients have large individual rooms with en-suite facilities. Patients told us that they liked their rooms. The ward is large and spacious with several treatment rooms and lounge areas which enabled the provision of single sex facilities, and facilities for patients to see visitors.

The unit had a large outside terrace which could be directly accessed by patients from the unit. However, patients were not allowed to smoke outside

due to the wider hospital smoking policy. Some patients told us that they had not been fully aware of the scope of smoking policy and how this would affect them during their treatment. This appeared to cause considerable anxiety for patients. Patients also told us about the perceived unfairness in the application of this policy as they were aware of people smoking directly outside the main entrance to Hafan y Coed unit.

Although patients were able to use nicotine alternatives within the ward, it was evident that their inability to smoke was a significant issue for patients undergoing detoxification. During our inspection, we saw one patient who took their discharge cited their inability to smoke as the reason. We advised the health board to monitor how this issue impacts upon treatment completion rates.

We saw that information was available to patients to help them look after their own health and wellbeing, including a comprehensive range of printed advice and information available throughout the ward. This included health promotion information, advocacy, harm reduction advice and support services.

Improvement needed

The health board must ensure that prospective patients have every opportunity to gain a clear understanding of the scope of hospital smoking policy together with the implications of the ward contract (which requires patients to stay on the ward during their treatment unless supervised by staff) and how this will affect their ability to smoke (should they wish to do so).

The health board must address the lack of compliance with the smoking policy that is visible outside Hafan y Coed Unit, to remove the perceived unfairness in the application of the policy that some patients on Pine ward experience.

Delivery of safe and effective care

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

We found evidence that care on Pine Ward is safe and effective.

Care planning was comprehensive and individualised. Patients were able to access a comprehensive therapy programme during their stay and other services they may need for their care, including physiotherapy.

We identified some aspects of the environment and medicines management needed to be addressed.

We observed a staff team that was open, friendly and committed to providing patients with safe and effective care.

The ward was purpose built as part of the new Hafan y Coed Unit. The environment was generally very positive and spacious. The ward was clean and tidy throughout with good accessibility to meet patients needs.

However, we identified the following areas for improvement regarding the ward environment:

- Temperature regulation within the ward was inconsistent. Bedrooms 1, 2 and 3 were cold, including the dedicated accessible bedroom, whilst the ward office was observed to be uncomfortably warm
- Dirty linen was seen on the floor of the laundry room, , and no linen basket was present to store dirty linen
- The ward had been the subject of a ligature point upgrade, but we saw a number of ligature points remained within bedrooms and bathrooms. We were given assurance by staff that this had been identified and is currently being dealt with under the ongoing ligature review
- There was evidence of a significant leak in one of the patient lounge areas. We were told that the maintenance department had been informed of this.

Improvement needed

The health board must give attention to following areas regarding the ward environment:

- Address the temperature regulation on the ward, specifically bedrooms 1-3 and the ward office
- Ensure appropriate storage of dirty linen whilst awaiting washing
- Continue with the programme of ligature point review
- Continue with the planned maintenance of the leak in the patient lounge area to ensure this is addressed promptly.

Patients are admitted to the unit on Mondays and Tuesdays each week for a typical stay of two weeks, dependent upon what was agreed in their treatment plan. We saw a consistently high level of observation and information sharing between staff giving a clear, detailed and up to date picture of the patients needs during their stay on the ward.

There is a comprehensive programme of therapy available provided by a dedicated staff team on a daily basis who encourage interaction and involvement from patients. Staff we spoke to were enthusiastic about the programme and thought carefully about ways they could continue to improve the experience for patients. We were told that the therapy programmes start on Thursdays to allow patients time to detox following admission at the beginning of the week. The treatment programme was tailored to patient's planned length of stay. We were told that due to historical agreements with Cwm Taf Area Planning Board patients from Cwm Taf University Health Board area typically received a stay of one week. We will consider these arrangements within HIW's wider substance misuse thematic report.

During the inspection, we noticed there were patients with alcohol related brain damage (ARBD) which affected their memory and mental capacity. Staff told us that these patients had been on the ward for a number of months due to difficulties in finding a suitable longer term placement for them. While it was evident that staff were providing safe care for these patients, we recommended that the health board should consider whether the detoxification unit is the most suitable environment, and provision of care for patients with ARBD who have completed detoxification and require longer term support.

Improvement needed

The health board should consider the suitability and sustainability of caring for patients with ARBD for longer stays within Pine Ward. This review must include strategies for timely discharge arrangements for this group of patients to ensure this does not reduce the wards ability to admit other patients needing detoxification.

Medicines management was generally carried out effectively and to a high standard, however, we identified a few areas for improvement:

- Hygiene in the treatment room and dispensary was identified as requiring attention, as we saw a build up of dust in some areas and unidentified liquid splashes on some walls
- We noticed that medication fridges within treatment and dispensary rooms were not locked. This was addressed immediately during the inspection and we reminded the health board to ensure staff kept these fridges locked in accordance with Patient Safety Notice PSN015
- Medication from two patients who had been discharged had been left in one of the fridges, one from a recent admission and one from an admission in January 2018. These were removed and disposed of during the inspection.

Improvement needed

The health board must ensure there is active and ongoing management regarding the standard of hygiene within the clinical areas and prompt dispensing of patients' personal medication following their discharge.

The electronic patient record system was detailed, comprehensive and easy to navigate. Care planning was comprehensive, individualised and reviewed regularly.

Relevant assessments including risk were present and there was evidence of onward referral to other specialities for example; dietician, footsteps (recovery support service) and physiotherapy from the point of admission. Access to dental services within the hospital was encouraged and facilitated. Patients were referred to physiotherapy if necessary and this contact was continued post discharge.

There was evidence of excellent communication, within the patient record, between the community teams and the in-patient unit staff regarding treatment options and agreed outcomes. There was evidence of active engagement with aftercare services both during admission and post discharge.

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.

We found the management of the ward to be safe and effective. The ward team were seen to work well together and staff listened and demonstrated a respectful approach to each other. A clear management structure was in place on the ward with clear lines of reporting and accountability.

Staff told us that they felt well supported by managers and that the ward manager and deputy are approachable.

Staff told us that they were up to date with mandatory training and were able to apply for other relevant training.

There appeared to be an effective system in place to share learning from across the mental health unit and the wider directorate with the ward managers. However, from the staff we spoke to it was less clear how this learning and information was disseminated to the ward team in a consistent manner. We were told that staff meetings did take place, but due to the size and shift patterns of the staff team, not all staff had an opportunity to attend meetings on a regular basis.

The acuity of the patient group is reviewed on a regular basis and staffing levels altered accordingly. We were told that the ward had identified workload pressures at the beginning of the week (Mondays and Tuesdays) when admissions and discharges take place, which result in a considerable increase in activity during this period. Whilst there were sufficient numbers of staff during the day, it was recognised that this increased workload continued into the evening shifts at the beginning of the week. As a result, we were told that the ward had recently started including additional staff on the 'twilight' evening/night shift during this period.

Improvement needed

The health board must consider suitable arrangements to disseminate information and learning in a formal and consistent way too all staff working on the ward.

The health board should continue to keep under review the staffing levels at the beginning of the week, when admissions and discharges take place, due to the increase in workload which continues into the evening/night.

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 hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections 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.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects 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
We identified that the medication fridges in the treatment and dispensary rooms had not been locked.	There was a potential risk of unauthorised persons being able to access medication.	We raised our concerns with senior ward staff during the inspection.	Ward staff ensured that medication fridges were locked immediately.

Appendix B – Immediate improvement plan

Hospital: University Hospital Llandough
Ward/department: Pine Ward – In-Patient Detoxification
Date of inspection: 14 March 2018

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No Immediate assurance issues				

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):

Job role:

Date:

Appendix C – Improvement plan

Hospital: [University Hospital Llandough]
Ward/department: [Pine Ward – In-Patient Detoxification]
Date of inspection: [14 March 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				
<p>[The health board must ensure that prospective patients have every opportunity to gain a clear understanding of the scope of hospital smoking policy together with the implications of the ward contract (which requires patients to stay on the ward during their treatment unless supervised by staff) and how this will affect their ability to smoke (should they wish to do so).</p> <p>The health board must address the lack of compliance with the smoking policy that is visible outside Hafan y Coed Unit, to remove the perceived unfairness in the application of the</p>	<p>[1.1 Health promotion, protection and improvement</p> <p>4.2 Patient Information</p> <p>3.2 Communicating effectively]</p>	<p>[Information relating to the whole hospital site now supporting no smoking is now included in appointment letters for patients. This includes clarification that staff cannot facilitate escorted leave off the hospital site solely for the purpose of smoking. Nicotine Replacement Therapy is offered and patients may use Vapes in the ward garden.</p> <p>There are No Smoking signs in visible areas around UHL including outside</p>	[Ward Manager	[Completed and now embedded as part of routine practice

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>policy that some patients on Pine ward experience.</p> <p>]</p>		<p>Haran y Coed.</p> <p>The UHL site is subject to the PHW Act ,however until this becomes law smoking on a hospital site is not enforceable by a fixed penalty Notice.</p> <p>From the week commencing 21st May 2018 there will be a No Smoking and Waste enforcement office on UHL site 1 day a week who will be able to challenge anyone seen smoking on the hospital site.</p> <p>]</p>	<p>Director of Operations]</p>	<p>Review September 2018</p> <p>]</p>
Delivery of safe and effective care				
<p>[The health board must give attention to following areas regarding the ward environment:</p> <ul style="list-style-type: none"> • Address the temperature regulation on the ward, specifically bedrooms 1-3 and the ward office 	<p>[2.1 Managing risk and promoting health and safety]</p>	<p>[</p> <p>Estates have resolved the issue</p> <p>The ward temperature will be monitored in keeping with the thermal comfort procedure. If rooms become too warm</p>	<p>[</p> <p>Estates Ward manager</p>	<p>[</p> <p>Completed Review monthly</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Ensure appropriate storage of dirty linen whilst awaiting washing • Continue with the programme of ligature point review • Continue with the planned maintenance of the leak in the patient lounge area to ensure this is addressed promptly.] 		<p>or cold then a risk assessment will be undertaken and actions will be taken in line with this procedure</p> <p>Resolved on day of inspection</p> <p>Directorate continue to review ligature point assessments and will report and monitor through Clinical Board Quality, Safety and Experience arrangements</p> <p>Leak resolved]</p>	<p>Ward Manager</p> <p>Directorate manager</p> <p>Estates]</p>	<p>Completed</p> <p>Review August 2018</p> <p>Completed]</p>
<p>[The health board must ensure there is active and ongoing management regarding the standard of hygiene within the clinical areas and prompt dispensing of patients' personal medication following their discharge.]</p>	<p>[2.4 Infection Prevention and Control (IPC) and Decontamination</p> <p>2.6 Medicines</p>	<p>[System to check cleanliness of the treatment room has been instigated</p> <p>Issues with dispensing of patients'</p>	<p>[Ward manager</p>	<p>[Completed and will now be embedded as part of routine practice</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Management]	personal medication resolved on day of inspection]	Ward Manager]	Completed and will now be embedded as part of routine practice]
[The health board should consider the suitability and sustainability of caring for patients with ARBD for longer stays within Pine Ward. This review must include strategies for timely discharge arrangements for this group of patients to ensure this does not reduce the wards ability to admit other patients needing detoxification.]	[3.1 Safe and Clinically Effective care]	[This cohort of patients, which is increasing in number, remains on the APB risk register. Specialist placements are sought and once identified funding agreed and patients moved to more appropriate environments. The Health Board will continue to monitor the care of patients whose care has been delayed while awaiting such placements and the impact that this has in terms of capacity to admit other patients]	[Director Operations] of	[Review September 2018]
Quality of management and leadership				
[The health board must consider suitable arrangements to disseminate information and	[Governance, Leadership and Accountability	[Staff meetings are held every 4 weeks with dates confirmed for the next 6 months. Minutes will be taken and	[Ward manager	[Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>learning in a formal and consistent way to all staff working on the ward.</p> <p>The health board should continue to keep under review the staffing levels at the beginning of the week, when admissions and discharges take place, due to the increase in workload which continues into the evening/night.</p>	7.1 Workforce]	<p>placed in ward office and staff room.</p> <p>Senior nurse and Directorate manager to monitor nurse establishment and workload]</p>	Senior Nurse / Directorate Manager]	Review September 2018]

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): [Jayne Tottle,]

Job role: [Director of Nursing, Mental Health Clinical Board]

Date: [17th May 2018]