

Hospital Inspection (Unannounced)

Neath Port Talbot Hospital /
Abertawe Bro Morgannwg
University Health Board /
Calon Lan 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	16
4.	What next?	18
5.	How we inspect hospitals	19
	Appendix A – Summary of concerns resolved during the inspection	20
	Appendix B – Immediate improvement plan	21
	Appendix C – Improvement plan	22

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 Neath Port Talbot Hospital within Abertawe Bro Morgannwg University Health Board on 15 March 2018. During this inspection we visited Calon Lan in-patient detoxification ward.

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 two mental health clinical peer reviewers. 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

We found that the patients we spoke to were very positive about the care that they received.

Whilst the ward was generally well maintained, the health board must take action to address a number of environmental and risk management areas to promote a safe, therapeutic and dignified environment.

We saw that patients were assessed to identify their care need. However, we found access to other therapies, such as physiotherapy, occupational therapy and psychology needed improvement.

We found that a review of the staffing levels was needed allow to enable staff to effectively carry out their duties and access non mandatory training

We observed that staff worked very hard to provide effective care despite the limitations imposed by staffing levels and the environment. The ward appeared to be managed effectively and there was evidence of a well developed team ethos.

This is what we found the service did well:

- We saw that staff treated patients with dignity, respect, compassion and kindness
- The staff team worked well together and we found an inclusive approach to managing the service
- We saw that efforts had been made to make written care plans individual to each patient.

This is what we recommend the service could improve:

- The impact of the ward environment and limited space on patient's privacy and dignity

- Environmental issues and aspects of risk management
- Ability of patients to consistently access therapy programmes and provision of other therapies, including physiotherapy, occupational therapy and psychology
- Aspects of medicines management
- Staffing levels.

3. What we found

Background of the service

Calon Lan ward is based in the adult mental health unit within Neath Port Talbot Hospital, Abertawe Bro Morgannwg University Health Board.

Calon Lan ward was set up in 2010 and provides specialist inpatient treatment for people with substance problems.

The ward admits patients who are referred from areas within Abertawe Bro Morgannwg University Health Board. There are five individual bedrooms on the ward for both male and female patients. The length of stay on the ward is dependent upon the patient's treatment plan and needs, 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.

Overall, the patients we spoke to were very positive about the care they received. We saw staff treating patients with respect and we saw staff worked hard to provide patients with a positive experience as far as possible within the limitations of the ward environment.

We saw staff treated patients with dignity, respect, compassion and kindness.

Patients we spoke to were very positive about the care and support staff gave them, describing them as "like a family". Patients were also positive about their individual rooms and outside garden which could be accessed directly from the ward. Patients had their own ensuite bedrooms with TVs which were appropriately equipped, and the presence of personal belongings was encouraged, giving the ward a homely atmosphere.

Patients had access to a small lounge and dining area, however, due to the lack of space on the ward, the patient lounge was also used for ward rounds and therapy sessions during the day. The dining area was very small meaning that patients would have to sit very close together to have their meals. The ward does not have a designated quiet area or provision for a single sex space. This meant patients were limited to using their bedrooms and garden area for much of the day. We also observed that there is no designated visitor space, and we were told that visitors often had to see patients in their bedrooms or out in the garden.

We saw that information was available to patients to help them look after their own health and wellbeing, including a range of leaflets and posters on support groups and health related issues. We also saw that a TV screen was used during ward rounds to show patients their investigation results, and we noted that the consultant took time to explain what this meant for patients, so they could understand. We noted this as commendable practice.

Improvement needed

The health board should review how the ward environment and limited space impacts on patient's privacy and dignity and consider measures for its improvement. This should include the availability of the patient's lounge, dining area, and space to appropriately accommodate visitors.

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 observed that staff worked hard to promote high standards of care and treatment, but the achievement of this was limited by staffing levels and the ward environment. We identified a number of areas for improvement mainly, but not exclusively, with respect of the environment.

Patient case notes were comprehensive and relevant to the treatment being provided. Care plans were individual and patient centred.

We found that patients were not always able to consistently access therapy programmes due to staffing levels. Patients' access to other therapies, such as physiotherapy, occupational therapy and psychology needed improvement.

We also found some areas of improvement were needed in relation to medicines management.

The ward environment was generally well maintained. The provision of individual bedrooms with en-suite facilities was positive. However, we identified a number of environmental and risk management aspects needing improvement:

- There was no designated resuscitation equipment on the ward to reduce time spent retrieving the trolley in the case of an emergency
- The positioning of the en-suite doors in the bedrooms blocked observation of the bed area if the door is open. This meant that staff may need to disturb patients who were under observation
- The layout of the dining room meant it would be difficult for staff to observe patients effectively when it was in use
- Due to limited space, appropriate fully accessible bathing facilities and accessible accommodation for patients was not sufficient

- There were multiple ligature points around the ward, both in communal areas and personal space. However, there was no ligature point assessment available
- The garden area has potential to be a safe and therapeutic space and is a pleasant place for patients to spend time. However, we saw that some areas required attention, specifically the damaged greenhouse, uneven surfaces in some areas and the presence of loose stones around the pathways
- Although there were alarms buttons on the ward for staff to summon assistance, we saw that the positioning of these buttons in the lounge and dining areas could be difficult to reach easily in an emergency. We also found that staff did not use personal alarms, which may make it more difficult to summon appropriate help in an emergency
- The small ward office was also used as the manager's office, staff room, and access to the only staff toilet/changing area. This meant that at times, staff did not have access to appropriate facilities
- There was no sluice area on the ward for the disposal of waste
- Some areas on the ward required minor maintenance, including a bin lid in corridor not working and handrail in the corridor requiring attention.

Improvement needed

The health board must ensure that the following aspects of the environment and risk management are addressed in a timely manner:

- Provide designated resuscitation equipment to the ward to reduce time spent retrieving the trolley in the case of an emergency
- Ensure clear observation into bedrooms, the bed area and the dining area
- Review the facilities for accessible bathing and accessible accommodation for patients
- Review, as part of a comprehensive ligature point assessment, the presence of multiple ligature points around the ward, both in communal areas and personal space

- Conduct a risk assessment of the garden area, specifically the damaged greenhouse, uneven surfaces and the presence of loose stones around the pathways
- Conduct a risk assessment and develop a management plan regarding how staff are able to summon help in an emergency, considering the use of personal alarms and review the positioning of the alarm buttons in communal areas
- Consider arrangements for staff to have appropriate access to staff facilities, including toilet access, changing facilities and designated office space for the ward manager
- Consider arrangements for the appropriate disposal of sluice waste on the ward, to ensure infection control is maintained
- Ensure timely maintenance is completed, including a bin and handrail in the corridor requiring attention.

Patients were admitted on alternate weeks onto the ward, for a typical stay of two weeks, which could increase dependent upon patient's needs. We saw that the ward ran therapeutic programmes which included one-to-one relapse prevention sessions, peer support/education sessions provided by an external group, and other activities such as gardening and arts and crafts were available. However, we found there were limited opportunities for patients to participate in therapeutic programmes or activities, as lack of available space within the ward and staffing levels made facilitation and participation difficult.

We also saw that staff were effective at managing complex physical health needs of the patient group. We also noted that the availability of a general nurse on the ward, as part of the team, enhanced the assessment and management of physical needs.

Improvement needed

The health board must ensure that patients are able to consistently access therapy programmes and activities during their stay and that there is sufficient space and staffing levels to facilitate this.

Medicines management was generally of a good standard. However, we did identify some areas for improvement:

- Name and patient ID was not always recorded within patient's notes

- The weight of the patient is not routinely recorded within patient's notes
- The British National Formulary available in the clinic was out of date
- Temperature checking did not include the ambient temperature of the clinic and there was evidence that a full day of fridge temperature checks had been omitted.

Improvement needed

The health board must ensure that appropriate details are recorded on medicines charts including name, patient identification and weight.

The health board must implement a suitable system for routinely checking that medication is being stored at the temperature recommended by the manufacturer.

Consideration must be given to following Patient Safety Notices:

- PSN 015 / July 2015 The storage of medicines: Refrigerators
- PSN 030 / April 2016 The safe storage of medicines: Cupboards

The electronic patient record in use on the ward has been developed over time to reflect the needs of the patient group. It was well structured, followed a logical sequence and provided an intuitive framework for recording treatment and activity. Patient case notes were comprehensive and relevant to the treatment being provided. Care plans were individual and patient centred.

However, we noticed there was no clear provision for patients to access other appropriate therapies to assist with their holistic care including physiotherapy, occupational therapy and psychology.

We also noted that the care plans were very focussed upon the substance misuse needs of the patient and were superficial in other areas of potential to benefit for the patient such as physical needs, accommodation, social, employment/activities.

Improvement needed

The health board must ensure that patients have access to other services they may need, including the provision of physiotherapy, occupational therapy and psychology.

The health board should consider widening the scope of the care plans within the electronic system to routinely consider other factors affecting patient wellbeing, such as physical needs, accommodation, social, and employment/activities.

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 saw the staff team work well together. A clear management structure was in place on the ward with clear lines of reporting and accountability.

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

We found that a review of the staffing levels was needed to allow staff to take required rest breaks off the ward, enable consistent delivery of therapy programmes, protect the time of the ward manager and deputy to carry out their managerial duties, and ensure staff can access non-mandatory training.

Staff told us that the ward managers were very approachable and staff stated they felt supported. Staff described the ward team as being "like a family" which echoed the statement made by patients. It was evident that staff created a positive and supportive environment for patients to receive treatment.

The team was observed to work effectively with individual team members having specific roles as well as shared responsibilities.

The ward was able to fund 'shadow' bank shifts to help ensure that new bank staff gained relevant experience prior to working unsupervised on the ward.

We identified the following areas for improvement specifically regarding the staffing levels on the ward:

- The current staffing levels are insufficient to allow staff to take required rest breaks off the ward or to meet the requirements of the European Working Time Directive

- Staff have become resigned to working with low staffing levels and this is having an effect on their ability to provide therapy programmes (as mentioned in the previous section of this report) and limits the amount of quality time staff can spend with patients
- Although compliance with mandatory training was not a concern, the current staffing levels impede the ability of staff to access other non-mandatory training
- The ward manager and deputy are frequently counted in the staffing numbers. We were told this often prevents ward managers attending directorate and organisational meetings including risk, health and safety and service development. This limits the dissemination of information through the managers to the ward team.

Improvement needed

The health board must review staffing levels on the ward to ensure:

- Staff can take required rest breaks off the ward, to meet the requirements of the European Working Time Directive
- Staff can consistently provide therapy programmes and are able to dedicate sufficient time to patient care
- The role of the ward manager and deputy ward manager are supernumerary within the staffing numbers to improve attendance at directorate and organisational meetings, and to improve the dissemination of information to the ward team
- Staff are able to access non-mandatory training, if this is relevant to improving the operation of the ward.

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
No immediate concerns were identified			

Appendix B – Immediate improvement plan

Hospital: Neath Port Talbot
Ward/department: Calon Lan ward - in-patient detoxification
Date of inspection: 15 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: [Neath Port Talbot]
Ward/department: [Calon Lan ward - in-patient detoxification]
Date of inspection: [15 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				
[The health board should review how the ward environment and limited space impacts on patient's privacy and dignity and consider measures for its improvement. This should include the availability of the patient's lounge, dining area, and space to appropriately accommodate visitors.]	[4.1 Dignified Care]	[There are limited options for making necessary improvements within and adjacent to the ward. An accommodation review will be undertaken to review options for relocating the ward]	[Locality Manager]	[31st August 2018]
Delivery of safe and effective care				
[The health board must ensure that the following aspects of the environment and risk management are addressed in a timely manner: Provide designated resuscitation equipment to the ward to reduce time spent retrieving the trolley in the case	[2.1 Managing risk and promoting health and safety]	[Health Board Resuscitation Officer will conduct an assessment of the resuscitation provision and make	[Ward Manager / Head of Nursing in consultation	[31st July 2018]

Improvement needed	Standard	Service action	Responsible officer	Timescale	
of an emergency		recommendations moving forward.	with Health Board Resuscitation Officer		
Ensure clear observation into bedrooms, the bed area and the dining area		Ward manager to undertake a review of observation arrangements and to make recommendations as appropriate.	Ward Manager	31st	July
Review the facilities for accessible bathing and accessible accommodation for patients		Ward manager to review options including use of facilities on adjoining ward	Ward manager	30 th	June
Review, as part of a comprehensive ligature point assessment, the presence of multiple ligature points around the ward, both in communal areas and personal space		To complete ligature point risk assessment	Service Manager	31st	July
Conduct a risk assessment of the garden area specifically the damaged greenhouse, uneven surfaces and the presence of loose stones around the pathways		To provide a single ligature proof bedroom within the ward	Locality Manager	30	November
Conduct a risk assessment and management plan regarding how staff are able to summon help in an emergency, considering the use of personal alarms and review the positioning of the alarm buttons in		Garden risk assessment to be completed and damaged greenhouse and loose stones to be removed	Ward Manager	30 th	June
		Ward manager to undertake risk assessment and make recommendations	Ward Manager	30 th	June
		To ensure all staff have personal alarms			

Improvement needed	Standard	Service action	Responsible officer	Timescale	
<p>communal areas</p> <p>Consider arrangements for staff to have appropriate access to staff facilities, including toilet access, changing facilities and designated office space for the ward manager</p> <p>Consider arrangements for the appropriate disposal of sluice waste on the ward, to ensure infection control is maintained</p> <p>Ensure timely maintenance is completed, including a bin and handrail in the corridor requiring attention.</p>		<p>Staff to be offered access to the changing room facilities in the mental health unit. Other areas to be included in the accommodation review</p> <p>Options to be reviewed in consultation with Infection Control Team and local facilities department.</p> <p>Estates department to repair damaged handrail.</p> <p>Bin to be replaced.</p>	<p>Service Manager</p> <p>Locality Manager</p> <p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>30th June 2018</p> <p>31st July 2018</p> <p>31st August 2018</p> <p>31st July 2018</p> <p>31st July 2018</p>	
<p>The health board must ensure that appropriate details are recorded on medicines charts including name, patient identification and weight. The health board must implement a suitable</p>	<p>2.9 Medical devices, equipment and diagnostic systems</p>	<ul style="list-style-type: none"> To communicate with medical practitioners regarding record keeping. 	<p>Ward Manager</p>	<p>31st May 2018</p>	

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>system for routinely checking that medication is being stored at the temperature recommended by the manufacturer. Consideration must be given to following Patient Safety Notices:</p> <ul style="list-style-type: none"> PSN 015 / July 2015 The storage of medicines: Refrigerators PSN 030 / April 2016 The safe storage of medicines: Cupboards.] 		<ul style="list-style-type: none"> Audit of prescription charts to be added to the Quality Assurance Audit. To ensure that the procedure for daily refrigerator checks is complied with and that this is evidenced by completion of the daily record. To order room thermometer and ensure system is introduced to record ambient temperature in clinic room. 	<p>Service Manager</p> <p>Ward Manager</p> <p>Ward Manager]</p>	<p>30th June 2018</p> <p>31st May 2018</p> <p>31st May 2018]</p>
<p>[The health board must ensure that patients are able to consistently access therapy programmes and activities during their stay and that there is sufficient space and staffing levels to facilitate this.]</p>	<p>[3.1 Safe and Clinically Effective care]</p>	<ul style="list-style-type: none"> [Space for therapeutic programmes to be included in the accommodation review Nursing staff levels to be reviewed.] 	<p>[Locality Manager</p> <p>Head of Nursing]</p>	<p>[31st August 2018</p> <p>30th September August 2018]</p>
<p>[The health board must ensure that patients have access to other services they may need, including the provision of physiotherapy, occupational therapy and psychology.</p> <p>The health board should consider widening the</p>	<p>[3.5 Record keeping 3.1 Safe and Clinically Effective care]</p>	<ul style="list-style-type: none"> [Professional leads to review available options to provide therapy resource to the ward To review the content of the care 	<p>[Therapies Leads</p> <p>Service Manager]</p>	<p>[30th September 2018</p> <p>31st August</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
scope of the care plans within the electronic system to routinely consider other factors affecting patient wellbeing such as physical needs, accommodation, social, and employment/activities.		plans to ensure an holistic approach]		2018]
Quality of management and leadership				
<p>The health board must review staffing levels on the ward to ensure that:</p> <p>Staff can take required rest breaks off the ward, to meet the requirements of the European Working Time Directive</p> <p>Staff can consistently provide therapy programmes and are able to dedicate sufficient time to patient care</p> <p>The role of the ward manager and deputy ward manager are supernumerary within the staffing numbers to improve attendance at directorate and organisational meetings and to improve the dissemination of information to the ward team</p>	<p>[Governance, Leadership and Accountability 7.1 Workforce]</p>	<ul style="list-style-type: none"> Review of current nurse staffing levels to be undertaken to include staff breaks and European Working Time Directives. Ward manager to introduce protected time to promote patient access to therapy. Any breaches of this protected time to be escalated to the service manager. This will be considered in the review of staffing levels undertaken by the head of nursing. 	<p>Head of Nursing</p> <p>Ward Manager</p> <p>Head of Nursing</p>	<p>30th September 2018</p> <p>30th June 2018</p> <p>30th September 2018</p>

