

## **NHS Mental Health Service Inspection (Unannounced)**

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

Hywel Dda University Health Board

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2019

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Cwm Seren within Hywel Dda University Health Board on 14, 15, 16 January 2019. The following sites and wards were visited during this inspection:

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

Our team, for the inspection comprised of three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one lay reviewer(s). 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

Overall, we saw that Cwm Seren provided patient centred, effective care for patients. However we had concerns regarding parts of the environment on both LSU and PICU, and the appropriateness of the Section 136 suite.

There is evidence of strong leadership on both wards and a strong team ethic with passionate staff.

This is what we found the service did well:

- Staff on both units provided care to patients in a professional, respectful manner
- Patients were provided with up-to-date information in writing or by speaking to staff
- Patients and relatives were invited to play an active role in deciding the care they received
- There were good multi disciplinary therapeutic relationships between staff and patients
- Individual, patient focused care was provided
- Staff we spoke to were happy in their roles and stated that they felt supported by peers and management.
- Legal documentation under the Mental Health Act was compliant with the relevant legislation
- Both wards had strong leadership structures in place

This is what we recommend the service could improve:

- Some areas of the environment, to help maintain patient and staff safety, along with patient privacy and dignity
- Information available for patients and carers/relatives should be consistent across both wards

Some areas of service provision needs to be reviewed (Section 136 suite)

### 3. What we found

#### Background of the service

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

The service at Cwm Seren has two separate units:

- Low Secure Unit (LSU)

A male unit with 14 single en-suite rooms and a four bed step down unit (18 beds in total). At the time of the inspection there were two available rooms on the main unit.

- Psychiatric Intensive Care Unit (PICU)

A mixed gender unit with eight single en-suite rooms, seven of which were in use. (An additional room at the entrance to the unit was being utilised as the 136 suite<sup>1</sup>, this was temporarily closed due to the acuity of patients on the ward.) At the time of the inspection part of the ward containing three of the bedrooms was being used as a long term segregation area for three patients.

During the inspection there were 16 patients on the LSU and 7 on PICU.

The service employs a staff team which includes a psychiatrist, two psychologists, a psychology assistant, two occupational therapists (OT), two OT assistants, nurses, health care support workers and hotel services staff. The multi-disciplinary team includes a GP, pharmacist, social worker, the forensic community mental health team and the community mental health team.

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

The team could also access advocacy services and Independent Mental Health Advocates (IMHA) when required

## Quality of patient experience

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

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

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

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

## Staying healthy

Overall patients told us that they were encouraged to maintain a healthy lifestyle. We were satisfied the service offered an increasing range of activities, support and services to promote healthy living on the LSU but due to the nature of the PICU, availability of activities is based on individual service user needs at any one time which makes planning activities more challenging..

The Occupational Therapy team run healthy eating and cookery classes for all patients.

At the time of the inspection there was work ongoing within all the garden areas to rectify the inappropriate fencing and also to allow controlled access between all sections of the garden. This restricted patients' use of the garden areas but was necessary work to benefit the patients in the long term.

We saw the garden area was untidy and did not have a bin. There were a significant amount of cigarette ends strewn on the floor. The small patio area was also green with moss and very slippery. Staff told us that recently a patient had slipped on this decking and suffered a serious injury.

## LSU

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

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

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

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

## PICU

We saw some health promotion advice on the notice board.

Due to the unit being split for the long term segregation patients there was a shortage of communal areas for patients. There was a television within the lounge area but this was the only one. There were no gender specific areas on the ward in line with the Mental Health Act code of practice.<sup>2</sup>

Patients told us that the gym facilities are available to use but again these are restricted by the number of staff available to supervise the activity.

### Improvement needed

The health board must ensure the garden areas of the units are clean and safe for patients to use.

The health board must ensure that staffing on the units is sufficient that patients can access activities such as the gym when appropriate.

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<sup>2</sup> <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

## **Dignified care**

Overall we were satisfied that patients were treated with dignity by the staff teams. The observation panels to each bedroom on both units had been replaced with new, externally operated observation panels. However the staff reported to us that they were having difficulty operating them due to the mechanism being stiff. This has resulted in the panels being closed fully and some staff using the door to carry out observations rather than struggle with the stiff mechanism.

Additional handles had been ordered to be used by staff when on observation rounds.

### **LSU**

We saw that staff spoke with patients in a respectful and supportive manner. Patients seemed comfortable interacting with staff of all grades. There were individual en-suite bedrooms which had been personalised, taking into consideration patient and staff safety and welfare.

The en-suite areas were separated by anti-ligature saloon style doors which afforded the patients privacy but allowed safe observation by staff.

The unit was clean and tidy. The high ceilings with high level windows allowed natural daylight into the corridor areas which created a bright, pleasant environment for the patients.

There were a number of communal areas which provided sufficient space for patients to have personal quiet time away from their rooms.

We identified that meetings such as MDT were conducted in rooms within the ward area. There was potential for patients to hear what was being discussed in this room. Staff made us aware that some patients had been seen outside this room trying to listen to the conversations inside.

### **PICU**

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

This was a mixed gender unit but was not organised into male / female areas. However, this was not a problem as each bedroom door was lockable.

There was not a gender specific day room. This was partly due to a number of the units' lounge areas being in the section set aside for long term segregation patients.

There was a television lounge, although this was fairly small and would become cramped when busy.

#### Improvement needed

The health board must ensure that the new observation panels on each room can be used by staff.

The health board must ensure there is a gender specific day room on PICU in accordance with the Mental Health Act code of practice

The health board must ensure that patient confidentiality is maintained by holding discussions and meetings in an area that cannot be overheard by patients

#### Patient information

In the reception area and visiting room we saw a good selection of information for patients/relatives or carers which would aid understanding of specific mental health diagnoses.

Both units had information leaflets regarding the facilities and arrangements offered. Patients told us they were satisfied that staff communicated information in a timely manner.

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

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

During our inspection we saw advocacy services being utilised by patients from both units. We were assured by patients and staff that this service was

considered very good. Advocates would often assist patients understanding and communication during ward rounds.

Visiting times on the units are very flexible, these are pre-arranged and the length of the visit can be adjusted based on the patients need and other factors such as the distance visitors have travelled.

#### Improvement needed

The health board must ensure that rooms within the units are signposted appropriately for their use.

The health board must ensure patient information is available consistently on both wards and in formats that can be understood appropriate to the patient group.

#### Communicating effectively

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

There was a patient feedback questionnaire available in the reception area with a box containing several completed forms. This information is confidential and collated by ward managers to assist in improvement of the patient experience on both units.

Both ward managers had their offices within the confines of the ward. They were available to speak with patients where appropriate and encouraged feedback.

One patient told us that they did not feel able to speak to staff about incidents that had occurred within the PICU. On further investigation it was found these matters had already been reported and all appropriate protocols followed.

#### Timely care

We saw evidence that Cwm Seren had improved its service provision with the employment of Occupational Therapists, Psychologists and the introduction of an activity co-ordinator role daily. This is undertaken by a nominated Health Care Support Worker. These new members of staff are providing therapeutic

treatments in a timely and holistic manner. There was evidence of seamless working between the in-patient teams and an emphasis on recovery and discharge.

## **Individual care**

### **People's rights**

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

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

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

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

Patients were allowed to bring personal possessions into the LSU. However, items were risk assessed prior to storing in individuals' bedrooms. We saw that items which posed a risk, or were not suitable due to lack of space in bedrooms, were stored in a cupboard on the unit. These items were labelled and identified. There was also a safe type box for storing mobile telephones. The room used for this storage was overflowing.

## Delivery of safe and effective care

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

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

We found that parts of both units were in need of repair in order to provide a safe environment for both staff and patients.

### Safe care

#### Managing risk and promoting health and safety

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

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

We saw that the entrance to the main reception from outside had no lighting at all and the glass roof over the doors was green with algae. The paving outside the unit was uneven, and this coupled with the lack of lighting presented a significant hazard to patients, visitors and staff.

Some staff told us that they would regularly have to walk out of the building after dark to collect patients on authorised leave. This was made challenging and unsafe by the complete absence of lighting.

On both units staff had access to personal alarms to call for assistance if required. This system has been installed since our previous inspection. All staff on both wards were notified of an activation and which room in the unit this occurred. There were strict processes in place for reacting to an alarm incident.

The furniture, fixtures and fittings on both units were appropriate to the respective patient groups. However large parts of the floor were sealed with

grey tape which appeared to have been there for some time. Sections of the flooring in PICU, specifically in the long term segregation area had been completely ripped up by patients and needed replacing. The carpets in the offices were heavily stained and dirty. Work surfaces in the offices were damaged and the veneer lifting away from the wood. There were numerous sharp edges posing a risk to staff working on that area.

Generally the layout of PICU was not intended for an intensive care suite and remains an issue. A section of PICU was being utilised as long term segregation. We also raised concerns relating the appropriateness of the environment for this function.

During our inspection the Section 136 suite was temporarily closed due to the acuity and resource intensive needs of some patients within PICU. A review of the location and facilities within the 136 suite is required to ensure patients receive appropriate care in a suitable environment. The suite is located off reception behind a large window. This offers very little privacy for patients awaiting assessment. The suite is in the same area as the visiting room. We were told by patients and staff that visits are regularly cancelled due to the 136 suite being occupied.

There was a well-equipped arts and crafts room on LSU with safe procedures for the use of potentially dangerous tools and substances. These were locked away appropriately.

We saw numerous first aid kits located throughout both units. These were fully stocked and all contents were in date.

#### Improvement needed

The health board must ensure lighting is fitted outside the main entrance of the unit to ensure patient and staff safety.

The health board should consider cleaning the glass roof over the front doors.

The health board must repair or replace the damaged flooring within the whole unit as this causes a risk to patient safety.

The health board should consider replacing the carpet and work surfaces in the staff offices. These pose a safety and infection control risk to staff and patients.

#### Infection prevention and control

Throughout the inspection we saw that the hospital was visibly clean and free from clutter. The only exception to this being the carpets in the staff offices. These were visibly dirty and required replacing. Cleaning equipment was stored and organised appropriately.

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

We saw hand hygiene products available in relevant areas on the units and information displayed on the importance of using these. Staff had access to infection prevention and control and decontamination Personal Protection Equipment (PPE) when required.

There were laundry facilities for both units. Laundry rooms and linen cupboards were well organised. Patients on LSU and PICU were encouraged to do their own washing as part of promoting their recovery and independence.

### **Nutrition and hydration**

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

We observed a selection of meals and they appeared nutritious and appetising. During our discussions with patients they were critical of the meals which they received. The main complaint was the lack of variety of meals over the week and a lack of choices available daily. Staff confirmed that alternatives to the set meals were available and that efforts were made to ensure that patients received food that they wished to eat.

We also saw that staff ate dinner and tea with the patients to enable informal conversations and observations to take place especially food and fluid intake. There was however a shortage of dining chairs so some patients had to wait until others had finished to sit down to eat meals.

There was an occupational therapy (OT) kitchen on the LSU where patients could prepare their own meals and drinks in a supervised environment. Patients had their own cupboards and areas within the fridge freezers to store food that they purchased while on leave from the hospital.

We found that there were numerous fridges throughout the units containing various items of food. We saw that perishable foods were dated to ensure these were used before the use by date, although one item was found to be out of date. We asked to see the record of fridge temperatures so that staff could be assured that food was stored at the correct temperature. We were told that these were not routinely recorded.

We looked at the equipment in the kitchen and saw that the cooker needed deep cleaning.

#### Improvement needed

The health board must ensure there are sufficient facilities for all patients to eat meals when desired.

The health board must ensure that out of date food is removed from the fridges.

The health board should introduce a system of accountability for maintenance of the fridges on the unit including regular temperature checks.

#### Medicines management

Overall, medicines management on both units was safe and effective.

The LSU has installed a new electronic medicines administration system. During the inspection a Wi-Fi network was being installed so that this new system could be utilised and the staff trained in its use.

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

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

There were arrangements for the storage and use of controlled drugs and drugs liable to misuse, these were accurately accounted for and checked daily.

However we found that some parts of records did not have the patients name recorded. Although there was a space for it, some did not identify the Mental Health Act status of the patient. There was one occasion where a change in

dosage that although administered correctly had not been signed by the registered clinician.

#### Improvement needed

The health board must ensure that all sections of the Medication Administration Charts are completed correctly.

#### Safeguarding children and adults at risk

There were established processes in place to ensure that staff on both wards safeguarded vulnerable adults and children, with referrals to external agencies as and when required. We saw evidence of this in practice during our inspection.

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

#### Effective care

##### Safe and clinically effective care

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

##### Record keeping

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

It was evident that staff on both wards were providing good level of assessments and monitoring of patients' well-being. The care and treatment plans were outcome focussed and comprehensive. Physical health assessments were undertaken on admission and there was ongoing monitoring. We saw good use of recognised mental health and occupational therapy assessment tools with evidence based clinical practice. All patient interventions were appropriate to meet individual patient need, with clear details

provided in the records. There was evidence of regular reviews of assessments and care plans.

There was a section to record any identified unmet needs and family/carer involvement, although this was not always completed. Patient capacity to consent to the care plan was also not recorded.

We also found that there was no comprehensive assessment of patient needs which incorporates the criteria set out in the Mental Health Measure to guide the care plans.

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

#### Improvement needed

The health board must ensure that unmet needs are identified and recorded.

The health board must ensure that patient capacity to consent is recorded on care plans.

The health board must ensure that care plans identify an assessment of patient needs that reflect the criteria set out in the Mental Health Measure.

#### Mental Health Act Monitoring

We reviewed the statutory detention documents of six patients across two wards, three from PICU and three from LSU.

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

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

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

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

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

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

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

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

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

As mentioned earlier in the report we found that there was no comprehensive assessment of patient needs which incorporates the criteria set out in the Mental Health Measure to guide the care plans.

### **Mental Capacity Act and Deprivation of Liberty Safeguards**

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

## Quality of management and leadership

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

There was evidence of strong management and leadership on both units instilling confidence in staff to carry out their roles to the best of their ability.

It was evident there was an emphasis on self development and compliance with mandatory training.

We saw a strong sense of team ethic with staff having pride in the services they deliver.

## Governance, leadership and accountability

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

There were going issues with the health board's estates department, with staff stating that there were long waiting times for issues to be resolved. All of the environmental concerns raised in this report had already been previously reported to estates by staff but the matters remained unresolved.

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

Staff spoke positively about leadership and support provided by the unit manager on LSU and the unit manager on PICU. Staff also commented that

team working and staff morale on the units was very good. We found a strong sense of team ethic and pride in the services they are striving to deliver.

There was a strong emphasis on development of staff which was evidenced by a number of health care support workers being supported to obtain nursing qualifications. It was encouraging to see the unit running a project supporting the health and well-being of staff.

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

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

It was positive that throughout the inspection staff on both units were receptive to our views, findings and recommendations. A very short time after our unannounced arrival on site both ward managers arrived at the unit to assist with the inspection.

**Improvement needed**

The health board should ensure there is a robust escalation process in place for estates requests for the unit.

## **Staff and resources**

### **Workforce**

Both wards had established teams that evidenced good team working. However, there were vacancies for both qualified nurses and health care support workers on LSU; it was positive that the unit managers confirmed that there had been a good response from a recent recruitment drive. Several interviews were due to take place that week.

The process for obtaining bank / agency staff had been revised since our last inspection making it easier and less bureaucratic.

We saw that there was good compliance on staff appraisals on both wards. There were regular clinical and management supervision sessions for all staff.

There was a programme of mandatory training in place with a good level of compliance. Unit managers had responsibility for ensuring staff were compliant and that the recording and audit system was up to date. There had been a significant improvement in the management of training compliance. All staff were able to access the e-learning systems from the ward office and were afforded time to do so.

## 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, measurable, 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**

<b>Immediate concerns identified</b>	<b>Impact/potential impact on patient care and treatment</b>	<b>How HIW escalated the concern</b>	<b>How the concern was resolved</b>
No immediate concerns were identified on this inspection			

**Appendix B – Immediate improvement plan**

**Service:** Cwm Seren Mental Health Unit  
**Ward/unit(s):** Low Secure Unit / PICU  
**Date of inspection:** 14 15 16 January 2019

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There are no immediate assurance issues				

## Appendix C – Improvement plan

**Service:** Cwm Seren Mental Health Unit

**Ward/unit(s):** Low Secure Unit / PICU

**Date of inspection:** 14 15 16 January 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
<p>The health board must ensure the garden areas of the units are clean and safe for patients to use.</p> <p>The health board must ensure that staffing on the units is sufficient that patients can access activities such as the gym when appropriate.</p>	1.1 Health promotion, protection and improvement	<p>Grounds contract in place. Direct Labour Organisation (DLO) will make arrangements with staff to undertake applying sodium hypochlorite/moss killer to eliminate issues.</p>	Assistant Site Operations Manager/ Building Officer	30/04/19
		<p>Low Secure Unit (LSU) to implement a planned activity rota which includes access to the Gym.</p>	Ward Manager and Occupational Therapist	30/06/19
		<p>The staffing requirements to support the activity rota to be considered when planning the duty rota.</p>	Ward Manager	30/06/19
<p>The health board must ensure that the new</p>	4.1 Dignified Care	<p>Latent defect following new installation – estates department to contact</p>	Assistant Site Operations	30/06/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>observation panels on each room can be used by staff.</p> <p>The health board must ensure there is a gender specific day room on PICU in accordance with the Mental Health Act code of practice</p> <p>The health board must ensure that patient confidentiality is maintained by holding discussions and meetings in an area that cannot be overheard by patients</p>		<p>contractor/manufacturer to resolve defect.</p> <p>Identify space for gender specific lounges.</p> <p>Order television for new lounge female lounge.</p> <p>Undertake a project feasibility study for sound proofing the rooms currently used as there is no alternative accommodation available.</p> <p>Email communication to staff to be reminded of the need to maintain confidentiality.</p>	<p>Manager</p> <p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Managers Estates and AMH Business Manager</p> <p>Ward Managers</p>	<p>Complete</p> <p>Complete</p> <p>30/05/19</p> <p>Complete</p>
<p>The health board must ensure that rooms within the units are signposted appropriately for their use.</p>	4.2 Patient Information	<p>Review room usage and current signage.</p> <p>Cost any new signage required.</p> <p>Submit request for funding to purchase required signage to MH/LD Business Performance and Planning Assurance Group (BPPAG).</p>	<p>Ward Managers</p> <p>Business Manager</p> <p>Senior Nurse</p>	<p>30/04/19</p> <p>31/05/19</p> <p>30/06/19</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure patient information is available consistently on both wards and in formats that can be understood appropriate to the patient group		System to be put in place for reviewing and updating patient information on a regular basis.  Any enhanced communication requirements will be identified on admission via the checklist.	Ward Managers Administration support  Ward Managers	31/05/19  31/05/19
	3.2 Communicating effectively			
	5.1 Timely access			
	6.1 Planning Care to promote independence			
	6.2 Peoples rights			
	6.3 Listening and Learning from feedback			

**Delivery of safe and effective care**

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure lighting is fitted outside the main entrance of the unit to ensure patient and staff safety.</p> <p>The health board should consider cleaning the glass roof over the front doors.</p> <p>The health board must repair or replace the damaged flooring within the whole unit as this causes a risk to patient safety.</p> <p>The health board should consider replacing the carpet and work surfaces in the staff offices. These pose a safety and infection control risk to staff and patients.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>New lighting to be installed outside the main entrance.</p> <p>Glass roof cleaning works to be arranged and completed.</p> <p>Submit Capital Bid of £10,000 to replace flooring.</p> <p>Submit Capital Bid of £7,750 for repairs to staff offices.</p>	<p>Assistant Site Operations Manager/ Building Officer</p>	<p>30/04/19</p> <p>30/04/19</p> <p>Subject to approval and availability of Capital</p> <p>Subject to approval and availability of Capital</p>
	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure there are sufficient facilities for all patients to eat meals when desired.</p> <p>The health board must ensure that out of date food is removed from the fridges.</p> <p>The health board should introduce a system of accountability for maintenance of the fridges on the unit including regular temperature checks.</p>	2.5 Nutrition and Hydration	<p>Undertake a review of all environment and furniture requirements on both units and submit a capital bid as required.</p> <p>Member of staff allocated for mealtime duty to be responsible for undertaking checks to remove out of date food from the fridge.</p> <p>Purchase of fridge thermometers.</p> <p>Ward manager to agree system of accountability for maintenance of fridges with hotel services.</p>	<p>Ward Manager/ Business Manager</p> <p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>30/06/19</p> <p>Complete</p> <p>30/06/19</p> <p>30/06/19</p>
<p>The health board must ensure that all sections of the Medication Administration Charts are completed correctly.</p>	2.6 Medicines Management	<p>Medical staff to be reminded via memo and team meeting to complete all sections of the medication chart with nursing and pharmacy staff highlighting any omissions to the medic concerned.</p> <p>Pharmacist to check all sections are completed correctly when attending the ward, as well as undertaking a monthly audit of all Medication Administration</p>	<p>Responsible Clinician/ Ward Manager/ Pharmacist</p> <p>Pharmacist</p>	<p>Complete</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Charts.		
	2.7 Safeguarding children and adults at risk			
	2.9 Medical devices, equipment and diagnostic systems			
	3.1 Safe and Clinically Effective care			
/	3.3 Quality Improvement, Research and Innovation			
	3.4 Information Governance and Communications Technology			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that unmet needs are identified and recorded.</p> <p>The health board must ensure that patient capacity to consent is recorded on care plans.</p> <p>The health board must ensure that care plans identify an assessment of patient needs that reflect the criteria set out in the Mental Health Measure.</p>	3.5 Record keeping	<p>To develop a system for identifying and recording unmet needs.</p> <p>Develop and pilot an escalation process.</p> <p>Meeting with Care and Treatment Plan (CTP) lead and Mental Capacity lead to discuss and agree assessment process.</p> <p>Review Care Partner documentation to ensure that it includes criteria set out in the Mental Health Measure.</p> <p>Audit compliance through CTP audits which are monitored via the Mental Health Legislation Scrutiny Group (MHLSG).</p>	<p>Ward Manager/ Service Manager</p> <p>Ward Manager/ Service Manager</p> <p>Ward Manager</p> <p>Ward Manager/ Senior Nurse Quality Team</p> <p>Ward Manager/ Senior Nurse Quality Team</p>	<p>30/09/19</p> <p>31/03/20</p> <p>30/06/19</p> <p>31/03/20</p> <p>31/03/20</p>
	Application of the Mental Health Act			
	Monitoring the Mental Health Measure			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
The health board should ensure there is a robust escalation process in place for estates requests for the unit.	Governance, Leadership and Accountability	Review current escalation process and amend accordingly	Ward Manager Senior Nurse Estates	31/05/19
	7.1 Workforce			

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): Sara Rees**

**Job role: Head of Service, Adult MH**

**Date: 27/03/19**