

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

Clywedog Ward, Llandrindod Wells War  
Memorial Hospital, Powys Teaching  
Health Board

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

## **Our purpose**

**To check that people in Wales 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 Llandrindod Wells War Memorial Hospital within Powys Teaching Health Board on 15, 16 and 17 July 2019. The following sites and wards were visited during this inspection:

- Clywedog Ward

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

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

We found evidence that the service provided safe and effective care. We saw that staff upheld patients' rights and supported them to be as independent as possible.

We saw good team working taking place and staff spoke positively of the support offered by managers and colleagues.

We found that staff were committed to providing patient care to high standards, and throughout the inspection were receptive to our views, findings and recommendations.

This is what we found the service did well:

- Person centred approach to the planning and provision of care
- Patient engagement
- Cohesive multidisciplinary team working
- Management overview, governance, auditing and reporting
- Staffing levels
- Staff training and support and supervision.

This is what we recommend the service could improve:

- Patient and carer information
- Putting Things Right information
- Shared rooms, storage and size of bathroom
- Social work input
- Review of policies
- Ligature risk assessment

## 3. What we found

### **Background of the service**

Clywedog Ward provides NHS mental health services at Llandrindod Wells War Memorial Hospital, within Powys Teaching Health Board. This includes the assessment and treatment for older adults with a mental health condition.

The ward is a mixed sex unit and can accommodate up to 10 patients. At the time of inspection, there were six patients accommodated.

The service employs a staff team which includes a range of qualified and non-qualified staff. The occupational therapist (OT) who is normally located on the ward, was on maternity leave at the time of the inspection, but was due to return the following week. Other allied health services are located within the hospital.

The ward was last inspected by HIW in August 2017.

## 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.*

Patients and their relatives were involved in the planning and provision of their own care, as far as was possible.

Staff treated patients with respect whilst providing them with individualised care.

Staff upheld patients' rights and supported them to be as independent as possible.

## Staying healthy

There was a range of relevant information leaflets available for patients, families and other visitors on the ward. Information pertaining to mental health issues, guidance around mental health legislation and physical well-being was also available on the ward. In addition, there were details of allied organisations and independent advocacy services that are available to support patients and relatives.

## Dignified care

We found that patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, for example, due to memory problems, we found that relatives were being included in the decision making process around care provision.

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times, to ensure adequate nutritional and fluid intake. However, where appropriate, relatives were encouraged to visit at mealtimes to provide assistance and encouragement to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care.

We found that patients were treated with dignity, respect and compassion by the staff team.

We saw good interactions between staff and patients, and attending to patients' needs in a discrete and professional manner. We saw staff spending time with patients by talking and reading the newspaper or magazines with them. We also saw staff encouraging and supporting patients to do things for themselves, thus maintaining their independence, and saw staff involving patients in making decisions regarding daily activities.

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. For example, doors to single rooms were closed and curtains were used around individual bed areas when care was being delivered.

Comments from patients and visitors confirmed that staff were kind and sensitive when carrying out care.

Staff were heard speaking with patients in calm tones, and we were informed that staff addressed patients by their preferred name. We observed staff being respectful toward patients, including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating. Distraction techniques were observed, which assisted in the de-escalation of some potential behaviour issues.

Patients appeared well cared for, with staff paying specific attention to people's appearance and clothing.

The ward environment was clean and tidy, adding to the sense of patients' well-being.

There was a mix of Welsh and English speaking staff working on the ward. This allowed patients to receive care in the language of their choice. We were told that translation services could be accessed should patients need to communicate in other languages.

Patient accommodation was set out, three two bed bays, one three bed bay and in one single occupancy room, which had been specially designed as an anti-ligature facility, in order to reduce the risk self-harm by means of hanging or strangulation. We found that the two and three bedded bays did not offer the level of privacy that people are entitled to. In addition, staff told us that the ward layout, and the nature of some patient care needs for those sharing the bays, often resulted in behaviour management challenges.

There was limited space for equipment on the ward, with one of the unoccupied bays being used to store equipment. We were informed that when the shower

facility within the bay was being used, the equipment had to be moved out into the corridor to allow access.

We were also informed that there was little room to manoeuvre the hoist within the main bathroom. As a consequence a disposable curtain had been installed to maintain patient's privacy and dignity as the door leading into the bathroom had to be left open whilst the hoist was in use.

Patients and visitors had access to a garden area which provided an interesting and peaceful space for patients to go outside. The garden was safe and secure, and enabled patients to undertake tasks such as caring for plants and to relax in a pleasant and stimulating environment.

### Improvement needed

The health board must:

- Review the use of shared bays and give due consideration to replacing them with single occupancy rooms
- Provide additional storage space on the ward
- Continue to monitor the use of the bathroom on the ward, to ensure that patients' dignity is not compromised when using the facility, and consideration should be given to increasing the size of the bathroom.

### Patient information

Written information, in the form of a carer's booklet and various leaflets and posters, was available on the ward. This detailed visiting times and useful contact numbers for other organisations such as Alzheimer's Society, Age UK, Crossroads, advocacy services and Powys Social Services. This also included information on data protection and the carer's passport, which allows carers to visit the ward outside the official visiting times.

Written information was also available on how to keep mouth and teeth healthy, and on how to avoid pressure sores.

We noted that more needs to be done to provide information in Welsh and in a more dementia friendly format.

There was no information available on healthy eating. However, healthy eating and nutrition was managed through discussions with the dietician if necessary.

Patient activities were undertaken twice a day, and lists of the forthcoming activities were highlighted on a board within the ward.

We were informed that the occupational therapist was on maternity leave but was due to return to work shortly. In the interim, the nursing staff arranged activities and encouraged patients to participate.

Patients had access to DVD's and a TV in the dining room, and a TV and various board games were also available in the communal lounge. A computer was available for patients to play games and to listen to music. We saw evidence of craftwork completed by patients, and observed a member of staff helping a patient to build a virtual garden on the computer.

Magazines were also available in the communal lounge.

#### Improvement needed

The health board must ensure that written information is provided in Welsh and in a more dementia friendly format.

#### Communicating effectively

During the inspection we observed staff engaging and communicating in a positive way with patients.

It was noted that some staff were able to communicate in Welsh with patients, and this was highlighted as being vitally important in some instances for patients who, due to their illness, had reverted back to using their first language of Welsh.

The ward utilised pictorial images in order to provide patients with an additional source of information, such as location of toilets, bathrooms and their bedrooms.

There was no hearing loop system available on the ward, to aid communication for those who have hearing problems. However, staff were seen speaking directly and appropriately to patients, and we saw that pictorial cards were available to assist in communication with patients who may be hard of hearing, or who may have cognitive impairment.

#### Timely care

During the inspection, we reviewed the provision of physical health care support for in-patients. We were informed that, in an emergency situation, the ward would either dial for the emergency services or request the emergency resuscitation trolley from a neighbouring ward. It is a concern to note that as found during the

last inspection, if patients became physically unwell and not requiring life-saving care and treatment, no formal processes or protocols were in operation. We were advised that this remains to be an issue. A medical doctor may provide physical health management from a neighbouring ward, but this was not a formal agreement. The health board must ensure that processes or protocols and formal service level agreements are implemented, in order to ensure the well-being of patients' physical health during their stay on Clywedog Ward.

We found that there was a mix of patients receiving care on the ward. There were recently admitted individuals with acute mental health care needs, patients with high physical care needs and patients assessed as suitable for discharge but were awaiting suitable care home placement in the community. Some patients assessed as suitable for discharge had been on the ward for over 18 months. Staff told us that they were finding it difficult to effectively meet the varying care demands stemming from the mix of patients. The mix of patients is not reflective of the purpose of the service and is not conducive to effective management of individual care needs.

#### Improvement needed

The health board must:

- Develop and implement processes, protocols and formal service level agreements, to provide physical and medical health support for patients on the ward.
- Continue to monitor the mix of patients on the ward, to ensure that all patients' needs are fully met and that the service provided is in line with the intended purpose of the ward.

## Individual care

### Planning care to promote independence

The ward team worked well with other members of the multidisciplinary healthcare team, to provide patients with individualised care according to their assessed needs. There were robust processes in place for referring matters to other professionals such as the tissue viability specialist nurse, dietician and the speech and language therapist.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients and visitors told us that staff assisted and provided care when they needed it. We saw staff encouraging and supporting

patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to eat and drink independently.

The patient records we reviewed contained detailed information of their assessed needs and care requirements. Assessments were in-depth and provided a clear picture of support, care and treatment required for patients.

Care plans were well written and very comprehensive. All supporting assessment documentation was completed and had been reviewed appropriately. Care plans also included references to the patients' physical health care needs.

Care plans and risk assessments were reflective of each other and were comprehensive and thorough. However, there was little documented evidence of patient involvement in the care plan process, and the care plans were not signed by the patient or their carer, or by the staff member drawing up the plan. There was no evidence that patients had received a copy of their care plan.

There was reference in the notes of one patient to the granting of requested leave. This patient was not detained under the Mental Health Act, therefore the use of such terminology was inappropriate.

Patients' notes were maintained in both electronic and paper format. However, the paper records did not always reflect the most recent versions of the electronic care and treatment plans and reviews.

### Improvement needed

The health board must ensure that:

- Patients' involvement in the care planning process is documented, and the care plans are signed by the patient or their carer, and by the staff member drawing up the plan
- Patients received a copy of their care plan
- The correct terminology is used in patients' care notes, to differentiate between those not detained under the Mental Health Act
- Paper records reflect the most recent versions of the electronic care and treatment plans and reviews.

### People's rights

We found documented evidence in the care records inspected, which confirmed that patients had been appropriately informed of their rights under the Mental Health Act 1983.

We saw that staff provided care in a way to promote and protect patients' rights.

### Listening and learning from feedback

Information was available on the ward identifying how people could provide feedback about their care and treatment. This included information on how patients who are detained under the Mental Health Act could make a complaint and access advocacy services.

A carer's booklet was also available, which contained information on how concerns or complaints can be made by the patients or family members. However, there were no posters or leaflets on the ward relating to the NHS Wales Putting Things Right<sup>1</sup> process as a means of raising a concern or making a complaint.

We were informed that relatives were involved in discussing aspects of care provision in circumstances where patients were unable to understand the information. We observed the family of a patient discussing the patients care on the day of our visit.

#### Improvement needed

The health board must ensure that NHS Wales Putting Things Right information is displayed, and that leaflets are available on the ward.

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<sup>1</sup> Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

## 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 that systems were in place to provide safe and effective care.

There were established processes and audits in place to manage risk, health and safety, and infection control.

Clinical treatment was led by a psychiatric consultant and we found effective multidisciplinary team working.

The statutory documentation in relation to both the Mental Health Act and the Mental Health (Welsh) Measure were completed to a high standard.

### Safe care

#### Managing risk and promoting health and safety

Access on to the ward was restricted and key pads were in operation. However, there was no policy in place to support the use of the locked door, and no arrangement in place for people to exit the ward without having to ask for staff assistance to input the code into the key pad.

Designated domestic staff were located on the ward every day and during evening time. All pictures on walls were secured appropriately in order to safeguard patients' safety. It was noted that fire extinguishers were stored appropriately in locked cases.

We observed that equipment, furnishings and fixtures on the ward were of a good standard. Clywedog ward was maintained to a high standard and systems were in place to report environmental hazards that required attention and repair.

General and more specific risk assessments were being undertaken in order to reduce the risk of harm to patients and staff. However, numerous supporting policies required review and updating. This is because those currently available, were a mix of Aneurin Bevan University Health Board policies from when it managed the ward, and Powys Teaching Health Board policies.

We saw that staff had assessed patients regarding their risk of developing pressure damage to their skin. We were also able to confirm that staff were taking appropriate action to prevent patients developing pressure and tissue damage.

We looked at a sample of care records and confirmed that written risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure damage. Specialist pressure relieving equipment was available and being used to help prevent patients developing pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure sores.

Appropriate referrals were being made to the Tissue Viability Specialist Nurse for specialist advice and support as necessary.

We reviewed a sample of individual care files, and found that appropriate assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response. We also saw staff encouraging people to wear suitable shoes or slippers when mobilising around the ward area, to help reduce the risk of falls.

One bedroom was designated as a low ligature risk bedroom. However, some residual ligature risks were identified within this bedroom for example, door hinges. We were informed that no ligature risk assessment had been undertaken in respect of the ward environment as a whole.

Through reviewing relevant documentation, we established that restraint was very rarely used on the ward, with distraction techniques proving effective in de-escalating situations and guiding patients away to a quieter area of the ward. Staff were observed using de-escalation and distraction techniques, to effectively manage incidents during the inspection.

#### Improvement needed

The health board must:

- Implement a policy to support the use of the locked entrance door, and take measures to ensure that people, such as visitors and where

appropriate, patients, are able to exit the ward without having to ask for staff assistance

- Ensure that the previous health board's policies are removed and replaced with that of Powys teaching health board, and that all policies and procedures are reviewed regularly and kept up-to-date
- Undertake a comprehensive ligature risk assessment of Clywedog ward.

### **Infection prevention and control**

There was a comprehensive infection control policy in place. However, this was due for review in February 2016. Regular audits were being undertaken to ensure adherence to the policy and that staff were adhering to good practice principles. We saw that a recent hand washing audit had been undertaken, with a positive outcome score of 100%. These results were posted on a notice board near the entrance to the ward.

The ward environment was maintained and cleaned to a very high standard. There were cleaning schedules in place for both nursing and domestic staff, which required signatures to show that specific tasks had been completed.

Staff had access to and were using personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand sanitizers were located on walls around the ward. In addition, hand washing posters were also visible in order to remind staff of the correct hand washing techniques.

Sharps boxes were stored appropriately in a locked clinic room.

#### **Improvement needed**

The health board must review and update the infection control policy.

### **Nutrition and hydration**

We saw that patients' eating and drinking needs had been assessed. We saw staff assisting patients to eat and drink in a dignified and unhurried manner.

Patients could choose from a range of meals and they were approached by staff the day before to establish their choice for the following day. Staff told us that if patients do not like any of the choices available then kitchen staff will cook whatever the patients want. Meals were transported to the ward from the

hospital's main kitchen in a temperature controlled trolley. We saw that there was a good range of snacks and drinks available throughout the day. These could be accessed from the main kitchen up to 8.00 p.m., or from the kitchenette located on the ward. We were informed that packed lunches could be provided if a patient was going out with family or attending clinics or other relevant appointments. A bowl of fresh fruit was available in the communal lounge for patients to help themselves.

Patients were able to choose where to eat their meals, either in the dining room, lounge or in their own rooms. Patients were observed eating their meals as a group and staff supported patients as required in a calm and dignified manner. We observed lunchtime meals being served. The meals appeared well presented and appetising. Patients indicated that the food was good.

Patients were not permitted to use the facilities within the kitchenette due to risks associated with health and safety.

We looked at a sample of care records and saw that when applicable, diet and fluid monitoring charts were completed, to ensure patients had appropriate nutritional and fluid intake.

Patients' weights were being monitored regularly to contribute to the assessment for their nutrition and hydration state.

### **Medicines management**

We observed medication being administered to patients and found the process to be generally well managed and in line with the health board's policy. Medication, including controlled drugs, were stored safely and securely on the ward. All prescriptions were signed, dated and had the administration route specified, and any allergies were clearly recorded. However, there was only one qualified nurse on duty at night. This has implications in respect of the checking of controlled drugs where it is expected that two qualified nurses should undertake this task.

We saw however, that some medication administration (MAR) charts had not been fully completed with patients' name and identification number, weight and height not entered consistently. There were also some gaps in the administration record, where staff signatures were missing, and no explanation recorded for omitted doses of medication. This increases the risk to patient safety, whereby a patient may not have received their prescribed medication, or that it may have been administered, but not signed for by the registered nurse.

We saw staff approaching the administration of medication activity in a dignified and unhurried way, taking time to ensure that patients took their medication without becoming anxious or distressed.

It was noted from the medication sheets that sedatives were used sparingly. Several patients were prescribed anti-psychotic medication, and it was positive to note that due consideration was given to the patient's age and frailty prior to prescribing.

It is of concern to note that despite being raised in our previous inspection, the temperature of the medication storage room was not being monitored on a daily basis as required.

Records viewed confirmed that controlled drugs were checked twice daily during the shift handover period. We were informed that a pharmacist visits the ward weekly in order to stock check, review MAR charts and undertake audit activities. The pharmacist also attended the multidisciplinary ward rounds and staff meetings to offer guidance and advice. We were also informed that an advanced nurse practitioner, who had obtained the designated skills, knowledge and qualification, was also on hand to offer advice and guidance on medication prescription and administration.

All emergency medicines were stored with the emergency trolley on the neighbouring ward. This was not checked on this inspection.

#### Improvement needed

The health board must ensure that:

- Medication administration charts are fully completed and the reason for any omitted doses recorded
- The temperature of the medication storage room is monitored and recorded on a daily basis using a minimum/maximum thermometer.

#### Safeguarding children and adults at risk

There were safeguarding policies and procedures in place and the majority of staff had received training on this subject.

Discussions with staff demonstrated that they had a good understanding of safeguarding principles and the appropriate action to undertake if any safeguarding concerns arose.

## Medical devices, equipment and diagnostic systems

All equipment in use on the ward was formally audited every six months and checked monthly to ensure that it is safe to use.

## Effective care

### Safe and clinically effective care

There was good evidence of multidisciplinary working between the nursing and medical staff. There was also evidence of good working relationships with other professionals outside of the hospital such as local GPs and the community nurses. However, we found that there was a lack of timely social work input. This is not conducive of holistic care and was contributing to delays in arranging patient discharges.

Within the sample of patients' care records viewed, we saw a number of completed patient assessment tools based upon best practice guidelines and national initiatives. This was with a view to helping staff provide safe and effective care. Examples we saw included those in relation to preventing pressure sores and maintaining adequate levels nutrition and hydration.

The Abbey Pain Scale<sup>2</sup> assessment tool was being used on the ward. This was to help assess the pain of patients with communication difficulties.

#### Improvement needed

The health board must engage with the local authority, with a view to improving social work input on the ward.

## Information governance and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and

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<sup>2</sup> Abbey Pain Scale is a recognised observational tool used to measure pain in people with who cannot verbalize discomfort.

maintenance of confidentiality. Computers were password protected with staffing being allocated individual login details.

Through examination of training records, we confirmed that the majority of staff had received training on information governance and that further training was planned for those who had not yet completed the course.

The patient at a glance information board<sup>3</sup> was located in an office away from public areas so that the information contained on it was kept confidential.

### **Record keeping**

Information pertaining to patients was kept in both electronic and paper format. Electronic information was password-protected, and paper based records were stored securely in a locked cupboard. We saw evidence that good levels of assessments and monitoring of patients' well-being were being undertaken and reviewed regularly. Overall, patients' records were maintained to a good standard, providing a clear audit of the patients' stay on the ward.

### **Mental Health Act Monitoring**

Only one patient was detained under the Mental Health Act at the time of the inspection. The records inspected were comprehensive, well structured, organised into sections, and were easy to navigate.

All entries were legible, up-to-date and contemporaneous, and were signed by the relevant staff members. The file demonstrated clear accountability and evidence of how decisions relating to the patient were reached. Relevant information was also available to patients and their families of how to make a complaint, access to advocacy services and legal advice.

There were robust systems in place for managing and auditing statutory documentation.

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<sup>3</sup> The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

Patients were provided with both verbal and written information in relation to the section of the Mental Health Act which they were detained under, and evidence was viewed which identified that this information was re-presented on a regular basis.

We were told that Mental Health Act Administration resources were limited, and as a consequence formal support and training for staff at a local level was not always available.

#### Improvement needed

The health board must review Mental Health Act Administration resources, to ensure that adequate support and training is made available to staff at a local level.

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

Overall, the quality of the care plan and clinical records were of a high standard. Of particular note was the 'This is me' document, which clearly identified personal preferences, abilities, likes/dislikes, hobbies and interests. It provided qualitative information about the person and brought the information to life. This was completed by the patient, their family or carer.

All members of the multidisciplinary team wrote in the notes on a daily basis, thereby giving consistency in tracking the patient's journey and experience during their entire duration on the ward. This is an area of noteworthy practice.

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

Mental capacity assessments were being undertaken as required, if Deprivation of Liberty Safeguards (DoLS) referrals were made. However, we found that there was often delays in the referrals being processed by the health board, as the Supervisory Body.

#### Improvement needed

The health board must ensure that sufficient resources are provided to facilitate the timely processing of DoLS referrals.

## 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.*

Through discussions with staff and our observations, we concluded that there was good leadership and management on the ward. We saw good team working taking place, and staff spoke positively of the support offered by senior managers and colleagues.

We found that staff were committed to providing patient care to high standards, and throughout the inspection they were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory and service specific training.

The multidisciplinary team were having a positive effect upon patient care and treatment on the unit.

## Governance, leadership and accountability

We found good management and leadership at ward level with staff commenting positively on the support that they received from the ward manager and hospital matron. Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was effective.

We found good governance arrangements in place that promoted staff to provide safe and clinically effective care. However, as previously identified, the provision of physical health care must be evaluated, and formal agreements implemented.

The ward manager was visible on the ward and had cultivated an inclusive team approach; ensuring patients were at the centre of all their practice.

## Staff and resources

### Workforce

We found a friendly, professional staff team in place who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

The ward was well staffed, given the number and care needs of the patients accommodated at the time of the inspection. This meant that staff were able to deliver the appropriate level of individualised care. There were two qualified nurses and two healthcare support workers on each day shift, with one qualified nurse and two healthcare support workers on nights. However, the night staffing arrangements meant that it was not possible for the only qualified nurse on duty to have a break away from the ward environment. This also meant that in the event of an emergency, staff from an adjoining general ward would be called to assist on Clywedog. These staff members would not normally be trained in restraint, which poses a risk to the safety of patients and staff. As previously mentioned, this has implications in respect of the checking of controlled drugs on the ward where it is expected that two qualified nurses should undertake this task.

Staff confirmed they were able to access training and that this had helped them to do their jobs effectively. We were shown copies of staff training records which confirmed that the majority of staff had undertaken training on mandatory subjects, such as moving and handling, health and safety, fire safety, basic life support, infection control and safeguarding of vulnerable adults and children.

In addition to mandatory training, staff had also received training on other subjects such as equality, diversity and human rights, managing violence and aggression and information governance.

#### Improvement needed

The health board must ensure that:

- The skill mix of staff working night shifts on Clywedog ward is reviewed, to maintain patient safety, and to ensure all staff can take appropriate breaks
- Staff who assist on Clywedog from other departments, receive appropriate training in restraint, and the care of patients with dementia.

## 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

The table below summarises 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 during this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Llandrindod Wells War Memorial Hospital

**Ward/unit(s):** Clywedog

**Date of inspection:** 15, 16, 17 July 2019

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 were identified during this inspection.				

## Appendix C – Improvement plan

**Service:** Llandrindod Wells War Memorial Hospital

**Ward/unit(s):** Clywedog

**Date of inspection:** 15, 16, 17 July 2019

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
<b>Quality of the patient experience</b>				
The health board must review the use of shared bays and give due consideration to replacing them with single occupancy rooms.	4.1 Dignified Care	We will review the use of the shared care bays to identify any privacy and dignity issues. If these are evident, we will liaise with our Estates department and develop a business case for replacing the shared bays with single occupancy rooms	Head of Mental Health Nursing	Review by end November 2019 and if required a business case will be developed by end December 2019
The health board must provide additional storage space on the ward.		We will explore the option of having external storage placed outside the ward to allow for the additional storage issue to be addressed, previously the use of an external shed had been	Service Manager for Older Persons Mental Health	Initial scoping 6 months and if this is a viable option to be

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>explored and we will again look at this option. We will approach the estates manager and discuss the various options that are open to the ward, then obtain quotes and apply for funding to achieve the additional storage. Staff will continue to attempt limit the disruption that the lack of storage causes to patients and the delivery of safe effective care. They will risk assess the ward and place the surplus equipment, if appropriate in the large open corridor area.</p> <p>This is a high priority service action and will be addressed as such.</p>		completed 12 months
<p>The health board must continue to monitor the use of the bathroom on the ward to ensure that patients' dignity is not compromised when using the facility and consideration should be given to increasing the size of the bathroom.</p>		<p>Staff will continue to monitor and ensure the dignity of the patient is at the fore front of all that they do.</p> <p>Staff will ensure that they will use the privacy curtains at all times and will manage the area outside the bathroom, they will encourage other patients to utilise their own rooms or the lounge areas during periods when</p>	<p>Ward Manager and Service Manager for Older Persons Mental Health</p>	<p>Ongoing and there has been a discussion with staff to reinforce the need for maintaining privacy and</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>other patients are using the bathroom so that privacy can be achieved. The difficulty only arises when patients are having a bath when the room is being utilised as a toilet this is not a problematic area.</p> <p>Staff will also support patients to utilise the shower area, where there are no privacy issues, with patients that feel comfortable showering. Each patients' individual preferences around bathing will be discussed with them or their carer and the patient will be supported accordingly.</p>		dignity during bathing
<p>The health board must ensure that written information is provided in Welsh and in a more dementia friendly format.</p>	4.2 Patient Information	<p>Team leaders within MH to undertake audit of the patient information currently available.</p> <p>All patient and public information in English only to be forwarded for translation using the quick guide available on the staff intranet.</p> <p>Staff have placed Welsh information that they presently have on the ward in patient accessible areas and will offer</p>	<p>Services Improvement Manager – Welsh Language and Dementia Lead PTHB</p>	<p>Audits are already underway as part of the Health Board's implementation of the Welsh Language Standards.</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		said literature to patients and their families and carers		All public and patient information should be translated by the end of March 2020, if not sooner.
The health board must develop and implement processes, protocols and formal service level agreements, to provide physical and medical health support for patients on the ward.	5.1 Timely access	Negotiate with Locality Lead and Medical Director to agree appropriate number of medical sessions to support physical health care on the ward	Assistant Director of Mental Health	End November 2019
The health board must continue to monitor the mix of patients on the ward to ensure that patients' needs are fully met and that the services provided is in line with the intended purpose of the ward.		To meet with Local Authority Lead for Radnorshire. Develop and action plan for ensuring appropriate Social Service input to allow timely discharge or ongoing placement. The patient mix will be monitored and reviewed to identify any further challenges.	Assistant Director of Mental Health	End December 2019
The health board must ensure that patients' involvement in the care planning process is documented and the care plans signed by the	6.1 Planning Care to promote independence	MDT pro forma has been updated to ensure that this has been completed for each patient on the Ward and will be readdressed with the patient or their	Ward Manager	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
patient or their carer and by the staff member drawing up the plan.		carer on a weekly basis whilst a patient on the ward		
The health board must ensure that patients received a copy of their care plan.		MDT pro forma has been updated to ensure that this has been completed	Ward manager	completed
The health board must ensure that the correct terminology is used in patients' care notes in order to differentiate between those not detained under the Mental Health Act.		Ward Manager will be discussing the language used with staff during group supervision reinforcing the need to use the correct terminology.	Ward Manager	1 month
The health board must ensure that paper records reflect the most recent versions of the electronic care and treatment plans and reviews.		With the imminent introduction of WCCIS this area will be addressed as we will be adopting a electronic system	Ward Manager	6 months
The health board must ensure that NHS Wales Putting Things Right information is made available on the ward.	6.3 Listening and Learning from feedback	The information is now available on the Ward in patient accessible areas	Ward Manager	completed
<b>Delivery of safe and effective care</b>				
The health board must implement a policy to support the use of the locked entrance door, and take measures to ensure that people, such as visitors and where appropriate, patients, are able	2.1 Managing risk and promoting health and safety	We will develop and implement a locked door protocol to ensure, where appropriate, patients and visitors can exit the ward without having to ask	Clinical Lead for Quality and Safety in Mental Health	End December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
to exit the ward without having to ask for staff assistance.		staff for assistance. The protocol will support the Ward Operational Policy		
The health board must ensure that policies and procedures are reviewed regularly and kept up to date.		We will review the policies held on Clywedog Ward remove out of date versions and add any policies not yet developed to our policy review programme and database. Policies can now be accessed on the intranet and we will make sure staff are aware of this.	Clinical Lead for Quality and Safety in Mental Health	End December 2019
The health board must ensure that the previous health board's policies are removed and replaced with that of Powys teaching health board, and that all policies and procedures are reviewed regularly and kept up-to-date.		We will review the policies held by Clywedog Ward, remove those from ABUHB which have been replaced by Powys THB versions and add any policies not yet developed to our policy review programme and database.	Clinical Lead for Quality and Safety in Mental Health	End November 2019
The health board must review and update the infection control policy.	2.4 Infection Prevention and Control (IPC) and Decontamination	The decontamination policy is still under review and we follow the all wales policy for IPC which the links are on the intranet.	Senior Nurse for Protection and Infection Control, PTHB	End December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that medication administration charts are fully completed and the reason for any omitted doses recorded.	2.6 Medicines Management	We will undertake an audit of medication charts to ensure correct completion. An action plan will be developed to address any inconsistencies.	Clinical Director for Mental Health	End November 2019
The health board must ensure that two qualified nurses are available to check controlled		We will negotiate with the senior nursing staff covering other wards on site to enable the release of a qualified member of staff to check controlled drugs when needed.	Head of Mental Health Nursing	End November 2019
The health board must ensure that the temperature of the medication storage room is monitored and recorded on a daily basis using a minimum/maximum thermometer.		Recording sheets have now be redesigned to capture this information	Ward Manager	completed
The health board must engage with the local authority with a view to improving social work input on the ward.	3.1 Safe and Clinically Effective care	To meet with Local Authority Lead for Radnorshire to improve social work input on the ward. Develop an action plan for ensuring appropriate Social Service input to allow timely discharge or ongoing placement	Interim Operational Manager for Mental Health	End December 2019
The health board must review Mental Health Act Administration resources to ensure that	Application of the Mental Health Act	Training and support requirements have been reviewed and an external	Mental Health Legislation and	Training and guidance review

Improvement needed	Standard	Service action	Responsible officer	Timescale
adequate support and training is made available to staff at a local level.		<p>trainer has been identified to deliver Mental Health Act training to staff including ward staff, CMHTs and CRHTTs. A first point of contact for technical queries on Mental Health Act paperwork has been identified.</p> <p>Arrangements are being made for the Mental Health Act administrator to shadow the administration team of a neighbouring Health Board to share best practice.</p> <p>Mental Health Act Administrator Guidance is under review and updated guidance will be circulated to all staff who complete MH Act paperwork.</p>	Quality Manager for Mental Health	to be completed in Q3 2019/20
The health board must ensure that sufficient resources are provided to facilitate the timely processing of DoLS referrals.	Monitoring the Mental Health Measure	Aligned with a recommendation arising from PTHB DoLS Internal Audit, PTHB will undertake a formal capacity and demand assessment to demonstrate current shortfall in Best Interest Assessor (BIA) provision.	Assistant Director of Nursing for Safeguarding	November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Funding to support existing trained BIAs working in other roles in PTHB to undertake additional hours to complete BIAs, is being explored.		
<b>Quality of management and leadership</b>				
The health board must ensure that the skill mix of staff working night shifts on Clywedog ward is reviewed, to maintain patient safety, and to ensure all staff can take appropriate breaks.	7.1 Workforce	We will use the Safe Wards staffing guidance to review our current skill mix. If appropriate, we will develop a business case to address any shortfalls.	Head of Mental Health Nursing	End December 2019
The health board must ensure that staff who assist on Clywedog from other departments, receive appropriate training in restraint, and the care of patients with dementia.		Service Manager will liaise with Temporary Staffing Unit to request updated list of staff who have completed the appropriate training to meet the needs of the patients on the Ward	Service Manager	1 month

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 Michelle Forkings**

**Name (print):**

**Job role:** Head of Mental Health Nursing  
**Date:** 25<sup>th</sup> September 2019