

NHS Mental Health Service Inspection (Unannounced)

Bronllys Hospital

Felindre Ward

Powys Teaching Health Board

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

In writing:

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

Or via

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

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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 Bronllys Hospital within Powys Teaching Health Board on the evening of 18 November 2019 and the following days of 19, 20 November 2019. Felindre Ward was visited during this inspection.

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

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

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

We were concerned by the volume of maintenance issues that were unresolved on the ward, this is impacting negatively on patient experience.

The health board needs to review the inpatient service provision for adult mental health, to ensure it has sufficient capacity to provide timely and dignified care to its population.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Safe and effective medicine management
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- The maintenance of the hospital facilities
- The capacity of its adult inpatient mental health service
- The provision of information on the ward for patients
- The range of therapies and activities available to patients
- The effectiveness of emergency resuscitation equipment checks
- Review and update of policies.

3. What we found

Background of the service

Bronllys Hospital provides NHS mental health services at Brecon Road, Bronllys, Powys LD3 0LU, within Powys Teaching Health Board.

Felindre is a twelve bedded acute adult mental health admission ward, with the addition of two crisis beds, serving the population of Breconshire, within the grounds of the old Bronllys hospital, Powys.

The service is a mixed gender ward, however gender separation is afforded careful consideration. At the time of inspection, there were 14 patients at the hospital and three patients were temporarily located in other mental services out of county.

The service employs a staff team which includes a ward manager and a team of registered mental health nurses and health care support workers .The multi-disciplinary team includes two consultant Psychiatrists, an occupational therapist and an assistant occupational therapist.

The hospital is supported by the health board's clinical and administrative structures.

Quality of patient experience

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

We observed that staff interacted and engaged with patients appropriately, and treated patients with dignity and respect.

Patients we spoke to told us they were receiving good care at the hospital.

The maintenance of the physical environment of Felindre ward is neglected and this impacts negatively upon the patient experience.

Staying healthy

Although the hospital had a range of facilities to support the provision of therapies and activities, many of these facilities were not available for patients use at the time of the inspection. We were told that the occupational kitchen had been out of use for almost 18 months as a result of a leak in the ceiling area. The health board have clarified that the leak has been a reoccurring problem that has meant the Occupational therapy kitchen has been operational but closed on several occasions. However this is still not sufficient, if this keeps reoccurring the health board need to invest in meaningful repairs to this room to prevent further closures of this area. In addition, patients had not been able to access the recovery room for over two months due to a broken window. Both these issues had been reported to the health boards' maintenance and estates department, however they remained outstanding.

The hospital had a designated games room which contained arts and crafts resources, however this was also not available for patients due to broken light fittings.

At the time of our inspection, there was no occupational therapist or assistant therapist working on the ward due to sickness and secondments, however we have been advised that an occupational therapist was due to commence employment at the beginning of December 2019. It was evident that patients' activities had been adversely affected by their absence and this did not support or meet the current needs of the patients. We were told that patients participate in weekly pottery classes and we saw an activity timetable on the ward,

however we did not observe patients participating in any activities during the course of our inspection.

The ward had a dedicated smoking room, it was reasonably clean and the room was kept shut so the smell did not spread onto the ward. However, the health board should consider alternative options for the provision of smoking so this ward area could be used for therapeutic activities.

Patients did have access to an enclosed garden area, which unfortunately was not well maintained. The area was overgrown and the outside light was broken meaning that patients did not have access to this area at night. This is of greater significance during the winter months when there is less daylight hours. At no time during our inspection did we observe any patients accessing the outdoor garden area.

The ward had designated times for providing patients with drinks throughout the day. Hot drinks were served on a two hourly basis from 6am through till 10pm. Patients told us that if they wanted hot drinks outside of the stipulated hours, staff would aim to provide them. The health board must explore options to support patients in accessing hot drinks throughout the day to lessen this institutional practice of designated times for hot drinks.

A water fountain was also available in the lounge area so that patients could readily access drinking water.

Improvement needed

The health board must make sure that :

- Immediate repairs are undertaken to the roof and ceiling in the occupational therapy kitchen
- Light fixtures in the game room are fixed
- The window in the recovery room is replaced and made safe
- Patients have the opportunity to participate in activities whilst on the ward
- Garden area is developed and regularly maintained
- Patients are able to easily access hot drinks throughout the day

- Consider alternative options for provisions of smoking.

Dignified care

We noted that all employees; ward staff, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. We observed most staff taking time to speak with patients and address any needs or concerns the patients raised, this demonstrated that staff had responsive and caring attitudes towards the patients.

We attended staff meetings and staff demonstrated a good level of understanding of patients they were caring for. All patients spoken to, stated that they felt safe and able to speak with a staff member should they need to. There was clear mutual respect and strong relationship security between staff and patients.

The hospital was secured from unauthorised access by locked doors and an intercom system. The ward environments did not meet current standards¹ for adult acute mental health units in Wales. This presented challenges around aspects of dignified care.

The ward provided mixed gender care, most patients had their own bedroom. There was one shared bedroom on the male corridor, the two beds within this area had curtains between them, however, these only afforded the basic level of privacy for patients, and do not reflect modern mental health care provision.

¹Welsh Health Building Note (WHBN) 03-01 - Adult Acute Mental Health Units
<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHBN%2003-01%20Adult%20Acute%20Mental%20Health%20Units%20-%20final.pdf>

Patient bedrooms did not have en-suite facilities; there were shared toilets, and shower facilities located on the ward corridors which were gender specific. The two crisis rooms did have en-suite facilities and appeared more welcoming than the ward bedrooms.

One bedroom was out of use because the door had been damaged and not replaced. We were told that this issue had been raised over a week prior to the inspection with the health boards' maintenance and facilities team. We were advised that these doors are specifically made to measure and that a replacement door had been ordered and would be replaced in due course.

During our inspection we saw that demand for inpatient care was greater than the health board's capacity. To enable patients to be admitted to the ward, some patients were admitted to bedrooms where a patient was on overnight leave from hospital. In addition at the time of our inspection there were three patients that had been transferred to other mental health providers because there was a lack of beds available within the health board. We have been advised that the health board has a long term agreement with Midlands trust, which is a designated pathway for North Powys patients. However despite this arrangement it is not a suitable solution for patients to be placed away from their local hospital as this can be distressing for patients and families. The arrangement also demonstrates that there is a requirement for greater provisions within the health board.

The bedrooms offered limited storage and patients were not able to personalise their room with pictures and posters. We noted that there were no vision panels on the bedroom doors therefore, when staff undertook hourly observations they were required to open the bedroom door to observe patients. This could disturb patients' sleep. The health board should consider options on ensuring staff can check on the well-being of patients with minimal disruption.

Patients were not able to lock their bedrooms. Patients told us that staff generally respected their privacy and dignity. During the course of our inspection we saw many examples of staff knocking on patients doors before entering the bedrooms.

Depending on individual risk assessment, patients were able to have access to their mobile phone but were prevented from using their mobile phones in

communal areas. Patients also had access to a pay phone located in a private booth within the hospital to enable patients to make contact with family and friends.

In the nurse's office there was a patient status at a glance board² displaying confidential information regarding each patient being cared for on the ward. The boards were designed in such a way that confidential information could be covered when the boards were not in use. This meant that the staff team were making every effort to protect patient confidentiality.

There were laundry facilities at the hospital that the patients were encouraged to use, with support from staff where required.

We observed a CCTV monitor located within the ward. Staff confirmed the cameras were not recording and were capturing images in the main foyer area and entrance to the ward. The health board must ensure that there are clear governance arrangements around the use of CCTV and make sure that the decision to use CCTV is clearly documented. The health board must also ensure that the CCTV policy follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice³.

Improvement needed

The health board must ensure that :

- Improvements are made to the environment to ensure patient access to areas on the ward is based on individual risk assessments

² A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

³ <https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf>

The code also reflects the wider regulatory environment. When using, or intending to use surveillance systems, many organisations also need to consider their obligations in relation to the Freedom of Information Act 2000 (FOIA), the Protection of Freedoms Act (POFA), the Human Rights Act 1998 (HRA) and the Surveillance Camera Code of Practice issued under the Protection of Freedoms Act (POFA code).

- Review the bed capacity and service provision available for adult mental health services, to ensure it can timely meet the needs of its population
- Consider options on ensuring staff can check on the well-being of patients with minimal disruption
- The health board's CCTV policy follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.

Patient information

There were no notice boards on the walls, we were told by staff that these had recently been damaged and ward staff were waiting for estates to wall mount the notice boards. The health board must make sure that particular attention is paid to what information is displayed. Information displayed must be relevant to patients and visitors.

We noted that there was no information displayed in the hospital to help patients and their families understand their care, nor details about organisations that can provide help and support to patients affected by mental health conditions. A small poster located near the nurses' station was on display with contact details for the Advocacy service. Staff told us that information on advocacy and other support networks were included in the patient information booklet, provided to patients on their arrival at the hospital. We were also told that the Advocacy service attends the hospital on a weekly basis. However some patients we spoke to showed limited understanding on the role of Advocacy or how to contact Advocacy if required. Therefore the health board needs to consider how to further support patients in understanding the role of Advocacy and how to contact them if they so wish.

We also identified through conversations with staff and patients that there was limited understanding of the language line facility⁴. Knowledge and understanding of the function of language line is crucial in order to help patients and staff to communicate, and to ensure that patients are able to fully understand their rights and entitlements whilst at the hospital.

There was no information available on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales⁵. During the course of our inspection it was evident that staff working on the ward had limited knowledge and understanding on the role of HIW.

There was also limited information on health promotion displayed, and no information on smoking cessation or supportive groups for patients. Senior managers at the inspection feedback session confirmed notice boards were due to be reviewed and replaced.

There was no information displayed about how patients could raise a concern about their care which included NHS Wales Putting Things Right⁶ arrangements. This policy was also outdated and had not been reviewed since October 2018. We spoke to staff about the outdated policies and we were advised that they were in the process of reviewing and updating policies.

It was positive to note that outside the ward there was a board which displayed photos of staff, these assist patients and visitors in identifying individual staff members.

⁴ If English isn't your first language, NHS Direct Wales can provide confidential interpreters, in over 120 languages within minutes of taking your call. <https://www.nhsdirect.wales.nhs.uk/aboutus/languagetranslationservice/>

⁵ Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. <https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>

⁶ Putting Things Right is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

Improvement needed

The health board must ensure that a range of information for patients is displayed on the ward that includes:

- The NHS Putting Things Right process
- Guidance around mental health legislation
- Healthcare Inspectorate Wales
- Healthy eating and well-being
- Advocacy Service
- Language Line facility
- Welsh language literature is available.

Communicating effectively

We attended a number of clinical meetings and it was evident that discussions focused on what was best for the individual patient. Where the patient was present at the meeting all staff engaged respectfully and listened to the patient's views and provided the patient with clear reasons for the decisions taken.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings. We saw a variety of meeting records during our inspection which demonstrated that regular staff meetings were taking place and information was being shared amongst the teams.

Staff and patients told us about the patients' council, this is a positive initiative where previous service users attend the ward and listen to patients' views to help improve the experience on the ward. The patients' council is a project facilitated by the Powys Association of Voluntary Organisations (PAVO) who provide anonymous feedback on behalf of the patients to the hospital staff and senior Powys Teaching Health Board staff. We saw evidence of regular patient meetings and it was pleasing to hear staff and patients speaking about the patient council in a positive way.

Timely care

The ward held a bed status management meeting every Friday to establish the bed occupancy levels. Meetings were also held every Monday to discuss patients who had been placed in services in other health boards or independent providers. Bed state meeting are facilitated by Mental Health Services and the ward is part of this meeting along with all in-patient areas, and commissioned beds from Midlands Partnership NHS Trust.

As previously highlighted in this report we saw that there were more patients requiring inpatient care than beds available within the health board's provision. This was not an isolated incident and demonstrated that health board's adult mental health bed occupancy levels is regularly exceeding the number available.

Felindre ward has a designated Section 136 suite⁷ which facilitates the south Powys area. The Section 136 suite complied with the National Institute for Health and Clinical Excellence (NICE) standards, and the hospital ward and police had an agreed protocol on the use of the suite. We were also told that meetings took place between the police and ward staff to evaluate admissions and frequency of use of the suite. It was positive to hear that any lessons learnt and organisational feedback would be discussed during these meetings and fed back to staff from both organisations. Close partnership working with the police and effective use of the Section 136 suite is crucial to ensure that people presenting with mental health issues are getting the right care in the right setting.

Improvement needed

The health board must make sure they review the bed capacity and service provisions available for adult mental health services, to ensure it can meet the needs of its population in a timely manner.

⁷ Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. A Section 136 Suite is a designated place of safety

Individual care

People's rights

Legal documentation we saw to detain patients under the Mental Health Act was compliant with the legislation. However during the course of reviewing records we noted that there were no capacity assessments being recorded in patient records. Therefore, there was no record to determine if the patient had capacity to make informed decision around:

- Administration of medication within the ward environment
- Understanding the salient points of having been admitted onto a locked ward with all of its inherent restrictions.

Information was displayed on the wards to inform patients, who were not restricted by the Act⁸, about their rights to leave the ward. This is an improvement since our previous inspection.

There were places for patients to meet with visitors in private. Any child visitors to the hospital needed to be pre-booked to ensure an appropriate room was available. The visiting rooms were very bland, unwelcoming and appeared very clinical. There was a lack of information for visitors and the visiting rooms were not inviting for any child visitors.

Improvement needed

The health board must:

- Ensure that capacity assessments are completed and recorded in patient records
- Improve the visitor facilities at the hospital to include information for visitors and make more welcoming for children.

⁸ Commonly referred to as “informal patients”, where the patient has capacity to agree to remain in hospital to receive care for their mental health.

Listening and learning from feedback

There were regular patient meetings where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns. Apart from the Patients' Council project, the ward had no structured processes for gathering feedback from patients and relatives and then reporting back what action had been taken.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. The majority of complaints ward staff dealt with predominantly featured around lack of menu choices for people with specific dietary requirements. The health board also had a process in place where patients could escalate concerns via the health boards' Putting Things Right complaints procedure. Patients could also provide anonymous feedback and suggestions on improvements for the ward via anonymous forms placed in a suggestion box provided at patient's council meetings.

It was positive to note that there was a large display of thank you cards on display in the nurse's office.

Improvement needed

The health board must put a system in place for patients and relatives to provide feedback on the services received.

Delivery of safe and effective care

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

There were established processes in place to support staff to provide safe and effective care. We found that staff were completing clinical processes and documentation as required.

Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.

We found that emergency resuscitation equipment was being checked but these checks were not completed properly.

Safe care

During the course of our inspection we noted that there was damage to a fire door within the hospital, the window had been broken and boarded up. The integrity of the fire door was therefore compromised which would reduce the effectiveness of the fire door in the case of fire. This means that there is inadequate fire safety precautions within the hospital.

Our concerns regarding damage to the door were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

The health board had undertaken significant anti-ligature refurbishment to mitigate the risk of patient self-harm. The May 2019 ligature risk assessment identified a ligature point within a communal area of the hospital. The recommended action was that this ligature point should be removed, but this had not occurred and was therefore a potential risk to patient safety. At the time of the inspection this room was only being accessed by staff whilst awaiting maintenance works, however this will not remain the case on completion of the

required works. The health board should ensure that this ligature point is removed.

Access to the wards was direct from the hospital car park which provided suitable access for people who may have mobility difficulties. Entry to the mental health unit and ward was secure to prevent unauthorised access.

There were no nurse call points around the ward corridors, the bedrooms with en-suite bathrooms and the crisis beds did have nurse call point within the bathroom areas, however there were no nurse call points in the remaining patient bedrooms. If a patient was in difficulty or distress within their bedroom, then they could not attract the attention of staff promptly. This issue needs to be reviewed, to provide clarity on how a patient should call for assistance.

Staff had access to personal alarms to call for assistance if required. The alarm system was also linked to the community teams located in a separate area of the building. This meant if activated the community team would provide additional support if present at the hospital.

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical restraint of patients was used, but this was rare and only used as a last resort.

The ward had a specific area for staff to redirect patients, to manage their challenging behaviours. The Extra Care Suite was used by staff to take patients who were in an agitated and distressed state in order to deescalate their behaviour. This suite enables staff to protect the patient's privacy and dignity and to prevent other patients becoming distressed.

There was no Psychiatric Intensive Care Unit⁹ (PICU) at Bronllys Hospital. If a PICU was required then patients would be transferred to another service which

⁹ A Psychiatric Intensive Care Unit is an in-patient mental health ward that provides greater support and lower risk for patients with a more restrictive environment and increased staffing levels than an acute ward. PICUs are designed to look after patients who cannot be managed on acute psychiatric wards due to the level of risk the patient poses to themselves or others.

provided this facility. Staff we spoke with did not raised any concerns about this arrangement.

Improvement needed

The health board must make sure that:

- The ligature points identified for removal are completed
- Patients can alert staff that they require assistance from their bedrooms.

Infection prevention and control

The health board employed dedicated housekeeping staff for the wards. Cleaning schedules were in place to promote regular and effective cleaning of the hospital, and staff were aware of their responsibilities around infection prevention and control. Staff had access to Personal Protective Equipment when required.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

No hand hygiene products were available at the entrance point of the hospital and we would recommend that hand hygiene products are available at this location.

We also noted that chairs located in the dining area were dirty and one was ripped. The chair must be replaced and the remaining chairs cleaned as they pose a risk of possible infection and present a risk to patient safety.

The aim is for the patient's length of stay to be as short as possible to manage the increased challenging behaviours and then returned to an acute ward as soon as their mental state has stabilised to what can be safely managed there.

Improvement needed

The health board must make sure that:

- Hand hygiene products are available at the entrance point of the hospital
- Chairs are cleaned and the damaged chair is repaired or replaced.

Nutrition and hydration

Patients were provided with meals at the hospital, making their own choices from the hospital menu.

Two weekly menus were displayed on the ward. Some patients told us that it was difficult for them to access varied choices if they had specific dietary requirements.

We observed meals being served, and the dining room was clean and tidy and provided a suitable environment for patients to eat their meals.

As highlighted earlier, there was an occupational therapy kitchen, however this area had not been available for patients to use for preparation of their own food due to maintenance issues which remained unresolved.

Improvement needed

The health board must ensure it takes into consideration patients' needs and preferences when compiling menu choices.

Medicines management

Overall, we noted that medication was securely stored. The clinic room was locked to prevent unauthorised access, as were medication cupboards. Medication trolleys were also secured to the clinic room, to prevent them being removed by an unauthorised person. Medication fridges were locked when not being accessed. There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. The temperatures of medication fridges and clinic rooms were being monitored and

recorded, to check that medication was stored within the appropriate temperature range.

There was a regular pharmacy input, and audits were undertaken which assisted the management, prescribing and administration of medication. We observed a number of medication rounds, and saw that staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

The Medication Administration Records (MAR Charts)¹⁰ reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages, their Mental Health Act legal status, or physical health measurements, such as body mass index, weight or height. Staff were consistently recording the administration of medication, or the reason why it had not occurred.

We requested to view a selection of clinic room policies. We were provided with a range of policies, however, upon review most of the versions we received from the staff had passed their review date. The following policies were found to be out of date:

- Self-administration insulin – Review due date July 2017
- Venepuncture – Review due date March 2016
- Remote prescribing – Review due date November 2018
- Infection control – Review due date Feb 2016
- Transcribing/amending inpatient charts – Review due date July 2017
- Resuscitations policy – Review due date August 2017.

In addition to the above clinical policies the following policy had also passed its review date

¹⁰ A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

- Reducing and managing inpatient falls – Review due date December 2018.

We were not assured that staff were obtaining or being provided with the most up to date guidance to direct their professional practice. The health board must make sure that all policies are updated and reviewed, and that the updated policies are removed.

Improvement needed

The health board must make sure:

- That all policies are reviewed and updated
- That there is a routine audit of policies to ensure that ward staff have access to, and are referring to, the most recent version.

Safeguarding children and adults at risk

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required. During discussions with the ward manager she clearly demonstrated her knowledge on what constituted a safeguarding referral. Staff we spoke to also demonstrated good knowledge and understanding of safeguarding concerns and the referral process.

Medical devices, equipment and diagnostic systems

There was emergency resuscitation equipment available, and it was easily accessible to staff, with evidence of checks being completed. However we identified that an oxygen mask was out of date in the resuscitation bag as of 7 August 2019. Documentation we reviewed showed that weekly checks had been undertaken but this issue had not been identified by staff. The health board should remind staff of the importance of undertaking these checks. This matter was immediately highlighted to the nurse in charge and the oxygen mask was replaced.

There were a number of ligature cutters located on the ward, for use in the event of a self-harm emergency. During the inspection all staff we spoke with were aware of the location of ligature cutters throughout the ward.

Improvement needed

The health board must make sure checks on resuscitation and other medical equipment include reviewing the expiry date of individual items.

Effective care

Safe and clinically effective care

Overall, we found that systems and governance arrangements were in place, which helped ensure that staff provided safe and clinically effective care for patients. However, as detailed within the report the health board needs to address the deficiencies identified during the inspection and these are detailed, along with the health board's actions, in Appendix C.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with numerous examples where they were reviewing the provision of service on the ward and the wider health board. This was to assist in the modernisation of care and implement innovation to develop the service and provide additional patient beds.

However, as stated under the timely care section of this report, the health board must review the current adult service model to ensure that the provision of inpatient mental health services meet the needs of the health board's population.

It was positive to hear from staff that there was a clear vision for the future of the hospital, however the health board needs to focus on investment and improvement on the current hospital environment before implementing the future vision.

Record keeping

Patient records were mainly paper files that were stored within the locked nursing office. We observed staff storing the records appropriately during our inspection.

Staff completed entries that were factual, and entries regarding patient daily routine was documented in detail, which provided clear information regarding each patient's care.

Mental Health Act Monitoring

We reviewed the statutory detention documents of one patient.

In general the records were well maintained in both Mental Health Act administrator file and medical notes. The medical file were divided into appropriate sections which made it easier to navigate the folder and locate information. This was also the case with legal documentation papers.

The quality of information contained within the file was generally of a good standard. We did note that section 17 leave paperwork had not been signed by the patient to evidence that the patient understood their responsibilities and agreed conditions of leave.

Improvement needed

The health board must make sure that section 17 paperwork has been signed by the patient to evidence that the patient understands the agreed condition of section 17 leave.

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

We reviewed the care plans of a total of three patients. Each patient had an up to date Care and Treatment Plan (CTP) in place.

Patient records contained detailed care plans that support staff in providing care for the patients. Care plans included detailed assessments of needs and risk on admission and CTPs were reviewed in a timely manner at review meetings.

The Wales Applied Risk Research Network (WARRN) assessments provided good summaries of personal and historical factors associated with risk. However risk management plans were not personalised. This could result in potential triggers not being identified and warning signs not being clearly described. Interventions could be improved by considering the use of recognised rating scales for symptom severity, medication side-effects and approaches that improve the consultation process between health care professionals and patients. This would provide measures of improvement/relapse that would guide evaluation and CTP reviews.

We also noted that some patients refused to collaborate with their CTP and would not sign it. The CTP is the patient's own personal plan and offers an

opportunity to promote engagement with care and treatment, exploring and including the patient's perspective as far as is possible. It is therefore important that any refusal by a patient to sign a plan is documented and the reason for refusal is recorded within the patients care notes.

Improvement needed

The health board must make sure that

- Risk management plans are personalised.
- The health board must make sure that any refusal by a patient to sign a plan is documented along with the reason for refusal.

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.

The ward had effective processes and audit arrangements to support staff in maintaining safe and effective care.

There was passionate leadership, strong team working and motivated staff, who provided dedicated care for patients. Staff were positive about the support they received from their colleagues and management teams.

The health board must address the maintenance issues in the hospital environment to improve the quality of patient experience and staff well-being.

Governance, leadership and accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. These arrangements were clearly defined during the day, with senior management and on-call arrangements in place for the night shift.

There was dedicated and passionate leadership from the ward managers who were supported by committed ward multidisciplinary teams and senior health board managers. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward manager. Staff also commented that team-working and staff morale on the wards was good. During our time on the ward we observed a positive culture with good relationships between staff who we observed working well together as a team. It was clear to see that staff 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 respective community mental health teams.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Any use of restraint was documented.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

It was disappointing to see that staff were working in an office environment with poor lighting. The ceiling lights in the staff office had broken due to a leak in the ceiling which had not been fixed. This, and other environmental issues commented on in this report, were having an adverse effect on staff well-being and morale.

Improvement needed

The health board must make sure that the ceiling and light is fixed in the staff office.

Staff and resources

Workforce

The staffing levels appeared appropriate to maintain the safety of patients within the hospital at the time of our inspection.

Staff evidenced strong team working and appeared motivated to provide dedicated care for patients. Staff we spoke with were positive about the support they received from colleagues, and leadership by their managers.

We saw evidence of staff annual appraisals in staff files. These appraisals provide staff with a platform to discuss their employment and professional development and an opportunity for managers to give feedback to staff about

their work. Some staff told us that it was difficult to plan supervision and often this would be rushed or cancelled due to the demands of the ward. The health board must devise a solution to ensure that regular supervision can take place, this should be planned in order to make this a more meaningful, supportive and valuable process for staff.

Whilst there were a number of registered nurse vacancies, there was evidence that the health board was attempting to recruit into the vacancies. The occupational therapist was due to commence employment in December and the current nurse vacancies had been advertised. It was positive to note that the hospital were in the process of forging links with universities and colleges to help support the recruitment process. Staff told us that there have been instances where staff have been successfully offered positions but due to delays with the pre-employment checks, the individuals have sought employment elsewhere. The health board needs to review their pre-employment track system and ensure that there are no unnecessary delays in the appointments of new staff.

Where possible the ward utilised its own staff and regular staff from the health board's staff bank to fill these shortfalls. Any agency staff would have an induction at the beginning of every shift. It was positive to note that staff were undertaking additional shifts to assist in fulfilling rotas to maintain continuity of care. We reviewed staff rotas and spoke with the ward manager who confirmed that additional shifts were being monitored to prevent staff working excessive hours which may lead to fatigue.

The training information we reviewed, showed that staff were expected to complete mandatory training on a range of topics relevant to their roles. Training compliance was regularly monitored to ensure compliance was maintained. Mandatory training compliance was regularly monitored and overall compliance was in excess of 80 percent, and there were clear actions evident for addressing any outstanding training requirements. Staff also commented favourably on the opportunities to attend additional training and conferences relevant to their roles.

Health Care support workers were trained to undertake general medical checks such as taking blood and ECG readings, this training enabled the health care support workers to provide additional support to the nurses. In addition one member of staff was being supported to complete an advanced nurse practitioner qualification.

Improvement needed

The health board must make sure that

- Processes are in place to ensure regular supervision takes place between staff
- No preventable delays are incurred during pre-employment checks
- Staff vacancies are filled and future initiatives are explored to encourage recruitment into the hospital.

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Oxygen mask stored in emergency equipment had expired in August 2019, however weekly checks undertaken by staff had failed to identify that the oxygen mask was out of date.	This could affect patient safety.	This matter was immediately brought to the attention of nurse in charge.	Oxygen mask was disposed of and immediately replaced. Management will ensure staff are more diligent and accountable when undertaking checks on medical equipment.

Appendix B – Immediate improvement plan

Service: Bronllys Hospital
Ward/unit(s): Felindre Ward
Date of inspection: 18 – 20 November 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
<p>The inspection team considered the arrangements for maintain the safety of patients, staff and visitors.</p> <p>There was damage to a fire door within the hospital, the window had been damaged and boarded up. Due to the damage to the window the integrity of the fire door was compromised which would reduce the effectiveness of the fire door in the case of fire.</p> <p>This means that there is inadequate fire safety precautions within the hospital.</p>	2.1	<p>The door was identified as Door No. 008. The vision panel was boarded over after having been damaged by a patient. The half leaf was also damaged and split.</p> <p>As an urgent action, the estates team will be replacing the glass in the vision panel, and replacing the half leaf door. Both the replacement glass and the replacement ½ leaf door have been ordered via the</p>	Joy Garfitt Assistant Director of Mental Health Services	<p>Glass replacement to be completed by w/e 21-12-19</p> <p>½ Leaf door replacement to be completed by 18-1-20</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all damages are free from faults and any repairs are completed immediately.		supplier and installation will be completed by 18 th January 2020, as a bespoke replacement door requires manufacture.		

Appendix C – Improvement plan

Service: Bronllys Hospital
Ward/unit(s): Felindre Ward
Date of inspection: 18 – 20 November 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
Quality of the patient experience				
The health board must make sure immediate repairs are undertaken to the roof and ceiling in the occupational therapy kitchen.	1.1 Health promotion, protection and improvement	The Mental Health Service has liaised with the Estates service to order the repairs to the roof and the works to the roof are part of the Mental Health Estate improvement plan.	Assistant Director for Estates	March 31 st 2020
The health board must make sure that the lights in the games room are fixed.	1.1 Health promotion, protection and improvement	Repairs to the games room lights were on the Estates work plan prior to the inspection and have now been completed.	Assistant Director for Estates	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must make sure that the broken window in the recovery room is replaced.	1.1 Health promotion, protection and improvement	These works were on the Estates work plan prior to the inspection and the repairs have now been completed	Assistant Director for Estates	Complete
The health board must make sure that patients have the opportunity to participate in activities whilst on the ward.	1.1 Health promotion, protection and improvement	Band 6 OT has commenced in post. She is in the process of planning new activities. Nurses and HCSW all undertake activities with patients and these will continue.	Ward Manager	February 14 th 2020
The health board must consider alternative options for the provision of smoking	1.1 Health promotion, protection and improvement	A smoking shelter for the garden has been ordered. Following its installation, the 'smoking room' will be refurbished to become a gym for patients use.	Assistant Director Mental Health	June 30 th 2020
The health board must consider options on ensuring staff can check on the well-being of patients with minimal disruptions.	4.1 Dignified Care	This is currently under consideration and options for the replacement of all bedroom doors is being considered.	Ward Manager Assistant Director for Estates	June 30 th 2020
The health board must ensure that a range of information for patients is displayed within the wards that includes:	4.2 Patient Information	Replacement notice boards have been received and we are awaiting the maintenance to fit and secure these in place. These notice boards will then contain	Assistant Director for Estates Ward Manager	January 31 st 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • The NHS Putting Things Right process • Guidance around mental health legislation • Healthcare Inspectorate Wales • Healthy eating and well-being. • Advocacy Service • Language Line facility. 		<p>the following information;</p> <ul style="list-style-type: none"> • The NHS Putting Things Right process • Guidance around mental health legislation • Healthcare Inspectorate Wales • Healthy eating and well-being. • Advocacy Service • Language Line facility • Patient Art work 		
<p>The health board must review the bed capacity and service provisions for adult mental health services, to ensure it can timely meet the needs of its population.</p>	5.1 Timely access	<p>It should be noted that in addition to Felindre Ward, PTHB commissions beds from Midlands Partnership Trust and this is the pathway for North Powys Patients. When Midlands partnership is unable to accommodate North Powys patients, patients are admitted to Felindre Ward or other local private</p>	Assistant Director Mental Health	30 th May 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>providers. Older or Frailer functional patients are also admitted to Clywedog Ward in Llandrindod on a case by case basis, depending on acuity levels.</p> <p>Over the winter period (January – March 20) Felindre ward will be increasing beds from 14 to 18 beds. The success of this trial will be monitored and a decision taken in Spring whether to continue the arrangement for additional bed capacity.</p>		
The health board must make sure that capacity assessments are completed and recorded in patient records.	6.2 Peoples rights	Capacity is assumed as guidance directs and this is recorded on the patient weekly pro-formas.	Clinical Director/Ward Manager	Complete
The health board must put a system in place for patients and relatives to provide feedback.	6.3 Listening and Learning from feedback	Patients Council is held monthly and patients are given a pre-discharge questionnaire which is uploaded onto FOC. We are in the process of developing a feedback system for relatives that will work alongside the patient feedback system.	Ward Manager	March 31 st 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must make sure that the ligature point identified in the May audit is removed.	2.1 Managing risk and promoting health and safety	The risk has been removed.	Estates	Complete
The health board must make sure that hand hygiene products are available at the entrance point of the hospital.	2.4 Infection Prevention and Control (IPC) and Decontamination	Hand Hygiene system has been ordered through the FM facts system.	Facilities Team/ Ward Manager	January 31 st 2020
The health board must make sure that the chairs are cleaned and damaged chairs are replaced in the dining area.	2.4 Infection Prevention and Control (IPC) and Decontamination	Replacement furniture has been ordered.	Ward Manager	March 31 st 2020
The health board must make sure that all policies are reviewed and updated.	2.6 Medicines Management	We are in the process of developing a tracking system that will enable the recognition of policy review date and when action is required	Head of Nursing Quality and Safety	March 31 st 2020
The health board must ensure there is a routine audit of policies to ensure that ward staff have access to, and referring to the most recent version	2.6 Medicines Management	We are in the process of developing a tracking system that will enable the recognition of policy review date and when action is required	Head of Nursing Quality and Safety	March 31 st 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must make sure checks on resuscitation and other medical equipment include reviewing the expiry date of individual items.	2.9 Medical devices, equipment and diagnostic systems	We have put in place a daily checking system to include medical equipment.	Ward Manager	In place and ongoing
The health board needs to focus on investment and improvement on the current hospital environment before implementing the future vision.	3.3 Quality Improvement, Research and Innovation	A paper on capital investment within Mental Health (including Felindre Ward) will be prepared for consideration at Executive Committee.	Assistant Director of Mental Health Assistant Director of Estates	June 2020
The health board must make sure that risk management plans are personalised.	3.5 Record keeping	Ward Manager will quality control Risk assessment as part of the WARRN. All Staff involved in completing WARRN will continue to receive training	Ward Manager Service Manager	June 2020
The health board must make sure that any refusal by a patient to sign a plan is documented and the reason for refusal is recorded.	3.5 Record keeping	Through supervision, ensure ward staff clearly document any refusal and reasons for this in patient records.	Ward Manager	Complete.
The health board must make sure that section 17 paperwork has been signed by the patient to evidence that the patient understands the agreed condition of section 17 leave.	Application of the Mental Health Act	Actioned as part of CTP/MDT reviews.	Clinical Director/Ward Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board must make sure that the ceiling and light is fixed in the staff office.	Governance, Leadership and Accountability	This repair is on the FM facts system and we are awaiting the repair of the roof.	Assistant Director of Estates	March 31 st 2020
The health board must make sure that regular supervision takes place between staff.	7.1 Workforce	Ward Manager keeps an audit of all staff supervisions which are completed on a monthly basis.	Ward Manager	Complete
The health board must make sure that no preventable delays are incurred during pre-employment checks.	7.1 Workforce	This has been raised with WOD colleagues via Senior Management Team for feedback to Shared Services	WOD Business Partner	March 31 st 2020

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): Joy Garfitt

Job role:

Assistant Director for Mental Health

Date:

3/1/20