

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

Hafan y Coed

Cedar Ward, Oak Ward & Willow Ward

Cardiff and Vale University Health Board

Inspection date: 14 – 16 February 2022

Publication date: 17 May 2022

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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 Hafen y Coed within Cardiff and Vale University Health Board on the evening of 14 February 2022 and following days of 15 and 16 February. The following sites and wards were visited during this inspection:

- Cedar Ward – Adult Crisis Admission
- Oak Ward – Adult Locality Treatment Ward
- Willow Ward – Adult Locality Treatment Ward.

Our team, for the inspection comprised of two HIW inspectors, four clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewer. The inspection was led by a HIW inspector.

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.

There was evidence of strong and supportive leadership on each ward and at the hospital.

We found the service provided safe and effective care. Care plans drew on Individual patient's strengths and evident that patients' views were considered with balanced input from all members of the multi-disciplinary team

This is what we found the service did well:

- All staff were observed to interact and engage with patients respectfully
- Provided care that followed comprehensive multidisciplinary patient-centred care plans
- Established governance arrangements that provided safe and clinically effective care.
- Provided supportive leadership on each ward and at the hospital.

This is what we recommend the service could improve:

- The range of information available for patients across each of the wards
- The structural damage to the ward flooring and walls
- Sufficient staffed wards with appropriate skill mix to support therapeutic patient engagement and prevent staff fatigue.

## 3. What we found

### Background of the service

Cardiff and Vale University Health Board provides NHS mental health services at Hafan y Coed, Llandough University Hospital, Penlan Road, Penarth, CF64 2XX.

Our inspection concentrated on three wards, these being:

- Cedar Ward – Adult Crisis Admission
- Oak Ward – Adult Locality Treatment Ward
- Willow Ward – Adult Locality Treatment Ward.

Each ward employs a staff team which includes a ward manager and deputy ward manager, and a team of registered nurses and healthcare support workers. The multidisciplinary team includes professionals from psychiatry, psychology, and occupational therapy.

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 staff interacting and engaging with patients appropriately, and we observed staff treating patients with dignity and respect.

Whilst there was a range of information displayed for patients on the wards, improvements to the consistency of what is on display across each of the wards is required.

### Dignified care

Throughout the hospital, all the staff we observed 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. On the whole, the patients we spoke to were complimentary about the staff at the hospital.

We observed staff being respectful toward patients and speaking with patients in calm tones throughout our inspection. Staff we spoke to demonstrated a good level of understanding of patients they were caring for. There was evidence of friendly interactions between staff and patients.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. Patients' bedrooms had en-suite facilities consisting of a toilet, sink and a shower.

During the course of our inspection we saw many examples of staff knocking on patients' doors before entering the bedrooms and communal bathrooms. Within the communal ward rooms we noted that there were call bars which alert staff when pressed.

The hospital has a central therapeutic area known as the Hub which provided a range of structured therapeutic activities for patients. Each of the wards had additional equipment for patients to use, such as exercise equipment, pool tables, arts and crafts, books and board games. There were also televisions available in communal areas. We observed patients on each of the ward taking part in planned and ad-hoc activities.

## Patient information

On each of the wards there was information displayed for patients.

Information displayed included guidance on how to raise a complaint, advocacy service contact details, healthy eating, wellbeing and activity promotion. There was however no information displayed on smoking cessation and the benefits of this. There was a lack of consistency of what was displayed on each ward and whilst some information was displayed bilingually, this was not always the case.

There was no information available on either wards 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 Wales<sup>1</sup>.

It was positive to note that on Cedar and Oak there were '*Getting to Know You*' boards that displayed some information about staff members, such as their interests and hobbies. On Oak the board also included photographs of the individual staff members to aid patients in identifying the person. There was no *Getting to Know You* board on Willow; the health board should consider introducing '*Getting to Know You*' boards on each ward.

### Improvement needed

The health board must ensure that there is consistent information available for patients across the wards.

The health board must ensure that bilingual information is displayed.

The health board should consider introducing '*Getting to Know You*' boards on each ward.

## Communicating effectively

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<sup>1</sup> 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>

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. Patient families and carers could also be included in some individual meetings if the patient wished.

Staff at the hospital who spoke Welsh had a logo on their uniform identifying them as Welsh speakers. This enabled patients and visitors to communicate in Welsh with staff members.

## **Timely care**

Patients would typically be admitted to Cedar Ward, the crisis admission ward at Hafan y Coed for the health board. When a patient required a longer stay in hospital than the crisis admission ward, the designated pathway is to one of the three locality wards at the hospital that covers the area from which the patient is resident in the health board. However given the pressures on the service caused by Covid-19 pandemic, including staffing availability and bed capacity management, at the time of the inspection the health board were unable to always provide a bed for the patient on the respective locality ward. Whilst efforts were made to place the person on to the correct locality ward, when required they would be placed where there was a bed available within the hospital.

Whilst we did not hear concerns from patients regarding this, it was evident there was an impact on staff resources particularly to support ward rounds on each of the locality wards. This is because with the consultants linked to the localities, some wards would have additional ward rounds due to patients being cared for on the ward from other localities within the health board. Ward staff confirmed that this was impacting upon their ability to undertake therapeutic activities with patients; this can impact upon the progress of individual patient's recovery and their discharge from the hospital.

Senior managers at the hospital explained the actions that they had put in place to address this matter, and it was evident that progress was being made to rectify the situation.

### Improvement needed

The health board must ensure that patients, where possible, are cared for on the correct locality ward.

## Individual care

### People's rights

Staff practices aligned to established health board policies and systems which ensured that patients' rights were maintained. Staff and patients confirmed that some items were restricted on the wards for safety reasons, access to these were reviewed on an individual patient basis with appropriate arrangements in place for the storage and use of restricted items.

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

## Delivery of safe and effective care

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

The hospital environment was equipped with suitable furniture, fixtures and fittings for the patient group. However there was significant ongoing damage to some areas of flooring and walls on the wards.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Care plan documentation reflected the domains of the Welsh Measure. Care plans drew on individual patient's strengths and evident that patients' views were considered with balanced input from all members of the multi-disciplinary team.

### Safe care

#### Managing risk and promoting health and safety

Access to Hafan y Coed was through a designated reception area for the service. Areas throughout the unit, including each ward, were secured to prevent unauthorised access. Staff health board identification cards enabled them to access appropriate areas of the hospital to their roles. Non-health board personal would require to use the buzzer at the point of entry for each ward.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental issues to the health board's estates team. However, there was significant ongoing damage to some areas of flooring and lower wall areas on the wards; this was particularly evident on Cedar ward. The damage had resulted in some trip hazards to flooring, along with areas that can no longer be appropriately cleaned and therefore has an impact upon infection prevention and control. Whilst this had been reported and ongoing investigation in to the cause, it was reported that damaged areas were deteriorating.

Furniture throughout appeared to be fit for purpose, appropriate to the patient group and in a good state of repair. However, some beverage bay areas were damaged and required repair.

There were a number of ligature cutters located on each of the wards, for use in the event of a self-harm emergency. All staff we spoke with during the inspection were aware of the location of ligature cutters.

During the inspection we identified that there were fixtures within ward areas that had been identified as ligature points and management procedures were in place to reduce the risk of these ligature points. However, these fixtures were no longer being used for the intended purpose when installed, therefore we requested the health board to review these fixtures and if they were no longer required to remove them. The health board confirmed this action during the inspection.

Staff wore personal alarms which they could use to call for assistance if required. There were nurse call points around the wards so that patients, staff or visitors could summon assistance if required.

Staff undertook bedroom observations using the electronic observation screen and speaker (activated by a button, defaulted to mute) situated outside each of the bedrooms. Observation screens were locked closed when not in use and only staff could access them using their identification cards. Some patients raised concerns regarding the observation screens, as opposed to traditional bedroom door viewing panels, that they did not know when they were being observed by staff and therefore they had a constant feeling of being watched. The health board need to consider how to ease patient's concerns regarding this.

However, there was no nurse call button within patient bedrooms to summon assistance if a patient become in difficulty or distress within their bedroom. There were alternative arrangements where a patient could have a portable call button if it was foreseen that they may require assistance. However, this does not allow for unforeseen circumstances therefore the health board should consider the installation of nurse call points within patient bedrooms.

Strategies were described for managing challenging behaviour to promote the safety and wellbeing 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.

There was an established electronic system in place for recording, reviewing and monitoring incidents and any use of restraint was documented and reviewed. There was a hierarchy of incident sign-off which ensured that incident reports

were reviewed in a timely manner. We reviewed a sample of incident records and it was evident that these were appropriately written by recording factual information using suitable and non-judgemental language.

#### Improvement needed

The health board must rectify the structural damage to the ward flooring and walls.

The health board must repair any damage to beverage bay areas.

The health board need to consider how to ease patient's concerns regarding the electronic bedroom observation screens.

The health board should consider the installation of nurse call points within patient bedrooms

#### Infection prevention and control

Dedicated housekeeping staff were employed by the health board. On the whole the hospital were visibly clean, tidy and clutter free.

Cleaning schedules were in place to promote regular and effective cleaning of the wards. All staff were aware of their responsibilities around infection prevention and control, including wiping telephones and computers with cleaning products between and after use to reduce the risk of cross contamination.

The health board had conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. There was COVID-19 documentation to support staff and ensure that staff remained compliant with policies and procedures.

There was access to hand washing and drying facilities throughout the hospital. During our discussions no issues were highlighted in relation to access to Personal Protection Equipment (PPE), including masks and gloves. Staff were observed to be wearing masks throughout the inspection.

There were suitable arrangements in place for the disposal of waste. Appropriate bins were available to dispose of medical sharp items.

There were patient laundry facility on both Oak and Cedar wards, however there were no facilities on Willow ward for patients to use.

### Improvement needed

The health board must ensure laundry facilities are available to patients on each of the wards at the hospital.

## Nutrition and hydration

Care records evidenced that patient's nutrition and hydration needs were assessed, and where required specific personalised care plans were developed and monitored with multidisciplinary input from dietetics and SALT<sup>2</sup>.

Patients were provided with meals throughout the day and were able to access drinks and snacks on the wards. There was evidence that dietary needs and preferences were considered for patients. However, whilst options were provided for each meal, we were informed that this was on a first come first served basis and therefore some options would become unavailable on the ward for patients.

### Improvement needed

The health board must ensure all patients are able to have a choice at each mealtime.

## Medicines management

Overall, we noted that medication was securely stored. All clinic rooms were locked to prevent unauthorised access. However we observed that not all medication cupboards and fridges within clinic areas were locked when staff were not accessing them.

The temperatures of medication fridges were being monitored and recorded, to check that medication was stored within the appropriate temperature range. However, there was no clinic room ambient temperature checks being

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<sup>2</sup> Speech and Language Therapist assess difficulties with swallowing and communication. They can offer support through swallowing and speech exercises, dietary advice and changes to medication.

completed, we noted that some clinic rooms were very warm and staff confirmed that this was a regular occurrence. Therefore we are not assured that medication that did not require refrigeration was being stored within the temperature range advised by the manufacturers.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records viewed evidenced that checks were conducted with the appropriate nursing signatures. Although the log book on one ward was in poor condition and there was a risk of pages becoming detached and lost.

Through our review of medication records it appeared that medication is being used proportionate to the needs of individuals, and where appropriate, other alternatives being considered first.

The Medication Administration Records (MAR Charts)<sup>3</sup> reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages. Each patient's Mental Health Act legal status was recorded on the MAR Chart, however copies of consent to treatment certificates were not always accompanying the relevant MAR Chart. Therefore we are not assured that registered nurses are always checking the consent to treatment certificates to assure themselves that medication is legally authorised.

There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital. There was evidence that pharmacy input in individualised care planning. Ward staff we spoke with were positive about the input from the health board's pharmacy team.

#### Improvement needed

The health board must ensure that log books for Control Drug remain intact and replaced when required.

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<sup>3</sup> 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.

The health board must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.

The health board must ensure that registered nurses refer to the consent to treatment certificate when administering medication.

### **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.

The health board monitored the training completion rates with regards to safeguarding children and safeguarding vulnerable adults to ensure staff compliance with mandatory training.

### **Effective care**

#### **Record keeping**

Patient records were held in an electronic format and were password protected to prevent unauthorised access and breaches in confidentiality. The system was well organised and very easy to navigate. The records we viewed contained detailed and relevant information.

We reviewed a sample of patient records across all wards. It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries which provided a live document on the patient and their care.

We saw that staff were completing care documentation in full which were professional written and detailed.

#### **Mental Health Act Monitoring**

We reviewed the statutory detention documents of six patients across the three wards inspected. We also spoke with the mental health act administrator to discuss the monitoring and audit arrangements in place for the hospital.

The organisation and availability of the statutory documentation and associated records had improved since our previous inspection. This enabled us to gain assurance that detentions were compliant with the Act and overall followed the guidance of the Mental Health Act Code of Practice for Wales, 2016 (the Code).

It was evident that detentions had been applied and renewed within the requirements of the Act and copies of legal detention papers were available to ward staff at the hospital. It was also evident that those patients' detentions were reviewed by the Mental Health Review Tribunal and at Hospital Manager Hearings<sup>4</sup>, when applicable or required.

All leave had been authorised by the responsible clinician on Section 17 Leave authorisation forms, these were up-to-date and well recorded.

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

We reviewed the care plans of a total of eight patients.

Care plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

Individual care plans drew on patients' strengths and focused on recovery, rehabilitation and independence. It was evident that patients' views were considered on the development of the care plans and these were written with balanced input from all members of the multi-disciplinary team.

It was positive to note from the records we reviewed that we did not see any excessive use of antipsychotic or PRN<sup>5</sup> medication, and when used, the reasons recorded in patient records. Care and treatment plans included good health

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<sup>4</sup> The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

<sup>5</sup> PRN Medication is administered as and when required as opposed to medication administered at regular times

promotion and physical health standardised monitoring documentation such as, NEWS<sup>6</sup> and MUST<sup>7</sup>.

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<sup>6</sup> The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

<sup>7</sup> MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

## Quality of management and leadership

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

We observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

There was dedicated and passionate leadership displayed at ward level and senior management.

We found that staff were committed to providing patient care to high standards.

However staff did raise concerns around being stretched and fatigued with the ongoing impact of the Covid 19 pandemic upon services.

## 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.

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

There was dedicated and passionate leadership from the ward managers who were supported by committed ward multidisciplinary teams and senior health board managers. The team was a cohesive group of leaders and interviews with them demonstrated that they valued and cared for wellbeing of the staff and patients at the hospital.

Staff spoke positively about the leadership and support provided by the ward managers, along with positive team-working across the hospital.

During our time on the wards 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.

It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings and recommendations.

## **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 reported that they feel that they are able to keep patients safe but are unable to always undertake the therapeutic engagement with patients that they would like to which would aid and speed recovery.

Whilst there were a number of registered nurse vacancies, there was evidence that the health board was attempting to recruit into the vacancies. Where possible the ward utilised its own staff and regular staff from the health board's staff bank to fill these shortfalls.

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. However ward staff raised their concerns around being stretched and fatigued.

Staff we spoke with felt empowered to share views on improvements that could be made, and felt supported to implement changes where appropriate. However, senior ward staff expressed concerns about the allocation of supernumerary management time, typically one day a week. This limits their ability to perform core duties and responsibilities as ward managers, in view of this the health board need to look at alternative solutions to ensure that the ward managers are available to provide consistent support and supervision to staff.

### Improvement needed

The health board must ensure that wards are sufficient staffed with appropriate skill mix to support therapeutic patient engagement and prevent staff fatigue.

The health board must ensure that ward managers have sufficient supernumerary management time to undertake their core duties and responsibilities as ward managers.

## 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
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable

## Appendix B – Immediate improvement plan

**Service:** Hafan y Coed  
**Ward/unit(s):** Cedar, Oak and Willow wards  
**Date of inspection:** 14 – 16 February 2022

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
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

## Appendix C – Improvement plan

**Service:** Hafan y Coed  
**Ward/unit(s):** Cedar, Oak and Willow wards  
**Date of inspection:** 14 – 16 February 2022

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 ensure that there is consistent information available for patients across the wards.	4.2 Patient Information	The Locality Service Managers will conduct a review of the information across the 3 wards to assess if it is fit for purpose. It will be updated as required and benchmarked against similar wards for consistency within the Adult Mental Health Directorate	Lead Nurse, Adult Mental Health	June 2022 30 <sup>th</sup>
The health board must ensure that bilingual information is displayed.	4.2 Patient Information	This will be assessed as part of the review and where necessary the requisite translations to Welsh will be arranged for all patient/client information in consultation with the Welsh Language	Lead Nurse, Adult Mental Health	June 2022 30 <sup>th</sup>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Officer for Cardiff and Vale University Health Board.		
The health board should consider introducing 'Getting to Know You' boards on each ward.	4.2 Patient Information	Most wards have these in place. The relevant service manager will request that sister / change nurses update their wards where necessary.	Service Manager, Ruth Evans	31 <sup>st</sup> July 2022
The health board must ensure that patients, where possible, are cared for on the correct locality ward.	5.1 Timely access	.As part of the Clinical Board's overarching programme of returning Hafan Y Coed to its pre-COVID position, there is a requirement to ensure that patients are transferred to the correct treatment ward following a stay on the crisis ward (Cedar). The need to provide clinically safe environments in the light of COVID has led to significant disruption of the Hafan Y Coed ward reconfiguration, and the complexities around this will take some time to resolve.	Mental Health Clinical Board	31 <sup>st</sup> December 2022
<b>Delivery of safe and effective care</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must rectify the structural damage to the ward flooring and walls.	2.1 Managing risk and promoting health and safety	This issue has been escalated to the Estates department for urgent attention. Capitol planning are currently undertaking a fact-finding exercise and in discussions with the contractors. Formal meeting planned for May 2022	SMs/ Capital Planning	September 30th 2022
The health board must repair any damage to beverage bay areas.	2.1 Managing risk and promoting health and safety	This issue has been escalated to the Estates department for urgent attention Capitol planning are currently undertaking a fact-finding exercise and in discussions with the contractor. Formal meeting planned for May 2022	SMs / Capital Planting	September 30 <sup>th</sup> 2022
The health board need to consider how to ease patient's concerns regarding the electronic bedroom observation screens.	2.1 Managing risk and promoting health and safety	We are aware that C&V UHB Estates Dept are in receipt of funding to support the regular maintenance of these observation devices which we know can easily break down. We will request that Estates complete a prompt review of all devices across Hafan Y Coed and repair where necessary	SMs / Ward sister / charge nurse	July 31 <sup>st</sup> 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should consider the installation of nurse call points within patient bedrooms.	2.1 Managing risk and promoting health and safety	This has been considered by the Clinical Board in the past. As patients do not usually spend most of their time in their rooms and we expect nursing staff to maintain contact with patients on a regular and frequent basis, it is not considered appropriate or helpful to install call bells in an acute mental health setting.		
The health board must ensure laundry facilities are available to patients on each of the wards at the hospital	2.4 Infection Prevention and Control (IPC) and Decontamination	The Adult Mental Health Directorate are reviewing all washing machine / laundry facilities and effecting repairs / new purchases as required.	Directorate Manager, Adult Mental Health	September 30 <sup>th</sup> 2022
The health board must ensure all patients are able to have a choice at each mealtime.	2.5 Nutrition and Hydration	Lead nurse to work with facilities to review choice options on all wards and reassure the Clinical Board that there is a good range of choice according to patients religion, medical requirements and personal preference.	Lead nurse, Adult Mental Health	July 31 <sup>st</sup> 2022
The health board must ensure that log books for Controlled Drugs remain intact and replaced when required.	2.6 Medicines Management	Director of Nursing to send a memorandum to all sister / charge nurses and colleagues in Pharmacy reminding	Director of Nursing	May 31 <sup>st</sup> 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		them that these checks need to take place.		
The health board must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.	2.6 Medicines Management	Director of Nursing to send a memorandum to all sister / charge nurses and colleagues in Pharmacy reminding them that these checks need to take place.	Director of Nursing	May 31 <sup>st</sup> 2022
The health board must ensure that registered nurses refer to the consent to treatment certificate when administering medication.	2.6 Medicines Management	Practice Development Nurse to work closely with ward sister/charge nurse to provide further training and information with registered nurses to ensure this is complied with. Spot checks will be carried out to monitor compliance.	Practice Development Nurse	May 31 <sup>st</sup> 2022
<b>Quality of management and leadership</b>				
The health board must ensure that wards are sufficiently staffed with appropriate skill mix to support therapeutic patient engagement and prevent staff fatigue.	Governance, Leadership and Accountability	The safe staffing of wards is a priority for the Clinical Board recognising that the pandemic has brought additional challenges in meeting the needs of our wards. Through our UHB People and Culture Plan, we support the aim for our workforce to be happy, healthy and supported, so that they can in turn,	Director of Nursing	December 31 <sup>st</sup> 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>support the wellbeing of the people in their care. The Mental Health Clinical Board continues to participate in recruitment initiatives and we are encouraged by a high level of interest that has been generated in recent recruitment drives. Consideration is being given to the possibility of recruitment from overseas.</p> <p>The MHCB has participated for some time in the work underpinning the implementation of the Safe Staffing Act (Wales) which will assist us in determining safe, evidence-based staffing levels and skill mixes.</p>		
<p>The health board must ensure that ward managers have sufficient supernumerary management time to undertake their core duties and responsibilities as ward managers</p>	<p>7.1 Workforce</p>	<p>Supernumerary / supervisory time is key to safe and effective ward management, and is dependent on the action described in the point above.</p>	<p>Director of Nursing</p>	<p>31<sup>st</sup> December, 2022</p>

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 Directorate Management Team**

**Name (print): Mark Jones**

**Job role: Directorate Manager**

**Date: 07/04/2022**