

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

**St Cadoc's Hospital:  
Adferiad, Beechwood, Belle  
Vue & Pillmawr: Aneurin  
Bevan University Health  
Board**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of St Cadoc's Hospital: Adferiad, Beechwood, Belle Vue and Pillmawr within Aneurin Bevan University Health Board on the 25 to 27 October 2016.

HIW explored how the service comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards. For independent mental health services, HIW also considers how the service meets the requirements of the Independent Health Care (Wales) Regulations 2011 and National Minimum Standards (NMS) for Independent Health Care Services in Wales<sup>1</sup>.

During our inspections, we consider and review the following areas:

- **Quality of the patient experience:** We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect

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<sup>1</sup> The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services.

<http://www.hiw.org.uk/regulate-healthcare-1>

- **Delivery of safe and effective care:** We consider the extent to which services provide high quality, safe and reliable care centred on the person
- **Quality of management and leadership:** We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

St Cadoc's Hospital provides in patient mental health care within Aneurin Bevan Health Board. The hospital comprises of:

- Adferiad – 22 bed Acute Admission Ward (mixed gender)
- Beechwood – 5 bed Psychiatric Intensive Care Unit (mixed gender)
- Belle Vue – 6 bed female complex needs
- Pillmawr – 13 bed male locked rehabilitation
- Upper Lodge – 3 bed male open rehabilitation

Adferiad is one of the health board's acute admission wards and provides an in-patient service for adults who require intensive assessment, stabilisation and focus on early recovery. Adferiad ward has a Section 136 Suite<sup>2</sup> for place of safety pending a mental health assessment.

Beechwood is a Psychiatric Intensive Care Unit (PICU) and provides care and treatment to patients who are experiencing the most acute phase of a mental illness. The PICU had an Extra Care Area which could be used to provide care for a patient away from other patients on the PICU.

Belle Vue provided long term mental health rehabilitation for female patients prior to discharge to the community.

Pillmawr and Upper Lodge provided long term mental health rehabilitation for male patients prior to discharge to the community. Pillmawr and Upper Lodge were managed as one ward with Upper Lodge being a house located within the grounds of St Cadoc's Hospital, providing care for up to three patients with less restrictions than Pillmawr ward which is within the main hospital building.

### 3. Summary

Our inspection at St Cadoc's Hospital took place across all four wards.

This is what we found the service did well:

- Provided pleasantly maintained ward environments and gardens despite the confines of the old hospital structure.
- Provided care through good management and leadership on each of the wards at St Cadoc's Hospital with motivated and open teams.
- Provided patients with person centred care to meet individual patient needs.
- Provide a safe and secure environment for the provision of patient care.
- Ensured that patient care was provided in compliance with the Mental Health Act and the Mental Health Measure.

This is what we recommend the service could improve:

- The provision of food and nutrition needs to be reviewed to meet the needs of the patient group at St Cadoc's Hospital.
- A robust audit and management of medication stocks needs to be established.
- The maintenance of equipment and appliances must be actioned promptly by the health board's estates department.
- Appropriate equipment for medical emergencies needs to be readily available on Pillmawr.
- Shower and bath facilities require improvement to meet the needs of the patients.

## 4. Findings

### *Quality of patient experience*

#### **Ward environment**

The four wards are located within the main building of St Cadoc's Hospital. Adferiad and Pillmawr are more recent extensions to the original hospital building with a designated entrance foyer. Belle Vue and Beechwood are refurbished wards of the original hospital and are accessed via the original hospital building. Upper Lodge is a stand-alone house within the grounds of the hospital with its own access.

The ward environment at St Cadoc's Hospital was of reasonable standard given the environment restrictions of the setting, particularly Belle Vue and Beechwood. It was clear that health board and ward staff had made good efforts to provide an environment suitable to the patient groups, to improve the patient experience.

Each ward had meeting/visitor rooms in which patients could speak to staff or visitors in private. However, there were no dedicated child friendly visiting facilities at St Cadoc's Hospital. Staff gave examples of the options available if there were any under 18s visiting patients at the hospital, however these were not wholly appropriate or reflect the guidance in the Code of Practice for Wales, paragraphs 11.15 & 11.17.

#### ***Improvement needed***

***The health board must ensure that there are appropriate child visiting facilities at St Cadoc's Hospital.***

There were laundry facilities on each of the wards so that patients could clean and dry their clothes, with staff assistance when required. However, at the time of our inspection the tumble drier on Belle Vue was not working and had been awaiting repair or replacement for a number of months. As a result patients were required to dry their clothes in the main area of the ward which is not appropriate.

#### ***Improvement needed***

***The health board must ensure all laundry facilities at St Cadoc's hospital are in working order.***

Adferiad was a 22 bed mixed gender acute admission ward. The sleeping accommodation was provided over four 4-bedded dormitories, with curtains



between the beds, and 6 single bedrooms. The ward had a large lounge and dining room along with an activities room which included a pool table.

During our inspection it was observed that the lay out of Adferiad was not beneficial for the patient care. There was a very busy main corridor with patients and staff constantly walking up and down. Towards the middle of the corridor was the ward clerk's desk and small office space with the nursing office located behind. This was a point where patients would regularly stop to wait and speak to ward staff who may be in the office. Patients also came to the area to receive telephone calls or make calls to professionals, such as solicitors or advocates. Staff were regularly in and out of the nursing office through this location which added to the busyness of the area. In addition, the intercom from the ward entrance or foyer was located here which again added to the activity.

The layout impacted on the patient experience of the ward, with some patients stating that they found the ward very busy and that at times they felt unsettled by the noise and activity in the corridor area. It also impacted upon staff's working conditions as staff members were often interrupted during their tasks to call for colleague in the nursing office for patients, answer the intercom and go to the ward entrance to greet visitors.

### ***Improvement needed***

***The health board must improve the layout of Adferiad to reduce the busyness of the nursing office entrance so that the patient experience and staff's working conditions are improved.***

Beechwood had four individual bedrooms and an Extra Care Area (ECA) which comprised of a reasonably large bedroom with a toilet, sink and shower. The ECA was used to provide additional support to a patient away from other patients on the PICU. There was only one shower and one bath for the remainder of the PICU. The ward had a communal area that included a dining space and lounge. The furniture throughout the ward was suitable for the nature of the ward.

Belle Vue had six individual bedrooms. The ward had a main communal area that including a dining space and an area for activities, along with a television lounge. There was a large newly refurbished multi-purpose room that was regularly used for group activities and one-to-one patient-staff engagement. Patients also had supervised access to an Activities of Daily Living (ADL) kitchen to prepare their own meals and drinks.

Pillmawr had 13 individual bedrooms on the ward and a three bedroom house situated in the grounds of St Cadoc's Hospital known as Upper Lodge, which could accommodate up to three patients. Upper Lodge had a lounge, dining

room and kitchen downstairs and three individual bedrooms upstairs along with a toilet shower and bath.

The ward had a large communal area which included a dining space, television lounge and a pool table. There was also an ADL kitchen that patients could access to prepare their own meals and drinks.

However, a number of staff raised their concerns about the layout of the ADL kitchen, for example, not being appropriate for use by multiple patients at one time due to the close proximity of the ovens. This meant there was a safety risk to patients and also impacted on patient experience. An improvement to the ADL kitchen would benefit the patient group.

***Improvement needed***

***The health board must ensure that the layout of Pillmawr ADL kitchen is appropriate for patient use.***

A common concern raised by patients and staff through our inspection across the hospital was the insufficient number of showers and baths available to patients. Adferiad had only two showers for 22 patients which is unacceptable and further provision is required, Belle Vue had two showers and a bath for six patients, Pillmawr had three showers for 13 patients (Upper Lodge had its own facilities), Beechwood had one shower and one bath for four patients (with an additional shower in the ECA for a fifth patient).

There were also a number of concerns raised regarding the inconsistent pressure and varying temperature of patient's showers pat throughout St Cadoc's Hospital.

The shower in the ECA of Beechwood was in need of refurbishment as there were missing tiles and stained marks on the tiles.

***Improvement needed***

***The health board must ensure there are sufficient shower and bath facilities across St Cadoc's Hospital to meet patient need and that these are fit for purpose.***

The heating in one patient's bedroom on Belle Vue was not working and the room was noticeably colder than other areas of the ward. We were informed that the health board had looked in to the fault but no solution had been identified. This needs to be rectified as a matter of urgency to ensure the comfort and wellbeing of the patient.

### ***Improvement needed***

***The health board must ensure that all patient bedrooms are adequately heated.***

We were also informed that Belle Vue was awaiting bedroom door keys so that patients were able to have a key to lock their room. However, the ward had been waiting a number of months for the keys and the health board was unable to provide a date for them to be available.

### ***Improvement needed***

***The health board must ensure that there are keys available for the bedroom doors on Belle Vue so that patients are able to have individual keys, if risk assessments deem it appropriate.***

Each ward had an enclosed secure garden that patients could access throughout the day. It was evident that staff had made these areas attractive and useable spaces for patients to access fresh air and undertake activities and relaxation outside of the ward.

Patients were allowed to smoke within the gardens, however not all the wall mounted cigarette lighters within the gardens worked. It was reported by staff and patients that these regularly fail to work. As a result some members of staff carried lighters during their shift; however a number of staff stated that because of this, some patients would interrupt therapeutic patient activities to ask staff for a lighter to light a cigarette. This had a negative impact on patient therapeutic care on the wards.

### ***Improvement needed***

***The health board must ensure that there is appropriate cigarette lighting facilities in each of the smoking areas at St Cadoc's Hospital.***

There was open access to the garden on Adferiad and Pillmawr whilst access to the gardens on Belle Vue and Beechwood was limited to set times each hour with staff members. We were informed that some of the reasons for the restrictions on Belle Vue and Beechwood were due to the risk of the patient group and also to prevent patients smoking all day. However, this is an institutionalised practice and limits patients' access to gardens. Patient behaviours should be managed on an individual basis and not a blanket approach.

### ***Improvement needed***

***The health board must review the access to garden areas, to meet patients' individual needs and not implement an institutionalised practice.***

There was a fire exit door on Adferiad that opened on to the rear of an enclosed garden, however the door alarm was not working and had been awaiting repair for a number of months. Staff stated that due to the location of the fire exit door it was not always apparent when a patient exited through the door and confirmed that a number of patients had absconded using this exit. This is a security failing that needs to be addressed as a matter of urgency for the safety of patients.

### ***Improvement needed***

***The health board must ensure that the fire exit door on Adferiad is alarmed.***

A section of the privacy screening surrounding Pillmawr had blown over (specifically outside the window of the Activity Room). This resulted in the blocking of a significant amount of sunlight in to the room. This had been reported to the health board's estates team however no date for repair had been confirmed.

### ***Improvement needed***

***The health board must ensure that the privacy screening surrounding Pillmawr is repaired.***

The Section 136 Suite was located on Adferiad with a direct external entrance into the suite from outside with designated parking for police vehicles. The Section 136 Suite had appropriate seating and direct access to toilet facilities within the suite. We noticed that above the external entrance door the wall inside the Section 136 Suite was marked from a spillage when the suite had been previously used.

### ***Improvement needed***

***The health board must ensure that the Section 136 Suite is adequately cleaned following use.***

Patients had storage in their bedrooms or dormitories. Many of the patients who had been in the hospital for long periods, some in excess of a year, had difficulty in storing all their possessions within their rooms. However, the ward staff assisted patients in storing additional items off the ward and accessing them when required.

A number of patients complained that they did not have any working lockable storage for small personal items, such as money and jewellery. Therefore patients were apprehensive about not keeping them on their person at all times and this impacted on the patient experience.

***Improvement needed***

***The health board must ensure all patients at St Cadoc's Hospital have access to lockable storage facilities.***

On each of the wards there were patient notice boards which displayed advocacy information and other relevant information leaflets and posters.

It was positive to note that the wards displayed pictures of the members of staff who worked on the wards and what their roles were.

**Privacy and dignity**

Throughout our inspection we observed staff treating patients with respect and kindness throughout the hospital. The majority of patients we spoke with confirmed they felt their privacy and dignity was respected and spoke positively about staff at St Cadoc's hospital.

All patients across Beechwood, Belle Vie and Pillmawr had an individual bedroom; however there were four 4-bedded dormitories on Adferiad. The bed areas within the dormitories were separated by curtains that only provided the most basic form of privacy for patients and impacted on patient experience.

***Improvement needed***

***The health board must review the dormitory accommodation and provide single bedroom accommodation.***

Patients said that on the whole, staff would respect their privacy and dignity and knock on their bedroom door before entering. However, during our inspection we observed vision panels on some patient bedroom doors were left in the open position, therefore impacting on patient privacy. It was not evident on all wards that the default position for vision panels was closed, only opened by staff to undertake observations and then reclosed.

***Improvement needed***

***The health board must ensure that bedroom door vision panels are only opened by staff to undertake observations and the default position is closed.***

The use of mobile phones by patients was allowed, to maintain contact with family and friends. Access to mobile phones was managed on an individual patient risk basis. Patients and staff told us that ward telephones could also be used to contact relatives and there were payphones on the wards.

Each ward office had a *patient status at a glance board* displaying confidential information regarding each patient being cared for on the ward. There were facilities on each ward to hide the confidential information when the boards were not in use, which we observed to be the practice of staff throughout our inspection.

### **Patient therapies and activities**

There were activity timetables for each ward and patients had their own individualised activity plans. Throughout the inspection we observed patients engaged in activities within the hospital and patients accessing the community in groups or individually. On the whole the majority of patients we spoke to told us they had enough things to do and that they had been asked what they like to do, however there were mixed views expressed by patients on Adferiad.

It was positive to note that wards had developed positive working relationships with external organisations to assist in providing activities, therapies and classes for patients.

Patients with Section 17 Leave and those who were informal<sup>3</sup> could utilise their time and go outside to walk in the hospital grounds or access the local community, including employment for a few patients. We spoke to a number of patients who confirmed that they were able to do this and found that leave from the wards was a positive experience for them.

Overall, it was evident that staff and patients engaged in activities on Pillmawr and Belle Vue, although there was less engagement observed on Adferiad and Beechwood.

Due to Beechwood being a PICU there were measured restrictions in place which limited the activities available to the patients. However, we did see staff attempting to engage patients throughout our time on the ward and a number of patients undertaking activities.

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<sup>3</sup> An informal patient has agreed to come into or stay in hospital voluntarily. They are not being kept in hospital under the powers of the Mental Health Act 1983.

Adferiad was a very busy ward and we observed staff throughout the two days dealing with patients' requests and queries, this left ward staff with little time to engage with patients in therapeutic activities. We observed occupational therapy staff undertaking activities with a selection of patients on Adferiad who were willing to engage.

However a number of other patients on Adferiad told us there was little or nothing of interest for them to do all day. There was also a lack of structured activities for patients on Adferiad at evenings and weekends.

### ***Improvement needed***

***The health board must review the activities available to patients on Adferiad to ensure that patients are offered suitable activities throughout the day, evenings and weekends.***

Patients and staff said that representatives from the advocacy service were regular visitors to the wards and we observed that information on advocacy was available to patients.

### **Food and nutrition**

Patients at St Cadoc's Hospital were provided with meals from the main hospital kitchen for breakfast, lunch, evening meal and supper. Patients choose their meals each day from a two weekly menu.

The majority of the patient meals were prepared off-site then warmed (where required) on-site and transported from the main kitchen to the serveries of the four wards on heated catering trolleys.

Patients and staff raised concerns about the quality of the food provision at St Cadoc's Hospital.

A number of patients commented on the repetitive nature of the meal options, with only a two week rotation of menus. This needs to be considered by the health board, particularly as a large proportion of patients will be cared for at St Cadoc's Hospital for a long period, with some patients staying over a year.

Staff and patients also complained about the quality of the food, with food arriving over-cooked quite regularly. During our inspection we observed that ordered items of lunch didn't arrive from the main kitchen; however this was quickly rectified by kitchen staff when they were informed by the ward.

Staff and patients were also concerned about the portion size of the meals provided to the patients. The vast majority of patients at St Cadoc's Hospital were active throughout the day and the standard size hospital meal for medical wards was not sufficient for active patients on mental health wards.

It was evident that food provision at St Cadoc's Hospital did not meet the requirements of the patient group. Due to our findings at ward level, as part of our inspection we met with senior management who were responsible for the catering provision at St Cadoc's Hospital, along with some of the other health board sites.

Senior catering management spoke of their desire to review the catering provision to ensure that it met the needs of the patients at St Cadoc's Hospital.

From our discussions with ward staff and senior management responsible for the catering provision at St Cadoc's Hospital it was evident that there was no formalised feedback process to inform senior catering management of the concerns and complaints raised by ward staff, sometimes on behalf of patients. Staff spoke of informal arrangements to raise concerns or complaints about catering. However, these arrangements lacked systematic documentation which could assist with improving the catering service, such as; a log of concerns, actions, by whom and how.

The health board needs to review the catering provision at St Cadoc's Hospital to ensure that it meets the needs of the patient group.

***Improvements needed***

***The health board must ensure that patients have sufficient meal choice to avoid repetition.***

***The health board must ensure that patients receive meals that have been cooked for the correct duration.***

***The health board must ensure that all ordered food is received on the wards.***

***The health board must ensure that there is a systematic feedback process for catering provision to ensure that the health board can learn from concerns and complaints.***

Neither Belle Vue nor Beechwood had direct access to water coolers available for patients to access drinking water; these were in the locked ward kitchen. Patients had to ask staff members to access fresh water, this is not appropriate. Drinking water must be freely accessible to patients.

***Improvement needed***

***The health board must ensure that all patients at St Cadoc's Hospital have direct access to drinking water.***



## *Delivery of safe and effective care*

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

We reviewed the statutory detention documents of 16 patients being cared for across all wards at St Cadoc's Hospital. The following noteworthy issues were identified:

- The statutory detention documentation was compliant with the Mental Health Act.
- The majority of patient ward files had complete copies of their detention documentation present, however there were two files on Pillmawr that did not have a complete set available.
- One patient's file on Beechwood had incomplete copies of statutory detention documentation with only the front page of the forms being copied and filed.
- Consent to Treatment provisions, Section 58, were completed in line with the Act, however one patient's ward file on Pillmawr contained another patient's Consent to Treatment Certificate as well as their own.
- There was a good record of staff members providing patients with their rights under Section 132 of the Act, whether this was understood by the patient and any further necessary actions for staff.
- Patient files on the wards, where applicable, contained copies of Ministry of Justice documentation. There was one exception on Belle Vue where one document was in a patient's previous volume, this was rectified during the inspection.

### ***Improvement needed***

***The health board must ensure there are audit procedures in place for each of the wards at St Cadoc's Hospital, so that copies of statutory documentation maintained on the wards are complete and filled correctly.***

### **Monitoring the Mental Health Measure**

We reviewed the care and treatment planning documentation for 14 patients at St Cadoc's Hospital. On the whole the Care and Treatment Plan documentation reviewed was completed well and met the criteria of the measure.

Care and Treatment Plans were regularly reviewed. However, on a number of occasions that Care and Treatment Plans had not been signed and updated by staff on completion or revision.

***Improvement needed***

***The health board must ensure that current Care and Treatment Plans are signed by the responsible staff.***

It was a common theme that staff were not documenting any unmet needs a patient may have whilst being cared for at St Cadoc's Hospital. It is important that unmet needs are documented so that these can be regularly reviewed by the multi-disciplinary team to look at options for meeting those needs. Documenting unmet needs will also assist the health board in understanding its service needs.

***Improvement needed***

***The health board must ensure that patient unmet needs are documented in Care and Treatment Plans.***

It was not always evident whether a patient had agreed to their Care and Treatment Plan and received a copy. There were a number of occasions where the patient signature was omitted and no reason evidenced for why this was the case.

***Improvement needed***

***The health board must ensure that staff indicate (where provided on the Care and Treatment Plan) whether the patient has agreed to their Care and Treatment Plan.***

**Clinical rooms and medicine management**

On the whole we found that the administration of medication to patients was managed well at St Cadoc's Hospital. However, there were a number of recording errors identified during our inspection which need to be address to ensure that medication is stored and managed appropriately.

Each ward at St Cadoc's Hospital had its own clinic room and all medication trolleys were appropriately secured within each of the clinic rooms. All medicine cupboards were locked appropriately for the safe storing of medicines. All Controlled Drug cupboards were secure, however not all entries in the Controlled Drug book were signed as required by two members of staff when controlled drugs were removed from Controlled Drug cupboard.

### ***Improvement needed***

***The health board must ensure that all registered nurses follow the health board's Controlled Drug Policy.***

Staff measured and recorded the temperature of the medication fridges regularly in each of the clinics. However, there were occasions on a number of wards where the measuring of temperature was not recorded. This means that staff could not always ensure that medicines were being stored at the required temperature.

It was also noted that the medicine fridge on Pillmawr was frosted up and required defrosting.

### ***Improvement needed***

***The health board must ensure that staff monitor and record the temperature of medication fridges across each of the wards at St Cadoc's Hospital.***

There was out-of-date medication being stored in the clinic room on Pillmawr. Through conversations with staff it was established that there was not a robust health board system for the checking and removal of out-of-date medication at St Cadoc's hospital. There was a potential for out-of-date medication being administered to patients.

### ***Improvement Needed***

***The health board must ensure that there is a robust process to identify out-of-date medication on each of the wards at St Cadoc's Hospital.***

***The health board must ensure that there is a system in place for the removal of out-of-date medication from St Cadoc's Hospital.***

The sink in Belle Vue clinic was not working and was awaiting repair or replacement, this impacted on staff's clinical duties and patient care. At the time of the inspection the health board were unable to provide a date for completion.

### ***Improvement Needed***

***The health board must ensure that all clinic sinks at St Cadoc's Hospital are in working order.***

Staff on all wards had access to the health board's Medicine Management Policy via the health board's intranet.

## **Safety**

Overall we found that patients' health, safety and welfare were protected. Each ward was secure against unauthorised access and members of staff were vigilant to ensure the patient safety was maintained. As mentioned above, an alarm was required on one of the fire exits on Adferiad.

The majority of patients we spoke to told us they felt safe at the hospital and all staff carried personal alarms should they need to raise an alarm.

Incidents were recorded on the health board's electronic incident recording system. This allowed for analysis of incidents so that trends and frequencies could be reviewed. Senior staff described suitable arrangements for reporting and investigating patient safety incidents. We were told that learning from incidents that had happened on the wards were shared with the staff team. We were also told that learning from incidents was shared more widely amongst the hospital and mental health services within the health board at managers' meetings.

Three wards, Adferiad, Belle Vue and Beechwood had a defibrillator that was easily accessible to staff on the ward. However, Pillmawr ward did not have their own defibrillator and the procedure, we were informed, was that staff would have to retrieve the defibrillator from Adferiad, the adjacent ward. Whilst staff from Pillmawr could freely access Adferiad, they required a staff member on Adferiad to unlock the clinic room where the defibrillator was stored and then return to Pillmawr. It is felt that, in an emergency situation which requires a defibrillator; this may be too long a delay and could impact on patient safety.

### ***Improvement needed***

***The health board must ensure that there is a defibrillator located on each of the wards in case of an emergency.***

Other emergency equipment was not stored in an organised manner on Pillmawr; it was contained in a box within the clinic room. This may result in a delay in staff locating the specific emergency equipment that they require, impacting upon patient safety. Emergency equipment on the other wards was organised appropriately.

### ***Improvement needed***

***The health board must ensure that emergency equipment is organised appropriately on each ward in case of an emergency.***

The record keeping of patient where-about observations on Adferiad was disorganised. The current day's records were maintained in a folder, however the previous days were not filed; these were in a desk tray amongst other

paperwork. These charts are important documents relating to patient safety and as such should be appropriately filed for ease of reference. Observation records on the other wards at St Cadoc's Hospital were filed appropriately.

***Improvement needed***

***The health board must ensure that patient observation records are filed appropriately.***

## *Quality of management and leadership*

### **The multi-disciplinary team**

We saw very good management and leadership on each of the wards at St Cadoc's Hospital. We saw a committed staff team who had a good understanding of the needs of the patients. The staff we spoke to commented positively on multi-disciplinary team (MDT) working. Staff said the MDT work in a professional and collaborative way and individual views were sought and valued.

It was positive to note that student nurses have been working at the hospital on placements and told us that it was a conducive environment to learn, with supportive and encouraging staff.

We invited staff to provide their views on working at the unit. We did this by speaking to staff and asking them to complete a HIW questionnaire. Staff told us that communication amongst the team was good and they felt that discussions could be held openly. Overall members of staff were positive about working at the hospital and the patient care provided.

Staff said they regularly attended staff meetings which included daily handover meetings and team meetings. The health board have introduced a detailed shift handover process which had been implemented across the mental health wards.

The health board had recently changed to longer shift durations of 12 hours, from 7½ hours. There were mixed views by staff which reflected individual staff member's preferences to working patterns and commitments outside of work.

However, one regular concern raised with regards to the changes in shift duration by staff on Adferiad was that the shift patterns now resulted in staff having longer periods between shifts, up to a week. This meant that when they returned to work, due to the rapid patient throughput of an acute admission ward and bed numbers (22), there would be a large number of patients on the ward that the staff member may be unfamiliar with. Therefore a lot of time on the shift, on their return to work, was taken getting to know the new patients, their behaviours, risks, etc. Some staff felt that this meant they were unable to spend as much time with patients and therefore this could impact on patient care.

This was not the case for staff on Belle Vue or Pillmawr because the patients on those wards remained in hospital for longer periods. Nor was there the same concerns for staff on Beechwood because the PICU had fewer beds

(five) so staff were able to familiarise themselves with any changes much faster.

### ***Improvement needed***

***The health board must ensure that shift patterns at St Cadoc's Hospital are appropriate for the nature of each of the wards so that staff have up-to-date knowledge of the individual patients they are caring for.***

A concern raised from staff of differing grades across all the wards at St Cadoc's hospital was the lack of doctor cover for physical emergencies and day-to-day patient physical needs. The lack of medical cover impacted on patient care at St Cadoc's Hospital and needs to be resolved.

### ***Improvement needed***

***The health board must ensure there is sufficient medical cover for St Cadoc's Hospital.***

### **Staff training and resources**

We reviewed the staff training statistics for each ward at St Cadoc's Hospital. Staff we spoke to were positive about the training opportunities that were available within the health board and felt that they were supported to undertake additional relevant training. However, a number of staff raised their concerns about having sufficient time allocated to undertake the mandatory eLearning and that other responsibilities whilst on shift often took priority.

Reviewing the mandatory staff training figures for all the wards, whilst on the whole completion rates were good, there were deficits in the completion of mandatory training for some members of staff on each of the wards. It is essential that all staff complete mandatory training within the required timescales.

### ***Improvement needed***

***The health board must ensure that staff have appropriate opportunities to complete mandatory training whilst at work.***

Whilst reviewing the statutory training figures we observed the eLearning system used by the health board to be very slow to use. A number of staff also commented on this, stating that because of the slow system that they are put off completing training. Staff members also stated that the limited number of computers available at St Cadoc's Hospital meant that they had difficulty accessing the eLearning system whilst on shift. Managers also expressed their difficulty in retrieving completion figures to monitor their staff's training due to the slow performance of the eLearning system.

### ***Improvement needed***

***The health board must ensure that the eLearning system is user-friendly and responsive at St Cadoc's Hospital.***

A system was in place for staff to receive an annual performance development review (PDR) and the majority of staff we spoke to confirmed they had an annual PDR. Completion rates were high, and where these had not been completed, dates for the appraisal meetings had been confirmed in individuals' diaries.

The health board provided staff members with the opportunity of supervision which was the responsibility of individual staff members to seek out with identified persons within the health board.

However, there was not a structured programme of formal supervision meetings with their managers for staff members at St Cadoc's Hospital. Staff that we spoke to stated that they had open and honest professional relationships with each other and management so that they were able to discuss and reflect on day-to-day events. A number of staff felt that a structured programme of formal supervision meetings would be beneficial for supporting individual staff members and to improve and share good practice.

### ***Improvement needed***

***The health board must ensure that members of staff are supported in formal supervision meetings with their managers at an appropriate frequency.***



## 5. Next steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at St Cadoc's Hospital will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

## 6. Methodology

HIW inspections of mental health services seek to ensure services comply with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards. The focus of HIW's mental health inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of particular policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983.

We provide an overview of our main findings to representatives of the service at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the service via an immediate action letter. For independent services, the registered provider of the service will be notified of serious regulatory breaches via a non-compliance notice<sup>4</sup>. These findings (where they apply) are detailed within Appendix A of the inspection report.

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<sup>4</sup> As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

## Appendix A

### Mental Health Service: Improvement Plan

**Health Board:** Aneurin Bevan University Health Board

**Hospital:** St Cadoc's Hospital

**Date of Inspection:** 25 - 27 October 2016

Improvement needed	Health Board Action	Responsible Officer	Timescale
The health board must ensure that there are appropriate child visiting facilities at St Cadoc's Hospital.	The Health Board has a policy for Children Visiting Wards. Appropriate facilities will be identified and costed.	Service Improvement Manager for Adult Services	June 2017
The health board must ensure all laundry facilities at St Cadoc's hospital are in working order.	Adferiad, Pillmawr and Beechwood ward's facilities are in working order. The issue with the Tumble Dryer on Belle Vue will be escalated via the General Manager.	Project Lead for Minor Works	December 2016
The health board must improve the layout of Adferiad to reduce the busyness	A costing will be obtained from Minor Works to reconfigure the office layout. An analysis	Adferiad Ward	June 2017

Improvement needed	Health Board Action	Responsible Officer	Timescale
of the nursing office entrance so that the patient experience and staff's working conditions are improved.	will be undertaken of the traffic around the nursing office.	Manager	
The health board must ensure that the layout of Pillmawr Activities of Daily Living (ADL) kitchen is appropriate for patient use.	A costing will be obtained for a new kitchen for Pillmawr.	Pillmawr Ward Manager	June 2017
The health board must ensure there are sufficient shower and bath facilities across St Cadoc's Hospital to meet patient need and that these are fit for purpose.	All of the bath and shower facilities will be reviewed to ensure that they are fit for purpose.	Service Improvement Manager for Adult Services	January 2017
The health board must ensure that there are keys available for the bedroom doors on Belle Vue so that patients are able to have individual keys, if risk assessments deem it appropriate.	The keys are ordered and will be available by the end of December.	Belle Vue Ward Manager	December 2016
The health board must ensure that there is appropriate cigarette lighting facilities in each of the smoking areas at St Cadoc's Hospital.	Additional lighters and shelters are being installed on PICU. Adferiad and Pillmawr already have these facilities but the lighting post is not currently working on Pillmawr, this will be raised with Works and Estates.	Project Lead for Minor Works	February 2017

Improvement needed	Health Board Action	Responsible Officer	Timescale
The health board must review the access to garden areas, to meet patients' individual needs and not implement an institutionalised practice.	All patients have access to garden areas however this will be subject to care planning and risk assessment. Adferiad and Pillmawr have open access to the garden during the daytime.	All Ward Managers	ongoing
The health board must ensure that the fire exit door on Adferiad is alarmed.	The costing for the alarm has now been signed off. The work will be completed by the end of December.	Project Lead for Minor Works & Facilities Manager	December 2016
The health board must ensure that the privacy screening surrounding Pillmawr is repaired.	Minor Works will repair.	Project Lead for Minor Works	December 2016
The health board must ensure that the Section 136 Suite is adequately cleaned following use.	Cleaning schedule for this area to be reviewed and updated, also availability of room to be identified.	Operational Services Manager & Service Improvement Manager for Facilities	Complete
The health board must ensure all patients at St Cadoc's Hospital have access to lockable storage facilities.	Costing will be obtained for electronic safes. Due to a lack of storage on the ward some patient property is stored in the near vicinity and access is available.	Service Improvement Manager for Adult Services	June 2017
The health board must ensure that there is a defibrillator located on each of the wards in case of an emergency.	A Defibrillator and resus trolley will be ordered for Pillmawr Ward. All other wards at St Cadoc's have a	Senior Nurse for Forensic Services	December 2016

Improvement needed	Health Board Action	Responsible Officer	Timescale
	defibrillator.		
The health board must ensure that emergency equipment is organised appropriately on each ward in case of an emergency.	The resus trolleys are checked on a weekly basis on each ward to ensure that all necessary equipment is available and organised appropriately.	All Ward Managers	December 2016
The health board must ensure that patient observation records are filed appropriately.	The Therapeutic Engagement and Observation policy is in place. All wards will ensure provision is in place for timely filling of documentation.	All Ward Managers	December 2016
The health board must ensure that shift patterns at St Cadoc's Hospital are appropriate for the nature of each of the wards so that staff have up-to-date knowledge of the individual patients they are caring for.	The 12 hour shift pattern has been reviewed and an agreement made that wards will return to a 7.5hr shift pattern.	Lead Nurse for Adult Services	January 2017
The health board must ensure there is sufficient medical cover for St Cadoc's Hospital.	The Clinical Director will review the medical provision for St Cadoc's.	Clinical Director for Adult Services	March 2017
The health board must review the dormitory accommodation and provide single bedroom accommodation.	An options appraisal paper will be developed to consider the feasibility of creating single bedroom accommodation on Inpatient Wards.  The health board will gain service user	Directorate Manger for Adult Services  Adferiad Ward	March 2017

Improvement needed	Health Board Action	Responsible Officer	Timescale
	feedback regarding the dormitories.	Manager	
The health board must ensure that bedroom door vision panels are only opened by staff to undertake observations and the default position is closed.	<p>A reminder has been sent to all staff to maintain the vision panels in a closed position.</p> <p>This will be reviewed by the ward manager / deputy ward managers.</p> <p>Costings for new doors will be obtained for Adferiad.</p>	Adferiad Ward Manager	<p>Complete</p> <p>March 2017</p>
The health board must review the activities available to patients on Adferiad to ensure that patients are offered suitable activities throughout the day, evenings and weekends.	Review of activities for seven day provision.	Ward Managers & Head Occupational Therapist	March 2017
The health board must ensure that all registered nurses follow the health board's Controlled Drug Policy.	We will ensure that the Medicines Management Policy is adhered to and omissions are checked. Staff are asked to prompt colleagues if they observe an omission.	All Ward Managers	December 2016
The health board must ensure that staff monitor and record the temperature of medication fridges across each of the wards at St Cadoc's Hospital.	There is a robust process in place and this task is delegated on every shift and monitored by the Ward Managers. This will also be reviewed by the Health Environment Board visits.	All Ward Managers	December 2016
The health board must ensure that there	This will be raised with the Lead Pharmacist	Mental Health Lead	December 2016



<b>Improvement needed</b>	<b>Health Board Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
is a robust process to identify out-of-date medication on each of the wards at St Cadoc's Hospital.	for Mental Health to identify a clear process.	Pharmacist	
The health board must ensure that there is a system in place for the removal of out-of-date medication from St Cadoc's Hospital.	This will be raised with the Lead Pharmacist for Mental Health to identify a clear process.	Mental Health Lead Pharmacist	December 2016
The health board must ensure that all clinic sinks at St Cadoc's Hospital are in working order.	Works and Estates will check all sinks for correct working order and repair if necessary.	Project Lead for Minor Works	November 2016
The health board must ensure that patients have sufficient meal choice to avoid repetition.	A review of the Catering Service for St Cadoc's including menu choice is to be completed.	Facilities Manager	February 2017
The health board must ensure that patients receive meals that have been cooked for the correct duration.	To be investigated by the Catering Service Improvement Manager and Operational Services Manager.	Facilities Manager	December 2016
The health board must ensure that all ordered food is received on the wards.	The review of the catering service will also look at meal ordering.	Facilities Manager	February 2017
The health board must ensure that there is a systematic feedback process for catering provision to ensure that the health board can learn from concerns and complaints.	To be investigated by the Catering Service Improvement Manager and Operational Services Manager.	Facilities Manager	December 2016

<b>Improvement needed</b>	<b>Health Board Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
The health board must ensure that all patients at St Cadoc's Hospital have direct access to drinking water.	PICU and Belle Vue will ensure that drinking water is available at all times.	All Ward Managers	November 2016
The health board must ensure that staff have appropriate opportunities to complete mandatory training whilst at work.	The ward managers will facilitate time for staff to complete mandatory training this will be monitored via their PADR & ESR.	All Ward Managers	Reviewed Annually.
The health board must ensure that the eLearning system is user-friendly and responsive at St Cadoc's Hospital.	This is being reviewed Corporately.		
The health board must ensure that members of staff are supported in formal supervision meetings with their managers at an appropriate frequency.	On all wards there are team meetings where staff have the opportunity to raise concerns. This is also done via PADR and Reflective Practice. Clinical Supervision is also available, the Division is developing a Clinical Supervisors Register.	All Ward Managers	December 2016
The health board must ensure there are audit procedures in place for each of the wards at St Cadoc's Hospital, so that copies of statutory documentation maintained on the wards are complete and filled correctly.	Ward manager completes weekly paperwork check which includes this.  There is a robust audit programme of all wards. Mental Health Act Department will undertake a rolling audit of all wards.	Mental Health Act Manager	June 2017
The health board must ensure that current Care and Treatment Plans (CTP)	Care co-ordinators have been reminded to do this as a matter of course.	Care & Treatment Planning Lead	June 2017

Improvement needed	Health Board Action	Responsible Officer	Timescale
are signed by the responsible staff.	This will also be considered as part of the annual Divisional CTP Audit.		
The health board must ensure that patient unmet needs are documented in Care and Treatment Plans.	This will be reviewed via the CTP Board.	Chair of CTP Board	January 2017
The health board must ensure that staff indicate (where provided on the Care and Treatment Plan) whether the patient has agreed to their Care and Treatment Plan.	<p>Patients are asked to read and signed their care plans to confirm agreement. Care co-ordinators will be reminded to ensure that this is completed</p> <p>This will also be considered as part of the annual Divisional CTP Audit.</p>	Care & Treatment Planning Lead	June 2017