

Hospital Inspection (Unannounced)

Ysbyty Cefni

Betsi Cadwaladr University
Health Board

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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 Cemlyn Ward at Ysbyty Cefni, Llangefni within Betsi Cadwaladr University Health Board on the 14th, 15th and 16th of February 2017.

Our team, for the inspection comprised of one HIW inspection manager, two clinical peer reviewers and one lay reviewer. The inspection was led by the HIW inspection manager.

During this inspection we review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.
- Examination of staff files including training records
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983

- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Implementation of Deprivation of Liberty Safeguards (DOLS).
- Consideration of the quality of food

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. These inspections capture a snapshot of the standards of care patients receive.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

Context

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The Health Board has a workforce of approximately 16,500.

There are three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board also coordinates the work of 109 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

Ysbyty Cefni

Ysbyty Cefni was built in 1993, replacing the previous Cefni and Druid Hospitals.

In 2009, Ysbyty Cefni became a dedicated centre for older people with memory problems, enabling the service to concentrate on assessment, treatment and inpatient services on one site.

The hospital has 16 inpatient beds within one mixed gender ward. The beds are Consultant managed. Consultant outpatient and community clinics are also held in the hospital.

Summary

Comments made by patients and relatives spoken with during the inspection confirmed that they were happy with the care provided by the staff team. We saw staff being courteous to patients and treating them with respect and compassion. We saw that the health board had arrangements in place for patients and/or their carers to provide feedback on their experiences and to raise concerns (complaints) about care and treatment.

We saw that patients' care needs had been assessed by staff and that staff monitored patients to promote their wellbeing and safety. We found that care was being provided in a patient centred and individualised way and that the care records supported this approach.

We found evidence of good record keeping. However, some work is needed to ensure accuracy and consistency of some of the documents maintained under the Mental Health Act 1983.

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

Staff confirmed they were able to access training and that this had helped them to do their jobs effectively.

We saw that management structures and lines of delegation and reporting were in place.

We found the ward environment to be clean, tidy and decorated and furnished to an acceptable standard. However there were some environmental issues which needed addressing to enhance privacy and dignity and to make the ward area more 'dementia friendly'.

Findings

Quality of the patient experience

Patients and relatives expressed satisfaction with the care and treatment received on Cemlyn Ward. People told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We found that patients were able to wander freely around the ward area and had unrestricted access to the lounge and dining areas. We saw staff attending to people who required one to one support in a calm and reassuring manner.

The ward environment was clean, tidy and free from obvious hazards to patients' health and safety.

We did, however, find that more could be done to make the ward environment more dementia friendly. In addition, the mix of patients should be monitored in order to ensure that it is reflective of the purpose of the service and conducive to effective management of individual care needs.

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

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

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake. However, where deemed appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and encouragement to patients

with their meals. Relatives were also encouraged to participate in other aspects of patient care and a Carers' Passport ¹ scheme was in operation on the ward.

Two activities co-ordinators were employed Monday to Friday. Emphasis was placed on one to one activities with group activities and outings arranged on occasions. We recommend that the availability of an activities co-ordinator be extended to the weekends.

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

Dementia mapping² exercises were being undertaken on a regular basis with reports compiled and reflecting areas of good practice and areas for improvement. Any areas for improvements were addressed through discussions with staff and more formal staff training.

We observed mealtimes and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

A new housekeeper post has been established. The housekeeper provided an overview at mealtimes to ensure that nutrition and hydration needs were met and that staff knew who required assistance and prompting. The housekeeper was also responsible for ensuring that patients' laundry and personal effects were appropriately attended to. We discussed the possibility of the housekeeper's role being extended in order to cover weekends.

Specific attention was being given to patients' oral health in order to enhance well being.

¹ This is a way of identifying relatives of patients who are regarded as their main carers so that they too can be supported and enabled to visit at almost any time to assist with feeding, dressing or just keeping patients company.

² This is an observational tool and an established approach to achieving and embedding person-centered care for people with dementia, recognised by the National Institute for Health and Clinical Excellence.

Improvement needed

The health board should consider extending the activities co-ordinators' and housekeeper role to cover weekends.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

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

We observed staff being kind and respectful to patients and their visitors. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Comments from patients and visitors confirmed that staff were kind and sensitive when carrying out care.

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

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

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

We found that the three and four bedded bays did not offer the level of privacy that people are entitled to. In addition to this we found the general layout of the bays and the fact that the beds were placed against the wall, to reduce the risk of falls, made these areas look uninviting and impersonal.

Staff told us that the layout and the nature of the care needs of some of the patients sharing the bays often resulted in behaviour management challenges. We were told that the health board were looking at re structuring services currently provided on Cemlyn ward and that as part of these plans, the multi occupancy bays were to be replaced with more appropriate single rooms.

We found that the general ward environment could be enhanced and made more user friendly by the provision of additional paintings/pictures on the walls and items to stimulate and occupy patients, such as puzzles, games and sensory items, rummage boxes e.t.c. We told that measures had already been taken to address this issue and were shown a purchase order that had been submitted recently listing various items requested in order to enhance the provision of activities and stimulation on the ward.

Improvement needed

The health board should review the use of the four and three bed bays and replace them with more appropriate single rooms.

The health board should continue with their plans to refurbish the ward environment in order to make it more 'dementia friendly'.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Information for patients and their families/carers was displayed and available on the ward. There was a formal complaints procedure in place which was compliant with 'Putting Things Right'³. Information about how to make a complaint was posted on the ward and in the main hospital's reception/waiting area.

³ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

A Patient Status at A Glance board (PSAG) was located within the nurses' station. This recorded information about patients' care needs. Efforts had been made to protect the identity of patients and the board was of a folding design ensuring that information was kept confidential.

We found that relatives were involved in discussing aspects of care provision in cases where patients were unable to understand the information. We also found that patients had access to Independent Mental Health Advocates⁴ (IMHA) should the need arise. IMHAs were contacted for all patients detained under the Mental Health Act 1983, as a matter of routine. Information relating to IMHA was available in leaflet form. We suggested that this information also be made available in poster in order to make it more prominent.

Improvement needed

IMHA information should be provided in poster as well as leaflet format.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

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

⁴ Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order (CTO). IMHAs are independent of mental health services and can help people get their opinions heard and make sure they know their rights under the law.

been highlighted as an area for improvement by the senior management team and that consideration was being given to restructuring the service so as to ensure that the ward is used for its intended purpose of an assessment and treatment centre for older people with memory problems.

Improvement needed

The health board should continue to monitor the mix of patients on Cemlyn ward to ensure that patients' needs are fully met and that the services provided is in line with the intended purpose of the ward as an assessment and treatment centre for older people with memory problems.

Staff told us that not enough time was set aside for the handover between shifts. We were told that this had already been identified as an issue and that discussions were underway involving the human resources department to agree on arrangements to improve this.

Improvement needed

The health board should continue to give consideration to providing additional time for staff to provide handover at the end of each shift.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

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

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients and visitors told us that staff assisted and provided care when they needed it. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk and assisting them to eat and drink independently.

We saw one patient entering the toilet cubicle having difficulty locating the light switch. We suggested that automatic sensors be fitted in toilet areas to enhance patient independence.

Improvement needed

The health board should consider ways to make the toilet areas more accessible to patients in order to promote their independence.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

We found documented evidence on the care files inspected confirming that patients had been appropriately informed of their rights under the Mental Health Act 1983.

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

We found staff protecting the privacy and dignity of patients when delivering care. For example doors to single rooms were closed and curtains were used around individual bed areas when care was being delivered.

Mental capacity assessments were being undertaken as needed with Deprivation of Liberty Safeguards (DoLS) referrals made as required. We did find that there was excessive delay in the referrals being processed by the health board as the Supervisory Body, resulting in unlawful detentions, and were informed that this issue was being addressed. 'Unmet needs' forms were being completed in respect of those individuals whose DOLS referrals were awaiting processing by the Supervisory Body.

Improvement needed

The health board as Supervisory Body must continue with their efforts to ensure that sufficient resources are secured in order to facilitate the timely processing of DoLS referrals.

Standard 6.3 Listening and learning from feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

Patients and their representatives had opportunities to provide feedback on their experience through face to face discussions with staff.

There were good systems in place for managing complaints. As previously mentioned, Putting Things Right leaflets were available in the reception area by the main entrance into the hospital. There was information available to patients and visitors on the ward about how to make a complaint and there were leaflets available informing patients and visitors on how to access Independent Mental health Advocacy services (IMHA).

Delivery of safe and effective care

We found that the staff team was committed to providing patients with safe and effective care.

Specialist equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The ward was clean and arrangements were in place to reduce cross infection.

There were robust medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

We found Cemlyn ward to be maintained and systems were in place to report environmental hazards that required attention and repair.

General and more specific risk assessments were being undertaken in order to reduce the risk of harm to patients and staff. Work was underway on extending the parking facilities with contractors on site at the time of the inspection visits. Work was also underway on refurbishing the ward environment. We were told that appropriate risk assessments had been undertaken in respect of this work and that the Health and Safety Executive had inspected the hospital recently and was due to conduct a follow up inspection in the near future.

Staff expressed concern about their safety and suggested that personal alarms would be beneficial particularly for staff working nights when there are fewer on duty and the risk of them being isolated in a challenging situation and unable to reach a wall mounted alarm is greater.

Improvement needed

The health board should consider issuing all staff with personal alarms.

Standard 2.2 Preventing pressure and tissue damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

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

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

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

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

Standard 2.3 Falls prevention

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

From examination of a sample of individual care files, we found that appropriate assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response.

We saw staff encouraging people to wear suitable shoes or slippers when mobilising around the ward area to help reduce the risk of falls.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

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

Staff had access to and were using personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use to reduce cross infection.

The availability of personal protective equipment, hand sanitising liquids and cleaning materials within the ward environment had been suitably risk assessed so as to reduce the risk of harm to patients.

Staff spoken with were aware of infection control obligations and clear on isolation processes.

Standard 2.5 Nutrition and hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

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

We looked at a sample of care records and saw that monitoring charts were being used, where required, to ensure patients had appropriate nutritional and fluid intake.

Patients' weights were being monitored regularly to assess whether they were well nourished and the effectiveness of care.

We observed breakfast and lunchtime meals being served. The meals appeared well presented and appetising. Patients indicated that the food was good.

As previously mentioned, the housekeeper had an overview at mealtimes to ensure nutrition and hydration needs are met and that staff know who requires assistance and prompting.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

We observed medication being administered to patients and found the process to be in line with the health board's policy. We saw staff approaching the administration of medication activity in a dignified and unhurried way, taking time to ensure that patients took their medication without becoming anxious or distressed. We found that not every patient had an identification wrist band due to assessed ingestion or choking risk. In such cases, patient identification for medication administration purposes was by means of a photograph on the medication administration chart. Where appropriate red coloured wrist bands were used to identify any patients who had drug allergies.

A pharmacist attended the ward twice a week to undertake medication audits and to offer guidance and support to staff. The pharmacist also attended ward rounds and staff meetings to offer guidance and advice.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

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

We looked at a sample of completed safeguarding referral forms and found that these were accurately maintained.

Visiting arrangements for children were sensitive to the needs of the child with a visiting area located away from the ward which was comfortable and child friendly.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

There was good evidence of multi disciplinary working between the nursing and medical staff. There was also evidence of good working relationships with other professionals outside of the hospital such as local GPs and the community nurses.

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

We were told that the Abbey Pain Scale⁵ assessment tool was being used on the ward. However, this was only completed when a patient was thought to be in pain and not as a matter of course. We recommended that a pain assessment be undertaken as a matter of routine on all patients who are unable to verbalise their discomfort.

Improvement needed

The health board should ensure that all patients who are unable to verbalise discomfort are assessed for pain, as a matter of routine, using a recognised assessment tool.

⁵ Abbey Pain Scale is a recognised observational tool used to measure pain in people with who cannot verbalize discomfort.

Standard 3.4 Information governance and communications technology

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

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

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

We were told that work was underway on developing an electronic records management system for use across the health board. This system was to be initially rolled out within the mental health service.

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We viewed a sample of patient care notes and found them to be generally well maintained. We found that personal information was kept out of sight within the locked nurses' station.

A language audit had recently been undertaken in relation to the care files in order to ensure that staff were recording information in a professional way and without the use of inappropriate references to patient behaviour.

We focused on processes under the provisions of the Mental Health Act 1983. We found that records were generally well maintained. However, some work is needed to ensure accuracy and consistency of some of the documents maintained under the Mental Health Act 1983.

We found the Care Programme Approach (CPA) care planning to be comprehensive with good risk management in evidence and the statutory detention documentation was generally compliant with the requirements of the Mental Health Act 1983. However, we did find that there was confusion regarding the detention status of some patients on some of the files viewed. We also found that Section 17 'spent leave' forms were not appropriately crossed out indicating whether the leave was spent or expired. There was no evidence that copies of Section 17 documents were made available to all patients as required under the Mental Health Act 1983.

We recommended that care files would benefit from having a summary sheet at the front to ensure ease of access to important patient information. We also suggested that copies of Second Opinion Appointed Doctors (SOAD), mental health detention papers and Consent to Treatment forms be retained on the current working care file for ease of reference.

Improvement needed

The health board must ensure that the detention status of patients is clearly noted on file and that this is updated to reflect any changes.

The health board must ensure that all Section 17 'spent leave' forms are appropriately updated to reflect when leave is spent or expired.

The health board must ensure that patients are given copies of Section 17 documents required under the Mental Health Act 1983.

Consideration should be given to providing a summary sheet at the front of care files to ensure ease of access to important patient information.

Quality of management and leadership

We found the quality of leadership and management to be good with good communication and reporting links from ward level to senior managers.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

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

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

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

We distributed questionnaires to staff in order to gather information about their experience of working on the ward. We received 11 completed questionnaires.

Staff comments were generally positive about the quality of the service and the support that they receive.

Staff confirmed they were able to access training and that this had helped them to do their jobs effectively. We were shown copies of staff training records which confirmed that the majority of staff had undertaken training on 'mandatory' subjects such as Moving and Handling, Health and Safety, Fire Safety, Basic life Support, Infection Control, Safeguarding of Vulnerable adults and Children.

In addition to mandatory training, staff had also received training on other subjects such as Equality, Diversity and Human Rights, Managing Violence and Aggression and Information Governance. Staff members spoken with told us that they would benefit from training on subjects such as restraint, care of people with dementia and suicide awareness.

Improvement needed

The health board must ensure that all staff have undertaken mandatory training.

The health board should consider providing staff with training on restraint, care of people with dementia and suicide awareness.

We were told that the ward had recently gone through an unstable period where staffing was concerned. However, it was felt that the staffing complement was now stabilizing with new ward manager, deputy ward manager and a number of qualified nurses now in post. We were told that there was a reliance on health care 'bank' staff to cover some shifts. However, every effort was made to secure cover by staff members who had worked on the ward before and were familiar with the environment and the needs of the patients accommodated. We were informed that the intention was to employ more permanent health care assistants so as to ensure continuity of care and less reliance on bank staff.

We viewed copies of the staff rota which showed us that there was a good skill mix of staff on duty each shift. The number of staff on duty could vary from shift to shift and took account of those patients who required one to one assistance or supervision. However, staff told us that staffing levels had dropped on occasions due to individuals calling in sick at the last minute, resulting in additional pressures. We were told that every effort was made to secure sickness/absence cover. However, this was not possible in every case.

We found that formal staff supervision and support sessions had lapsed recently due to ward manager and nursing staff vacancies. However, we were assured that staff supervision and support continued to take place informally on

a day to day basis. We were also told that staff support and supervision sessions were to be formalised now that the staffing situation had stabilized and the ward manager post had been filled and additional qualified nurses had been recruited.

Improvement needed

The health board must ensure that all staff have formal supervision on a regular basis.

Staff meetings had also lapsed of late. We were told that these were to be scheduled on a regular basis in future.

Improvement needed

The health board should ensure that staff meetings take place on a regular basis. This is particularly important during periods of change.

Next Steps

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

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measurable, 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 health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards 2015



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

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

- Information held by HIW
- Conversations with patients, relatives 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 policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

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.

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Cefni

Ward/ Department: Cemlyn

Date of inspection: 14-16 February 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
Quality of the patient experience					
8.	<i>The health board should consider extending the activities co-ordinators' and housekeeper roles to cover weekends.</i>	1.1	The activity coordinator posts attracted new funding which enabled the Division to appoint full time individuals working Monday to Friday. It is apparent that the value and benefits to patients has been received well and there is a need to extend their working hours to cover weekends. Staffing establishments are currently being reviewed and there is a proposal to have activity	CNM / OPMH Service Manager	End August 2017-04-03

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>coordinators working over 7 days.</p> <p>There is a housekeeper on Cemlyn ward. This role was funded from the existing staffing establishment, but again the proposal is to identify funding to enable Housekeeper cover 7 days per week.</p>	CNM / OPMH Service Manager	End August 2017
9.	The health board should review the use of the four and three bed bays and replace them with more appropriate single rooms.	4.1	<p>A review was completed in Q4 of 16/17 and initial discussions have taken place with Welsh Government.</p> <p>Ongoing discussions with Welsh Government regarding options to improve the quality of provision; this includes the provision of single en-suite rooms and forms part of the strategy. The process of finalising proposals and seeking approvals will progress throughout 17/18. Any approved change will form part of a larger multi-year programme.</p>	Director of Mental Health and Learning Disability Division	<p>March 17</p> <p>March 18</p>
9.	The health board should continue with their plans to refurbish the	4.1	<p>Car park completed.</p> <p>Anti-ligature works completed.</p>	C Simms (Programme	Q2/3 17/18

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	ward environment in order to make it more 'dementia friendly'.		Environment works taking place in 12 phases with completion due in Summer 17.	Consultant (MHLDD) Lead Nurse	
10.	IMHA information should be provided in poster as well as leaflets format.	4.2	Complete.	Matron	Complete
11.	The health board should continue to monitor the mix of patients on Cemlyn ward to ensure that patients' needs are fully met and that the services provided is in line with the intended purpose of the ward as an assessment and treatment centre for older people with memory problems.	5.1	Immediate review and risk assessment has been undertaken and assurance given in regards to ensure appropriate staffing to manage acuity. Dementia mapping will continue to monitor and provide additional assurance. External review of older persons units is ongoing as part of the service redesign and strategy	Lead Nurse OPMH Service Manager Clinical Director	End June 2017
11	The health board should continue to give consideration to providing additional time for staff to provide handover at the end of each shift.	5.1	This is being addressed through WOD to enable a formal change to the ward roster.	OPMH service Manager	End August 2017
12.	The health board should consider	6.1	Assisted bathroom and WC's to be	C Simms	Q2/3 17/18

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	ways to make the toilet areas more accessible to patients in order to promote their independence.		fully refurbished as part of environment works. New assisted shower room to be formed in addition to existing provision.	(Programme Consultant MHLD) CNM	
12.	The health board as Supervisory Body must continue with their efforts to ensure that sufficient resources are secured in order to facilitate the timely processing of DoLS referrals.	6.2	In the medium term, Corporate Safeguarding is required to appoint and train 10 Best Interest Assessors (BIA). A BIA Course has been secured to train staff at Manchester University.	MHLD Head of Governance with Corporate Head of Safeguarding	30.06.2017
Delivery of safe and effective care					
16.	<i>The health board should consider issuing all staff with personal alarms.</i>	2.1	Staff are now provided with portable personal safety alarms.	Matron	04.04.2017
18.	<i>The health board should ensure that all patients who are unable to verbalise discomfort are assessed for pain, as a matter of routine, using a recognised assessment</i>	3.1	The Abbey Pain Scale as adapted for people who are unable to verbalise their experience of pain is in place and daily assessment of experience of pain will be undertaken.	Matron	07.04.2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	<i>tool.</i>				
20.	The health board must ensure that the detention status of patients is clearly noted on file and that this is updated to reflect any changes.	3.5	All files have been reviewed and a cover sheet inserted with key information contained. Compliance will be monitored part of monthly Q &S audits and any omissions recorded and reported through MHA Committee.	Matron Lead Nurse Divisional Head of Governance	04.04.2017
20.	The health board must ensure that all Section 17 'spent leave' forms are appropriately updated to reflect when leave is spent or expired.	3.5	All files have been reviewed and updated. S17 leave forms will be reviewed at each MDT and updated as appropriate. All MH Act papers are stored in the relevant section in patient files. Compliance with all aspects of MHA to be reported and monitored through MHA Committee	Matron Lead Nurse Divisional Head of Governance	04.04.2017
20.	The health board must ensure that patients are given copies of Section 17 documents required under the Mental Health Act 1983.	3.5	All relevant papers will be made available to patients and relatives /carers with a record made in the clinical file. Compliance with all aspects of MHA to be reported and monitored through MHA Committee	Matron Divisional Head of Governance	Complete

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
20.	Consideration should be given to providing a summary sheet at the front of care files to ensure ease of access to important patient information.	3.5	Front sheet has been created and inserted into all patient files.	Matron	Complete
Quality of management and leadership					
22.	The health board must ensure that all staff have undertaken mandatory training.	7.1	Mandatory training will be prioritised by ward manager and Matron with time being allocated within rosters to support attendance at training. All mandatory training is monitored through the Divisional and local QSE meetings and action plans developed to address areas of poor compliance	Ward manager / Matron Clinical Network Manager	Immediate action taken with ongoing monitoring and reporting.
22.	The health board should consider providing staff with training on restraint, care of people with dementia and suicide awareness.	7.1	Restraint, suicide awareness and dementia awareness are already elements of training provided by BCUHB and are mandatory requirements within the MH/LD Division. Training is being prioritised by ward manager and Matron with time being allocated within rosters to	Ward manager / Matron	Immediate action taken on going monitoring and reporting

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			support attendance at training.		
23.	The health board must ensure that all staff have formal supervision on a regular basis.	7.1	Supervision is a required standard within the MH/LD Division – a supervision hierarchy is in place time is allocated within rosters to support the delivery of supervision. An action plan and audit cycle to be implemented to ensure all staff have access to formal supervision	Ward manager Lead Nurse	Immediate with ongoing monitoring in place.
23.	The health board should ensure that staff meetings take place on a regular basis. This is particularly important during periods of change.	7.1	The ward manager and Matron will introduce regular staff meetings and ensure that these continue. Concerns/ issues from these meetings to be escalated as and when required to LN/ CNM and appropriate action taken. An action log to be developed to evidence this.	Ward manager / Matron LN/CNM	End of May 2017

Health Board Representative:

Name (print):

Title:

Date: