Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Mental Health Act Monitoring Inspection: NHS Mental Health Service (Unannounced)

Ysbyty Aneurin Bevan/Carn-Y-Cefn/ Aneurin Bevan University Health Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced NHS Mental Health Act monitoring inspection of Ysbyty Aneurin Bevan within Aneurin Bevan University Health Board on 16 October 2017. The following ward was visited during this inspection:

- Carn-Y-Cefn

Our team, for the inspection comprised of a HIW inspector and a Mental Health Act peer reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act. We look at how the service complies with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2005

HIW also explored how the service met aspects of the Health and Care Standards (2015).

Further details about how we conduct NHS Mental Health Act monitoring inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found that improvements were needed to meet the requirements of the Mental Health Act. Processes around medication rights and patients having copies of their detention papers needed attention, as these were missing in the patient file we reviewed.

We found no evidence of statutory consultees' conversations or the clinician providing feedback to the patient after a Second Opinion Appointed Doctor (SOAD)[1] visit.

We found the environment was suitable for the patient group, visibly clean and well maintained and internal audits had highlighted further improvements to the ward to ensure patient safety.

We recommended that the issues we identified regarding the CCTV cameras on the ward are given priority to confirm patient privacy and dignity is not compromised, that the monitoring of the cameras is appropriate and secure and that CCTV use does not have an impact on professional practice. Revised policies and procedures for the use of, including plans for additional cameras should be forwarded to HIW.

Through discussions with staff and observations, we concluded there was good team working taking place and staff were committed to providing patient care to high standards.

[1] Second opinion appointed doctor (SOAD) - An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorder should be given without the patient's consent.

This is what we found the service did well:

- Ensuring that activities are provided to patients at the weekends and during evenings, which included, where applicable, access to community activities
- Staff were eager to engage and have a positive outlook in engaging in developing new processes to comply with the revised Code of Practice 2016
- There was a good rapport with the advocacy service
- We observed good team working taking place

This is what we recommend the service could improve:

- Review the Code of Practice and revise internal processes accordingly. Specifically to ensure that processes around medication rights and patients having copies of their detention papers
- Ensure evidence is available in patient notes that captures capacity for medication and patients are provided with feedback following a SOAD visit so they know the outcome
- Review the issues we have identified regarding the CCTV cameras on the ward
- A review of staff training so an overview of the current status of staff training compliance can be seen and assurance provided that staff are up to date
- Review the availability of classroom style training and the frequency of cancelations to identify the impact this has on the ward and staff's ability to provide safe care to the patient group

3. What we found

Background of the service

Ysbyty Aneurin Bevan provides NHS mental health services at Lime Avenue, Ebbw Vale, NP23 6GL, within Aneurin Bevan University Health Board.

The mental health ward at Ysbyty Aneurin Bevan is Carn-Y-Cefn. The ward is an 11-bedded mental health acute unit, providing assessment and treatment for male and female patients suffering from acute mental illness.

The ward has en-suite bedrooms, an enclosed courtyard and other therapeutic areas for patient's use.

The ward had a staff team which includes a ward manager, registered nurses, health care support workers, two consultants, an occupational therapist (OT) and hotel services staff. Psychology sessions are provided two to three times per week and input from the community mental health team and social workers is available.

Quality of patient experience

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

We observed staff treating patients respectfully throughout our inspection. Staff made every effort to maintain patients' dignity and the en-suite bedrooms provided additional privacy for patients.

The ward appeared clean and well maintained and had an outside courtyard for patients to access fresh air.

We saw notice boards displaying a variety of information for patients and visitors and there were opportunities for patients to provide feedback regarding the service. A poster called 'You Said, We Did' evidenced some patient feedback and what the service had done about the comments they had made.

We saw patients engaging in activities on the ward and were pleased to hear from patients that, where applicable, opportunities to access community activities were available.

During our inspection, we offered patients, staff and visitors the opportunity to speak with us. Those that we spoke with told us that, overall, they were happy with the care and treatment being received and that staff were helpful and supportive.

Staying healthy

Feedback from patients was positive regarding the food served on the ward. Patients confirmed that there were three meals provided daily including breakfast, lunch and an evening meal. Patients made their selections the day before and we saw a sample of the menu choices available, which included hot and cold dishes.

Drinks and snacks outside of set mealtimes were provided by staff. None of the patients we spoke to said they had any issues accessing these when required.

A poster was displayed on the ward advertising a weight management programme that was external to the hospital. This poster was the only information seen that would encourage patients to maintain a healthy lifestyle.

Patients were able to move freely on the ward and had access to their bedrooms, lounges and outside courtyard. There were no patients at the time of our visit requiring mobility aids, however, staff told us that patients have been cared for on the ward that required a wheelchair.

The outside space was easily accessible between the hours of 09:00-21:00. The area had seating and shrubs and bushes which made it as inviting and therapeutic as possible.

Occupational therapy was available Monday to Friday between 09:00-17:00. We were told that activities at weekends and during the evenings were facilitated by staff. During our visit, we saw patients involved in activities, including games and a patient who had been running with OT. Patients also told us that they had access to books, games and a pool table. Staff were open to new ideas regarding activities and some patients attended activities in the community.

The ward was secured from unauthorised access and all visitors would report to the reception area to gain access. The entrance doors had opaque glass that enabled patient privacy and dignity on the wards.

In the ward office, there was a patient status board[2] displaying confidential information regarding each patient being cared for on the ward. There were facilities to hide the confidential information when the boards were not in use. This meant that the staff team were making every effort to protect patient confidentiality.

Dignified care

We observed staff on the ward interacting and engaging with patients appropriately and treating patients with dignity and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients.

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

We heard staff speaking with patients in calm tones and there was evidence that staff addressed patients by their preferred name.

Each bedroom had an observation panel (window) in the door and we saw that these were mainly in the open position. As patients could not operate these from within their bedroom, observation panels should be closed for privacy and only open for observation or if the patient chooses. This is in support of patients' dignity and their right to privacy.

Patient information

Notice boards with patient information were displayed on the ward. A 'meet the team' board had pictures of all the staff including their name and role. Notice boards specific to certain disciplines were displayed and included psychology and occupational therapy with information about their groups and activities. A concerns and feedback poster was situated next to the nurses office. All of the above information was helpful for the patient group.

Information leaflets were available and included advocacy, complaints, advice leaflets on certain conditions, as well as specific leaflets in the Welsh language.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated with patients effectively. We heard staff undertake discussions using words and language suitable to the individual patient.

Timely care

The ward had a multi-disciplinary team which included occupational therapy, psychology, pharmacy, social workers and consultants. Regular multi-disciplinary meetings embedded a collaborative approach to patient centred care.

Individual care

People’s rights

Patients could utilise the Independent Mental Health Advocacy (IMHA) service and also access the Independent Mental Capacity Advocacy (IMCA) service when required.

There were suitable places on the ward for patients to meet with visitors in private, along with arrangements to make private telephone calls.

Listening and learning from feedback

There were methods in place for feedback to be obtained. Staff told us that weekly patient meetings took place and we saw a 'You Said, We Did' response dated August 2017 on one of the notice boards. This poster gave a summary of the comments made and the action taken by the ward.

A poster situated outside the nurse's office had information on how feedback could be provided, including the names and pictures of the staff that would assist in this task.

A suggestion box was situated on top of the TV in the lounge area. However, there were no forms or paper available for comments to be submitted. Improvements to this facility would help increase how this ward receives feedback from patients.

Staff told us that they would assist patients who provided any verbal comments to ensure it was documented and dealt with accordingly. 'Putting Things Right' leaflets were stored next to the quiet room.

Advocacy services were available to provide independent advice for any patient who wished to raise any concerns.

Delivery of safe and effective care

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

Our review of the Mental Health Act paperwork identified a number of areas that required improvement and we recommended that the health board review the Code of Practice and revise their processes accordingly.

The hospital environment appeared well maintained and via internal audits, further improvements had been identified to ensure the ward was equipped with suitable furniture, fixtures and fittings for the patient group.

We recommended that the issues identified with the CCTV cameras in operation on the ward are reviewed as a priority. Revised policies and procedures for the use of, including plans for additional cameras are forwarded to HIW.

Safe care

Managing risk and promoting health and safety

There were processes in place to manage and review risks and maintain health and safety on the ward.

On entering the area where the ward is located, there was a reception desk and waiting area. The ward was locked, but staff accessed it via a key fob system. Staff escort visitors onto the ward and this ensures the safety of patients and visitors.

Staff had access to personal alarms and radios and we saw staff wearing these during our visit. There were also call bells in patient bedrooms which were within easy reach.

Closed circuit television (CCTV) cameras were located on the ward, with cameras located in the garden, smoking room, lounge and the extra care

facility. We were told that further cameras were to be installed in the corridor of the bedroom area. At the time of our visit there were no notices on the ward notifying patients and visitors that CCTV cameras were in operation. The policy provided for the use of the CCTV cameras was six years out of date, not specific to the current health board and had no localised procedures for the use of CCTV on the ward. The CCTV monitor was located in the nurse's office and when we asked to see the images, it was evident that the camera situated in the extra care facility had clear sight of the bedroom door. The bedroom door had a vision panel which was in the open position and you could clearly see the bed. It was fortunate that this area was not in use at the time of our visit, however we are concerned of the privacy and dignity issues the CCTV cameras pose for patients.

In addition, the CCTV monitor was not located in a designated room but in an open office, therefore providing the potential of allowing visitors sight of the CCTV images. Through discussions with staff, it was made clear that the CCTV cameras were not in use as a result of staff deficits and that the cameras were there as a preventative measure against incidents. Arguably, CCTV cameras do not prevent incidents from occurring and the ward needs to ensure they have processes in place that enable staff to manage the patient group and risks effectively and safely and without compromise to their professional practice. We recommended that the issues raised regarding CCTV cameras are reviewed as a priority and revised policies and procedures, including plans for any additional cameras are forwarded to HIW.

The ward appeared well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental issues to the hospital estates team who confirmed they were actioned promptly.

Through internal audits, we were told that anti-ligature issues had been picked up and were scheduled to be rectified and that a new stable door was to be fitted to the clinic room. These improvements would ensure further safety features ensuring the furniture, fixture and fittings are appropriate for the patient group.

Improvement needed

The issues identified regarding the CCTV cameras on the ward need to be reviewed to ensure the privacy and dignity of the patient group is not compromised; the monitoring of the images is appropriate and in-line with current ethics and consent and any reliance on CCTV does not have an impact on professional practice. Revised policies and procedures, including plans for any additional cameras should be forwarded to HIW.

Safeguarding children and adults at risk

There were established processes in place to ensure that the hospital focused on safeguarding vulnerable adults and children, with referrals being made to external agencies as and when required.

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff on both wards provided safe and clinically effective care for patients.

Record keeping

The patient records we reviewed were a mix of electronic and paper based files. There were secure storage arrangements in place to prevent unauthorised access and breaches in confidentiality.

Of the records we reviewed, improvements were necessary in order to make patient records easier to use and locate information. Some files were cumbersome and challenging to navigate because there was inconsistent filing. We identified that there were numerous duplicates of documents in the records we reviewed. Finding relevant documentation was difficult and arduous; this would be challenging for anyone providing care to a patient with whom they were not familiar, such as new staff or duty workers, carrying potential implications for patient care and safety.

We recommended that when section 17 leave forms have expired, they should be clearly marked as no longer valid. The records we reviewed found this was not the case. In addition, we found authorising treatment certificates on file that no longer authorise treatment and these should also be clearly marked as such.

Improvement needed

Patient records need to be improved so information can be easily navigated and located and duplicated information removed.

Forms, specifically section 17 leave and authorising treatment certificates, need to be clearly marked as cancelled when they are no longer applicable.

Mental Health Act Monitoring

We reviewed the statutory detention documents of one patient. As a result, we identified a number of areas that needed improvement and recommended the

local Code of Practice was reviewed so that internal processes could be revised according to the national Code of Practice.

In the record reviewed, we saw that the Approved Mental Health Professional (AMHP) had ensured the criteria for detention had been met and provided a detailed and comprehensive record in accordance with the legal requirements of the Mental Health Act and Code of Practice.

There was no evidence in the notes reviewed that the process around medication rights had been complied with. This was, specifically in line with Section 58 of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) was required, the record of the statutory consultees' discussion was not completed and staff confirmed this at the time of our visit. There was no evidence that the patient had been informed of the outcome following the SOAD visit.

The certificate of second opinion was held with the prescription chart and there were documented notes about the patients' refusal to take medication.

We saw evidence that the patient's rights were read to them on a regular basis, including appealing against their detention. There was evidence that patients were supported by the advocacy service.

Improvement needed

The Code of Practice needs to be reviewed and internal processes revised accordingly, specifically:

- The process around medication rights
- The process around ensuring patients have copies of their detention papers
- Evidence of statutory consultees' conversations are documented and evidence of the feedback given to the patient after a SOAD visit
- Evidence in patient notes regarding capacity for medication

Monitoring the Mental Health (Wales) Measure 2010

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed one care and treatment plan (CTP) and found that there was evidence that care co-ordinators had been identified for the patients and, where appropriate, family members were involved in care planning arrangements.

There was clear evidence in the CTP we reviewed, that advocacy services were available to patients, attending the ward on a weekly basis. Information relating to these services was easily accessible.

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

We found that Care and Treatment Plan reflected the domains of the Welsh Measure.

Quality of management and leadership

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

Through discussions with staff and observations on the ward, we concluded there was good team working taking place and staff were committed to providing patient care to high standards. Throughout the inspection, staff were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory training. However, we recommended that a system is put in place that can provide a current overview of the status of all staff training because this was not clear during the visit. In addition, a review of training is required because some courses had no completion dates recorded against them.

There was mental health act training provided for staff during their induction and every three years after. We ask the health board to consider the recommendations made in this report regarding the mental health act and incorporate these areas into future refresher courses to further improve staff knowledge and understanding of the Act.

There was good multi disciplinary team input for the ward and we saw activities taking place on the ward. Regular staff meetings took place which were documented and minutes circulated to all staff unable to attend the meeting.

Governance, leadership and accountability

We found that there were systems and processes in place to ensure the ward focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit, the results of which are submitted to senior managers so outcomes could be monitored and clinical outcomes discussed regarding the delivery of patient care.

Carn-Y-Cefn had a dedicated ward and deputy manager who were supported by committed ward and multi-disciplinary teams.

We found that staff were committed to providing patient care to high standards and staff commented that team working on the wards was very good. Staff said they felt supported and valued by managers and described them as approachable.

It was positive that throughout the inspection, the staff on all wards were receptive to our views, findings and recommendations.

Staff and resources

Workforce

We observed, and staff told us, that the ward had a good team. We saw the team working well and motivated individuals providing dedicated care for patients. At the time of our visit, there were no staff vacancies on the ward. There had been a recent authorisation to increase the number of registered nurses on the ward. This means that in the New Year there will be an extra registered nurse on the night shift, increasing the number of registered nurses on duty at night to two.

The staff and patients we spoke to were positive about the activities offered and the benefit this was having on the patient group. We observed activities taking place on the ward and were told of the opportunities to participate in community activities. It was positive to hear that although the OT worked Monday to Friday 9-5 p.m., other staff members of the ward team would make time to ensure that patients had activities to participate in during the evenings and weekends.

Regular staff meetings took place and were documented. Minutes of the team meetings were emailed to all staff and copies kept in the staff room and handover book. This ensured that any staff not on duty would be kept up to date.

We reviewed the mandatory staff training programme and noted that the Electronic Staff Record (ESR) system had a 67% compliance rate. However, staff were unable to show a break-down of what training this percentage

covered. As a result, a paper based system was being kept which had documented sheets showing staff attendance at specific training courses. A review of the paper-based records highlighted significant gaps in some areas. Medication management training had no staff recorded as having completed this and there were other areas with very few completed dates. It is essential that an accurate and up-to-date overview of all staff training is available. Therefore, it was recommended that the systems are reviewed to ensure an accurate record of all staff training is available to ensure that staff have the necessary skills and knowledge to care for the patient group.

Staff told us that there were not enough dates available for some classroom style training, including restraint and de-escalation and that they get cancelled which has had a knock-on effect on the ward. Therefore this results in lapsed training which could result in more incidents because skills and knowledge have not been updated in a timely way. When reviewing the paper-based training records we saw a course highlighted as cancelled in June 2017. We recommended that this issue is reviewed to ensure that the ward is not compromised by cancelled training and/or insufficient dates that would impact on patient and staff safety.

There were no issues of staff accessing additional and relevant external training with line manager approval.

Discussions with staff highlighted that specific mental health act training was provided internally during induction and then every three years as a refresher. During our review of the mental health act paperwork and our discussions with staff at the time about the findings, it was evident that there were gaps in their understanding. Therefore we suggest that the recommendations made in this report regarding the mental health act are considered as possible areas for training for the next refresher course for staff.

Staff were receiving annual, documented appraisals with completion dates recorded on the ESR system. The system showed an 84% compliance rate for staff appraisals.

The staff we spoke to, described the procedure of reporting incidents and there was clear understanding and knowledge provided from them regarding this

process. Incidents were recorded on the Datix[3] system and lessons learnt staff told us would be discussed with the ward team when required.

Improvement needed

There needs to be a comprehensive system in place that can provide an overview of the current status of staff training and assurance that staff are up to date with their mandatory programme.

A review of training availability (specifically class room style) and the frequency of cancelations needs to take place to identify the impact this has on the ward and the staff's ability to provide safe care to the patient group.

The recommendations made in this report, regarding the mental health act need to be considered when planning refresher training for staff, so that improved knowledge and understanding is shared among staff.

[3] Datix is an incident reporting and risk management system to report and track clinical incidents.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we conduct NHS Mental Health Act monitoring inspections

Our NHS Mental Health Act monitoring inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

During our NHS Mental Health Act monitoring inspections will look at how services:

- Comply with the Mental Health Act 1983, Mental Health (Wales) Measure 2010 and Mental Capacity Act 2005
- Meet aspects of the Health and Care Standards 2015

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects mental health and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Ysbyty Aneurin Bevan

Ward(s): Carn-Y-Cefn

Date of inspection: 16 October 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues				

Appendix C – Improvement plan

Service: Ysbyty Aneurin Bevan

Ward(s): Carn-Y-Cefn

Date of inspection: 16 October 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No recommendations made				
Delivery of safe and effective care				
Patient records need to be improved so information can be easily navigated and located and duplicated information removed.	3.5 Record Keeping	Regular audit of all inpatient notes to be undertaken to ensure all patients notes are in order. Checking there is no duplication of information.	Ward Manager / Deputy Ward Manager	December 2017
Forms, specifically section 17 leave and authorising treatment certificates, need to be	Mental Health Act 1983 Code	Memo sent out to responsible clinicians and qualified staff to ensure that this	Ward Manager/ MHA/ Clinical	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
clearly marked as cancelled when they are no longer applicable.	of Practice for Wales 2016 27.17; 25;87	correct practice is adhered to. All ward managers and Responsible Clinicians have been reminded of the responsibilities to strike through spent section 17 leave forms and treatment certificates. Compliance with this will be monitored by the ward managers/Deputy ward Managers and mental health act administration team through audit.	Lead and admin team	Completed 6monthly rolling audit programme
The issues identified regarding the CCTV cameras on the ward need to be reviewed to ensure the privacy and dignity of the patient group is not compromised; the monitoring of the images is appropriate and in-line with current ethics and consent and any reliance on CCTV does not have an impact on professional practice. Revised policies and procedures, including plans for any additional cameras should be forwarded to HIW.	2.1 Managing risk and promoting health and safety 4.1 Dignified care Mental Health Act 1983 Code of Practice for Wales 2016 chapter 8	CCTV is in use on Carn Y Cefn ward in communal areas to enhance inpatient safety and security and provide reassurance to patients and visitors. Images are used to enable prompt access to sometimes vital information in regard to Serious Untoward Incidents, such as Missing Persons in live time, to support safeguarding actions. The images on the CCTV are accessible to the Ward Manager and his/her delegate in their absence. Images from the CCTV are retained on a 30 day cycle which	Health and Safety Department with mental Health Division Qualified ward staff.	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		immediately overrides and wipes previously recorded images outside that time period. A review of camera use will be undertaken and a localised policy and procedure for the use of CCTV cameras developed. This policy will ensure that the siting of cameras does not compromise the dignity and privacy of patients. The CCTV monitor is sited in the Nursing Office within the ward which is a designated ward staff only area and ensures that camera images are seen only by those staff members who need to do so. This will be monitored by the ward manager. An immediate review of the use of the camera in ECA was undertaken and the camera in question has been disconnected. No further camera will be		March 2018 Completed Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		installed until a review of camera use has taken place and a local policy and procedure put into place. Patients are advised at the point of admission that CCTV is in use on the inpatient unit. All patients are provided with a copy of the ward information leaflet which has been updated to include the use of CCTV on the ward. Notices are displayed throughout the unit informing that CCTV is in operation in communal/visiting areas of the ward. The Health Roster for Carnycefn Ward was reviewed in September 2017 by the Divisional & Directorate Lead Nurses in the context of meeting the needs of its inpatient population and the ward noted to have a full staffing compliment matching to this roster. .		Completed Completed Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The Code of Practice needs to be reviewed and internal processes revised accordingly, specifically: □ The process around medication rights □ The process around ensuring patients have copies of their detention papers □ Evidence of statutory consultees' conversations are documented and evidence of the feedback given to the patient after a SOAD visit □ Evidence in patient notes regarding capacity for medication	Mental Health Act 1983 Code of Practice for Wales 2016 chapters 14, 23, 24, 25 (Medication Rights 4.23; Copies of detention 4.14; Statutory consultees, RC feedback to patient 25.62-25.69; Evidence of capacity for medication in the notes. 25.29 to 24.37)	Record of Rights to Detained Patient form to be completed by ward staff. And forwarded to Mental Health Act Administration Office for action if patient requests copies of their detention papers. Please see appendices 1 Qualified clinicians be reminded of their professional responsibilities to ensure that a record of the consultation with a second opinion appointed doctor (SOAD) is recorded in the patient's notes. Responsible Clinician's to be reminded for communicating and recording the feedback of the SOAD visit in the patients' notes.	Ward Staff/ MHA Ward Manager MHA/ Responsible Clinicians	Immediate December 2017 November 2017 December

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Responsible Clinician's to ensure capacity assessment has been undertaken and recorded in the patient notes.	MHA/ Responsible Clinicians	2017 Regular case note audit programme in place to include MHA administratio n.
Quality of management and leadership				
There needs to be a comprehensive system in place that can provide an overview of the current status of staff training and assurance that staff are up to date with their mandatory programme.	7.1 Workforce	A meeting has been arranged with the health board e systems team representative to discuss the access identified within the HIW recommendation. The e-system team to cascade the relevant training to access the system to Ward Manager and Deputies.	Ward Manager E Systems Team	November 2017
A review of training availability (specifically class room style) and the frequency of cancelations needs to take place to identify the impact this has on the ward and the staff's ability to provide	7.1 Workforce	There is a Band 6 and a Band 4 post being signed off to support with PMVA training and demand. Current compliance for Carn y cefn is	Training, Education & PMVA Lead- MH Division	January 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
safe care to the patient group.		95%. With the remaining staff booked for dates in November.		
The recommendations made in this report, regarding the mental health act need to be considered when planning refresher training for staff, so that improved knowledge and understanding is shared among staff.	7.1 Workforce	MHA/ MCA training for 2018 is being devised to provide half day workshops addressing specific areas, such as, Human Rights Act/ Equality Act; IMHA/ DoLS/ Holding Powers/ Emergency powers. Police powers and places of safety/ medical treatment/ AWOL; Receipt and Scrutiny of section papers.	MHA training lead	December 2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ana Llewellyn

Job role: Divisional Nurse

Date: 29 November 2017