

NHS Mental Health Service Inspection (Unannounced)

Ysbyty Cefni, Betsi Cadwaladr
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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Ysbyty Cefni within Betsi Cadwaladr University Health Board on 16, 17 and 18 September 2019. The following sites and wards were visited during this inspection:

- Cemlyn Ward

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

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct NHS mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found evidence that the service provided safe and effective care. We saw that staff upheld patients' rights and supported them to be as independent as possible.

We saw good team working taking place and staff spoke positively of the support offered by managers and colleagues.

We found that staff were committed to providing patient care to high standards, and throughout the inspection were receptive to our views, findings and recommendations.

This is what we found the service did well:

- Staff engagement
- Patient and family involvement in care planning
- Person centred and holistic approach to planning and provision of care
- Mental Health Act compliance
- Cohesive multidisciplinary team working
- Management overview, governance, auditing and reporting

This is what we recommend the service could improve:

- Review the use of the four bed bays
- Formalise management structure
- Staff recruitment
- Mandatory training

3. What we found

Background of the service

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.

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.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were not able to fully participate in the care planning process, then their nominated family member or advocate were consulted.

We observed staff treating patients with respect whilst providing them with individualised care.

Staff upheld patients' rights and supported them to be as independent as possible.

We saw staff attending to people who required one to one support in a calm and reassuring manner employing appropriate distraction techniques when required.

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

Staying healthy

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 issues such as mental capacity or memory problems, we found that relatives or advocates 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' Passport¹ scheme was in operation on the ward.

Activities co-ordinators were employed Monday to Friday. Emphasis was placed on one to one activities with group activities and outings arranged on occasions. Patients had access to an activities/craft room, and there was ample evidence of patients' paintings and craft work around the ward. We recommend that the availability of an activities co-ordinator be extended to the weekends.

Patients had access to an enclosed garden area with seating, which provided a safe outside space for patients and visitors, with various garden ornaments to provide stimulation and distraction when needed.

We saw very 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 by talking and reading the newspaper 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 reflecting areas of good practice and areas for improvement. Any areas for improvement 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.

¹ This is a way of identifying relatives of patients who are regarded as their main carer 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.

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.

Improvement needed

The health board should consider extending the activities co-ordinator and housekeeper roles in order to cover weekends.

Dignified care

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

We observed staff being kind and respectful to patients and their visitors. We also 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.

As was the case during the previous inspection of the ward, we found that the 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.

We observed kind, respectful and professional interactions between staff and patients. This included times when patients became distressed with staff seen employing appropriate distraction techniques.

Improvement needed

The health board must review the use of the four bed bays and consider replacing them with more appropriate single rooms.

Patient information

Due to the needs of this patient group, there appeared to be little information available to patients on the ward itself. However, there was a range of relevant information leaflets available for patients, families and other visitors within the hospital main entrance foyer. This included information relating to mental health issues, guidance around mental health legislation and physical well-being. In addition, there were details of allied organisations and independent advocacy services that are available to support patients and relatives.

A Patient Status at A Glance (PSAG)³ board, 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 and poster form.

³ The Patient Status at a Glance board is a clear and consistent way of displaying patient information within hospital wards.

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.

Communicating effectively

During the inspection we observed staff engaging and communicating in a positive way with patients.

It was noted that some staff were able to communicate in Welsh with patients, and this was highlighted as being vitally important in some instances for patients who, due to their illness, had reverted back to using their first language of Welsh.

The ward utilised pictorial images in order to provide patients with an additional source of information, such as location of toilets, bathrooms and their bedrooms.

There was no hearing loop system available on the ward, to aid communication for those who have hearing problems. However, staff were seen speaking directly and appropriately to patients, and we saw that pictorial cards were available to assist in communication with patients who may be hard of hearing, or who may have cognitive impairment. The health board should consider providing a portable hearing loop for the benefit of patients.

Timely care

We found that there was a mix of acuity and dependency of patients receiving care on the ward. There were recently admitted individuals with acute mental health care needs and patients assessed as suitable for discharge and awaiting suitable care home placement in the community. We found that the mix of patients was not causing any adverse issues at the time of the inspection. Staff told us that they were usually able to effectively meet the varying care demands due to there being sufficient numbers of staff on duty to provide increased, one to one support and supervision when required.

Due to the complex care needs of some patients, it was positive to see that staff, who were providing one to one support and supervision, regularly rotated in order to ensure that optimal care was being provided at all times.

We found that there were generally adequate discharge planning systems in place, with patients being assessed by other professionals, such as physiotherapists, occupational therapists and social workers, prior to leaving the hospital. However, we found that there were delays in some patients being discharged, due in the main, to a lack of suitable social care provision.

Improvement needed

The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

Individual care

Planning care to promote independence

The ward team worked well with other members of the multidisciplinary 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 specialist tissue viability 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. Staff were using positive, motivational and encouraging approaches to reassure and engage with patients. Relatives that we spoke with indicated that they were involved as much as they wanted to be in the care of their loved ones. 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.

Care plans and risk assessments were reflective of each other and were comprehensive and thorough, taking account of patients' physical health as well as their mental health needs.

People's rights

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)⁵ referrals made as required.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience through face to face discussions with staff. In addition, bi-lingual feedback forms were available, at the entrance to the ward, for patients and/or their relatives to complete.

There was a formal complaints procedure in place which was compliant with the NHS Wales Putting Things Right⁶ process. Information about how to make a complaint was posted on the ward and in the main hospital reception/waiting area together with information about the Community Health Council⁷ and the Patient Advice and Liaison Service (PALS)⁸.

⁵ DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

⁶ 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.

⁷ Community Health Councils (CHCs) are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board, Trust or Welsh Government.

⁸ The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Delivery of safe and effective care

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

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 ulcers, and to help 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

Managing risk and promoting health and safety

We found Cemlyn ward to be well 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.

During the previous inspection, staff expressed concern about their safety and suggested that personal alarms would be beneficial. Personal alarms were provided to staff following the previous inspection. However, staff told us that these were not being used, as they were deemed to be inappropriate due to the loud noise they emitted when activated, which caused distress to the patients. It is therefore recommended that more suitable personal alarms be provided to staff.

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 reduce patients developing pressure ulcers.

Appropriate referrals were being made to the specialist tissue viability nurse for specialist advice and support as necessary.

From reviewing 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.

Infection prevention and control

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 infection control practice principles.

Staff had access to and were using personal protective equipment 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.

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

Nutrition and hydration

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 reviewed 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.

The main meals were prepared in the main hospital kitchen. In addition, there was a kitchenette on the ward for staff to prepare snacks and refreshments for patients as and when required.

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.

Medicines management

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 safe, dignified and unhurried way, taking time to ensure that patients took their medication without becoming anxious or distressed. Medication administration records were well maintained.

There was a robust ordering process in place, with a pharmacist and pharmacy technician attending the ward on a regular basis 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.

There were clear instructions in place on the use of PRN⁹ medication. Medication was used sparingly, with continual reporting and reviewing between nursing team and doctor, who was based on the ward throughout the day.

Safeguarding children and adults at risk

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.

Medical devices, equipment and diagnostic systems

All equipment in use on the ward was formally audited every six months and checked monthly to ensure that it is safe to use.

Effective care

Safe and clinically effective care

There was good evidence of multidisciplinary 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

⁹ Pro re nata is a Latin phrase meaning in the circumstances or as the circumstance arises. It is commonly used in medicine to mean as needed or as the situation arises. Generally abbreviated to P.R.N. or PRN, it refers to the administration of prescribed medication whose timing is left to the patient, nurse, or caregiver, as opposed to medication that is taken according to a fixed schedule.

care. Examples we saw included those in relation to preventing pressure sores and nutrition.

The Abbey Pain Scale ¹⁰ assessment tool was being used on the ward to assess and evaluate patient pain.

There was evidence within the care documentation inspected to show that extensive efforts were being made to seek the best possible outcomes for patients. Physical health assessment as well as mental health assessments were robust and had been carried out to a high standard.

Information governance and communications technology

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.

Record keeping

Information pertaining to patients was kept in both electronic and paper format. Electronic information was password-protected, and paper based records were stored securely in a locked cupboard. As previously mentioned, we saw evidence of good assessment, monitoring and review of patients' well-being. Care records were maintained to a good standard, comprehensive, easy to read and provided a clear audit of the patients' stay on the ward. However, some care files were not easy to navigate due to the amount of records retained on them.

¹⁰ Abbey Pain Scale is a recognised observational tool used to measure pain in people with who cannot verbalize discomfort.

Improvement needed

The health board should review and restructure care files to make them easier to navigate.

Mental Health Act Monitoring

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

We focused on processes under the provisions of the Mental Health Act 1983. We found that records were generally well maintained.

We found the Care Programme Approach (CPA) care planning to be comprehensive with good risk management in evidence and the statutory detention documentation was compliant with the requirements of the Mental Health Act 1983.

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

The quality of the care plans and clinical records were of a high standard.

All members of the multidisciplinary team wrote in the notes on a daily basis, thereby giving consistency in tracking the patient's journey and experience during their entire duration on the ward. This is an area of noteworthy practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental capacity assessments were being undertaken as required, when DoLS referrals were made.

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 our observations, we concluded that there was good leadership and management on the ward. We saw good team working taking place, and staff spoke positively of the support offered by the ward manager and colleagues.

We found that staff were committed to providing patient care to high standards, and throughout the inspection they were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory and service specific training.

The multidisciplinary team were having a positive effect upon patient care and treatment on the unit.

Governance, leadership and accountability

We found good management and leadership at ward level with staff commenting positively on the support that they received from the ward manager. Staff told us that they were treated fairly at work and that an open and supportive culture existed.

There had been a recent review of the management structure within the mental health and learning disability service, which had resulted in some changes within the management team, with some key posts still to be filled. Consequently, staff working on the ward were not always aware of the senior management structure within the organisation. However, we were told that communication between senior management and staff was improving.

The ward manager was visible on the ward and had cultivated an inclusive team approach; ensuring patients were at the centre of all their practice.

There was a recently drafted service improvement plan in place which was being monitored and reviewed by key stakeholders through the Cefni Improvement Group. Senior managers and staff were also focusing on further improving the standards of care on the ward, with view to gaining formal accreditation under the health board's recently introduced ward accreditation scheme. Under the scheme, wards which demonstrate excellent care will be awarded a bronze, silver or gold award, following in-depth assessments and observations on a range of healthcare practices by a team of senior nurses from NHS services in North Wales. This meant that, at the time of the inspection, there was increased senior management input and visibility on the ward, which enhanced the support available to the ward manager and staff.

Improvement needed

The health board must finalise the changes to the management structure, and ensure that all staff are made aware of who the new members of the management team are and their roles and responsibilities.

Staff and resources

Workforce

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 spoken with 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 and Managing Violence and Aggression. 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. Training records we reviewed, confirmed that 80% of staff had completed training in all mandatory subjects. This is slightly below the health board's target of 85%.

Staff vacancies were at 55% of total staff complement, with posts being advertised and interviews pending. There was a high dependency on bank and agency staff to fill the shortfall in the staff establishment. Every effort was being made to ensure continuity of care through the use of the same bank or agency staff where possible.

Improvement needed

The health board must ensure that all staff have completed training in all mandatory subjects.

The health board must continue with their efforts to recruit permanent staff to vacant post in order to reduce the reliance on bank and agency staff.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect NHS mental health services

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

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

HIW inspections of NHS mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Meet the [Health and Care Standards 2015](#)

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

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Ysbyty Cefni

Ward/unit(s): Cemlyn Ward

Date of inspection: 16, 17 and 18 September 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvements were identified during this inspection.				

Appendix C – Improvement plan

Service: Ysbyty Cefni

Ward/unit(s): Cemlyn Ward

Date of inspection: 16, 17 and 18 September 2019

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should consider extending the activities co-ordinator and housekeeper roles in order to cover weekends.	1.1 Health promotion, protection and improvement	New demand template for activities coordinator and housekeeper will be agreed by January 2020 The New Template will be in place in place by April 2020. This will subject to 3 monthly audit.	Head Of Operations and Head of Nursing	April 2020
The health board must review the use of the four bed bays and consider replacing them with more appropriate single rooms.	4.1 Dignified Care	The bays will continue to be utilised for patients, however patient needs will be carefully considered to ensure appropriate use.	Head of Operations / Head of Nursing	April 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Business case to be developed to cover short-term improvements.		
The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.	5.1 Timely access	<p>The Health Board will continue to meet regularly with local authority partners within existing formal engagement forums to ensure ongoing improvement of social care provision.</p> <p>This includes the Local Implementation Team (LIT) on a strategic level and the operational Multi Agency level Model Mon meeting.</p> <p>Both meetings have agenda items that the focus on integrated strategic planning of MH and OPMH services in West</p>	Head of Ops	Complete
Delivery of safe and effective care				
The health board should restructure care files to make them easier to navigate.	3.5 Record keeping	The action to restructure the case files has been undertaken and files are now	Head of Ops and Head of Nursing	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>in line with the BCUHB new accreditation standards.</p> <p>The ward accreditation standards will be reviewed monthly at the local QSEEL meeting.</p>		
Quality of management and leadership				
<p>The health board must finalise the changes to the management structure and ensure that all staff are made aware of who the new members of the management team are and their roles and responsibilities.</p>	<p>Governance, Leadership and Accountability</p>	<p>New Management structure in place.</p> <p>The team has been informed and has been wider communicated across the Division</p> <p>As part of the Cefni improvement programme we have developed a monthly newsletter that is easily accessible for staff on the ward and is again distributed wider within the Division. The new letter will keep staff up dated on any proposed or planned changes</p>	<p>Head of Operations</p>	<p>Complete</p>
<p>The health board must ensure that all staff have completed training in all mandatory subjects.</p>	<p>7.1 Workforce</p>	<p>Staff sickness levels have been the main contributor to our mandatory training compliance rate. However,</p>	<p>Ward and Inpatient Manager</p>	<p>March 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>mandatory training has been relatively consistent on the ward and we have seen improvement over the past few months.</p> <p>To further improve this, we will ensure that staff are aware of their responsibilities and they will be afforded time off the ward to complete mandatory training.</p> <p>Staff will also have access to IT systems off the ward to complete on line training compliance as set out by BCUHB. Current Mandatory training for Cemlyn Ward is 83.6% and the target for January is 88%.</p> <p>In addition, as part of the BeProud programme we are striving to assure staff voices are heard and that there is capacity for staff to achieve training requirements and to highlight and raise any issues in relation to other training needs which sit outside of mandatory training.</p>	Service Manager	

Improvement needed	Standard	Service action	Responsible officer	Timescale
		This will be audited via the monthly meetings held by the Cefni Improvement Group and captured in the action plan		
The health board must continue with their efforts to recruit permanent staff to vacant post in order to reduce the reliance on bank and agency staff.		<p>Permanent advert on TRAC for qualified staff, until all posts are recruited to.</p> <p>The vacancy will be monitored regularly through the West senior leadership team</p>	Head of Ops and Head of Nursing	March 2020

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

Service representative

Name (print):

William Haydn Williams

Job role:

Acting Head of Operations and Service Delivery West

Date:

5/12/2019

