Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

NHS Mental Health Service Inspection (Unannounced)

Bronllys Hospital

Felindre Ward

Powys Teaching 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 Bronllys Hospital within Powys Teaching Health Board on the evening of 15 June 2021 and the following days of 16 and 17 June 2021. The following sites and wards were visited during this inspection:

- Felindre Ward

Our team, for the inspection comprised of two HIW inspectors and one clinical peer reviewer. A HIW inspection manager led the inspection.

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

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed staff interacting with patients respectfully throughout the inspection.

Patients we spoke to told us they were happy and stated that they were receiving good care at the hospital.

The high number of maintenance issues that were unresolved on the ward concerned us, this is impacting negatively on patient experience. Significant improvements are required in relation to reviewing and updating policies.

This is what we found the service did well:

- We observed that staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients were provided with a good range of therapies and activities.

This is what we recommend the service could improve:

- The general maintenance of the hospital facilities
- The provision of information on the ward for patients
- Organisation and completion of care plans
- Review and update of policies
- Completion and monitoring of mandatory training.

There were no areas of immediate assurance requiring urgent remedial action identified at this inspection.

3. What we found

Background of the service

Bronllys, Felindre Ward provides NHS mental health services at Brecon Road, Bronllys, Powys LD3 0LU, within Powys Teaching Health Board.

Felindre is a 16 bedded acute adult mental health admission ward, with the addition of two crisis beds, serving the population of Powys.

The service is a mixed gender ward, however gender separation is afforded careful consideration. At the time of inspection, there were ten patients at the hospital. HIW last inspected the hospital in November 2019.

The service employs a staff team which includes a team of registered mental health nurses and health care support workers. The multi-disciplinary team consists of two consultant psychiatrists, an occupational therapist and an assistant occupational therapist.

Dedicated teams of administration staff, maintenance, catering and domestic staff support the day-to-day operation of the hospital.

The health board's clinical and administrative structures support 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.

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

Patients we spoke to told us they were happy and receiving good care at the hospital.

There were a range of suitable activities and therapies available on Felindre Ward, to aid patient rehabilitation. However, we have made a number of recommendations on the physical environment of care.

Staying healthy

Bronllys had a range of facilities to support the provision of therapies and activities along with regular access to the community for patients that were authorised to leave the hospital. However, due to the restrictions of the coronavirus (COVID- 19) pandemic, patients have been accessing leave less frequently following government and organisational guidance.

We observed patients and staff taking part in a range of activities throughout the inspection. These activities included pottery classes, playing board games and table tennis, and reading and watching television.

The hospital had a designated games room for patients which contained arts and crafts resources and an occupational therapy kitchen. This was an improvement since our last inspection. Occupational therapists had been appointed, which improved patient activities by enabling patients to engage in daily life activities on the ward, allowing them to develop routines and lifestyle skills.

The ward had a dedicated smoking room; it was clean, and staff kept the room shut so the smell did not spread onto the ward. We were told that plans were in

place to change the smoking room into a gym facility. This will be a positive change for patients as the ward will then be compliant with smoke free legislation and requirements and ensure that patients who cannot leave the ward have an opportunity to exercise. The health board must notify HIW of when this change has occurred.

Patients did have access to an enclosed garden area and during our inspection we saw patients using the garden during the day and at night. However staff told us that the garden light was not working. The broken garden light was an area of improvement required by the health board during our last inspection. The health board must ensure that the garden light is fixed so patients can use the garden area safely.

The ward had designated times for providing patients with drinks throughout the day. They served hot drinks on a two hourly basis from 6am through till 10pm. Patients told us that if they wanted hot drinks outside of the stipulated hours, staff would aim to provide them. The health board must explore options to support patients in accessing hot drinks throughout the day to lessen this institutional practice of designated times for hot drinks.

A water fountain is also available in the lounge area so that patients could readily access drinking water.

Improvement needed

The health board must make sure that :

- The plans to replace the smoking room with a gym are completed
- Light fixtures in garden are fixed
- Patients are able to easily access hot drinks throughout the day.

Dignified care

We noted that all employees; ward staff, senior management and administration staff, interacted and engaged with patients appropriately and treated patients with dignity and respect.

The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. We observed most staff taking time to speak with patients and address any needs or concerns the patients raised, this demonstrated that staff had responsive and caring attitudes towards the patients.

Locked doors and an intercom system on the ward prevented any unauthorised access. The ward provided mixed gender care and although gender separation is given careful consideration, this presented challenges around aspects of dignified care. Most patients had access to their own bedroom, however there was one shared bedroom on the male corridor, the two beds within this area had curtains between them. These only afforded the basic level of privacy for patients, and do not reflect modern mental health care provision.

Patients were not able to lock their bedrooms unless they asked staff. Patients told us that staff generally respected their privacy and dignity. During the course of our inspection we saw many examples of staff knocking on patients doors before entering the bedrooms.

The bedrooms offered limited storage and patients were not able to personalise their room with pictures and posters. We noted that there were no vision panels on the bedroom doors, which enable staff to do hourly observations without opening doors and disturbing patients sleeping. The health board told us they had considered other options and were awaiting delivery of new doors which would enable staff to check on the well-being of patients with minimal disruption. The health board must ensure that these new doors are fitted.

Patient bedrooms did not have en-suite facilities; there were gender specific shared toilets, and shower facilities located on the ward corridors. The two crisis rooms did have en-suite facilities and appeared more welcoming than the ward bedrooms.

One shared female bathroom was out of use because the shower was broken. We were told that this issue had been raised over a week before the inspection with the health board maintenance and facilities team. The health board must ensure that the shower facilities are fixed to improve dignified care for patients.

There were laundry facilities at the hospital that the patients were encouraged to use, with support from staff where required.

In the nurse's office, there was a patient status at a glance board[1] displaying confidential information regarding each patient being cared for on the ward. The boards were designed in such a way that they could cover confidential information when the boards were not in use. This meant that the staff team were making every effort to protect patient confidentiality.

Hospital policies and the staff practices we observed, contributed to maintaining patient dignity and enhancing individualised care at the hospital. There were regular ward meetings to review and discuss practices to minimise the restrictions on patients based on individual patient's risks.

Improvement needed

The health board must ensure that :

- Improvements are made to the environment to ensure patient have a level of privacy in bedroom areas
- They consider options on ensuring staff can check on the well-being of patients with minimal disruption
- Shower in female bathroom is fixed.

Patient information

There were some information boards were on the ward protected by Perspex. They included religious information, activity timetable, and bus timetables. The ward appeared very clinical and although some information was available, we noted that there was no information displayed in the hospital to help patients and their families understand their care, nor details about organisations that can provide help and support to patients affected by mental health conditions. Advocacy information was available and it was positive to note that information on display was also available in welsh.

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

There was no information available on the role of HIW and how patients can contact the organisation. This is required by the Mental Health Act 1983 Code of Practice for Wales[2].

There was no information displayed about how patients could raise a concern about their care which includes NHS Wales Putting Things Right[3] arrangements.

Staff provide patients with a welcome pack on admission which included smoking cessation advice and other appropriate information, such as mealtimes. In addition essential items such as toothbrushes and hygiene products were also included in the packs.

A smoking cessation officer also attends the hospital on a weekly basis to provide patients with information and support.

Improvement needed

The health board must ensure that a range of information for patients is displayed on the ward that includes:

- The NHS Putting Things Right process
- Guidance around mental health legislation
- Healthcare Inspectorate Wales.

Communicating effectively

All patients we spoke with stated that they felt safe and able to speak with a staff member should they need to. Patients told us they were happy at the hospital

[2] Mental Health Act 1983 Code of Practice for Wales (Revised 2016) provides guidance to professionals about their responsibilities under the Mental Health Act 1983. As well as providing guidance for professionals, the Code of practice also provides information for patients, their families and carers. https://gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en

[3] Putting Things Right is the process for managing concerns in NHS Wales. http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

and that staff were kind and helpful. There was clear mutual respect and strong relational security between staff and patients.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were also included in some meetings.

There were a number of meetings involving patients and staff. These meetings included formal individual care planning meetings and group community meetings.

Staff and patients told us about the patients' council, this is a positive initiative where previous service users attend the ward and listen to patient views to help improve the experience on the ward. We saw evidence of regular patient meetings and it was pleasing to hear staff and patients speaking about the patient council in a positive way.

Timely care

The ward held a bed status weekly management meeting to establish the bed occupancy levels. They also held meetings to discuss patients who had been placed in services in other health boards or independent providers.

Felindre ward has a designated Section 136 suite[4] which facilitates the south Powys area. The Section 136 suite complied with the National Institute for Health and Clinical Excellence (NICE) standards, and the hospital ward and police had an agreed protocol on the use of the suite.

We were also told that meetings took place between the police and ward staff to evaluate admissions and frequency of use of the suite. It was positive to hear that any lessons learnt and organisational feedback would be discussed during these sessions and fed back to staff from both organisations. Close partnership

[4] Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. A Section 136 Suite is a designated place of safety

working with the police and effective use of the Section 136 suite is crucial to ensure that people presenting with mental health issues are getting the right care in the right setting.

People's rights

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

Information was displayed on the wards to inform patients, who were not restricted by the Act[5], about their rights to leave the ward.

Established hospital policies and systems ensured that patients' equality, diversity and rights are maintained.

Depending on individual risk assessment, patients could have access to their mobile phone but are prevented from using them in communal areas. Patients also had access to a pay phone located in a private booth within the hospital to enable patients to make contact with family and friends.

Due to Welsh Government restrictions associated with COVID-19 legislation, visitors were not allowed on to the hospital ward. However, some patients could meet with family and friends within the spacious hospital grounds. Other patients could maintain contact with family and friends by telephone and video calls.

Facilities were available for patients to spend time with family and friends; a visitor room was available when government restrictions eased, however there was limited information available for families and visitors in this room.

[5] Commonly referred to as "informal patients", where the patient has capacity to agree to remain in hospital to receive care for their mental health.

Improvement needed

The health board must ensure that information is available for visitors in the visitor's room.

Listening and learning from feedback

There were regular patient meetings where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns. However, during our inspection we identified issues raised in meetings by patients were not being dealt with and being carried forward for several months with no action being taken. Patient minutes of meetings indicated that easily resolved issues were carried forward over several months; for example nurses protected time with patients had not been taking place from February to June. This was repeatedly raised in patient meetings and still remained unresolved. The health board must ensure that patients' requests are dealt with promptly and in a timely manner.

Senior ward staff confirmed that wherever possible they would try and resolve complaints immediately. The health board also had a process in place where patients could escalate concerns via the health boards' Putting Things Right complaints procedure. Patients could also provide anonymous feedback and suggestions on improvements for the ward via anonymous forms placed in a suggestion boxes located in the recovery room.

Improvement needed

The health board must ensure that patient requests are dealt with and in a timely manner.

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 staff were generally completing clinical processes and documentation as required.

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

We made some recommendations on some areas of infection control and medications management.

Safe care

Managing risk and promoting health and safety

During the course of our inspection we noted that there was damage to three fire doors within the hospital, the glass panes on all 3 fire doors had been broken and boarded up. We were concerned that the integrity of the fire door was compromised which would reduce the effectiveness of the fire door in the case of fire.

The health board provided us with documentary evidence from a fire safety officer, who confirmed that the doors gave adequate fire security precautions. We were told by the health board and provided with additional evidence which confirmed that new doors had been ordered and were due to be fitted. The health board must ensure that the fire doors are replaced and HIW are informed when this work has been completed.

Access to the wards was direct from the hospital car park which provided suitable access for people who may have mobility difficulties. Entry to the mental health unit and ward was secure to prevent unauthorised access.

There were no nurse call points around the ward corridors. The bedrooms with en-suite bathrooms and the crisis beds did have nurse call points within the bathroom areas, however there were no nurse call points in the remaining patient bedrooms. If a patient was in difficulty or distress within their bedroom, then they could not attract the attention of staff promptly. This issue needs to be reviewed

as we commented upon this during our previous inspection. The health board must provide clarity on how a patient should call for assistance if there are no nurse call points within bedrooms.

Staff had access to personal alarms to call for assistance if required. They also linked the alarm system to the community teams in a separate area of the building. This meant if activated the community team would provide additional support if present at the hospital.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. Some furniture had been replaced since our last inspection. The new furniture created a pleasant, comfortable and welcoming atmosphere on the ward.

Several areas of the ward needed a paint refresh, the corridor to the garden, the wooden frame of the medication room door, and the ceiling in the games room.

There was no Psychiatric Intensive Care Unit[6] (PICU) at Bronllys Hospital. If a PICU was required, then patients would be transferred to another service which provided this facility. Staff we spoke with did not raised any concerns about this arrangement.

Improvement needed

The health board must make sure that:

- Patients can alert staff that they require assistance from their bedrooms.
- Ward areas are painted.

[6] A Psychiatric Intensive Care Unit is an in-patient mental health ward that provides greater support and lower risk for patients with a more restrictive environment and increased staffing levels than an acute ward. PICUs are designed to look after patients who cannot be managed on acute psychiatric wards due to the level of risk the patient poses to themselves or others. The aim is for the patient's length of stay to be as short as possible to manage the increased challenging behaviours and then returned to an acute ward as soon as their mental state has stabilised to what can be safely managed there.

Infection prevention and control

The health board employed dedicated housekeeping staff for the wards. They described a system of regular audit of infection control arrangement. This was completed with the aim to identify areas for improvement so that they could take appropriate action where necessary.

Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital. Staff were aware of their responsibilities around infection prevention and control, and we observed staff undertaking cleaning duties.

Cleaning equipment was stored and organised appropriately. There were suitable arrangements in place for the disposal of clinical waste. Bins were available to dispose of medical sharp items and these were not over filled.

We saw evidence to confirm that the health board conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. We also examined COVID-19 documents, which supported staff to ensure they remained compliant with policies and procedures.

Felindre ward had areas set aside an area where if a patient became symptomatic they could be isolated and barrier nursed in a bedroom within a protected area. None of these areas were in use at the time of inspection.

Regular communication via meetings and emails ensured everyone has up to date advice and guidance on COVID-19.

During our discussions, staff highlighted did not highlight any issues relating to access to Personal Protection Equipment (PPE). PPE, including masks and gloves, was available at the ward entrance and they provided bins for the disposal of equipment. Staff wear masks in communal areas and on the ward and anyone attending the ward have their temperature checked before admission.

Hand gel dispensers are available on entry to the ward but we did not see any in the communal areas of the ward. In addition hand hygiene audits completed on 7 June 2021 indicated compliance of only 68.75%. The health board must ensure that improvements are made to current hand hygiene compliance rates.

Improvement needed

The health board must make sure that:

- Appropriate hand hygiene products are available in the communal areas of the ward
- Improvements are made in hand hygiene audit results.

Nutrition and hydration

The hospital provided patients with meals on the ward, making their choices from the hospital menu. We were told that specific dietary requirements were accommodated and if patients missed mealtimes, they would be provided with sandwiches. Staff said patients make their food choices in advance and stated if a patient changes their mind they can usually be accommodated with another option.

The dining room was clean and tidy and provided a suitable environment for patients to eat their meals.

Patients with leave could access the community to purchase food items and ingredients to cook in the occupational therapy kitchen with supervision.

Medicines management

Overall, we noted that medication was securely stored. Staff locked the clinic room and medication cupboards to prevent unauthorised access. Medication trolleys were also secured to the clinic room, to prevent them being removed by an unauthorised person. Staff locked medication fridges when not being accessed. On the first night of the inspection we noted that the medication fridge in the clinical room was not working. We were told all current medication was being stored on another ward. When we attended the hospital the following day, the fridge had been repaired.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. The temperatures of medication fridge was being recorded, however we noted that no temperature checks had been monitored or recorded for the clinical room. It is important that temperature checks of the clinical room are taken and recorded to ensure that medication does not change due to the temperature of the room.

There was a regular pharmacy input, and audits were undertaken which assisted the management, prescribing and administration of medication. We observed a number of medication rounds, and saw that staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

The Medication Administration Records (MAR Charts)[7] reviewed were not always fully completed by staff. Staff recorded patient names and identifications on front pages of charts but were missing on several of the other pages. This was common across all MAR Charts viewed.

Staff were recording the administration of medication, or the reason it had not occurred, however, there was little evidence of patient engagement in medication management. It is important that patients are involved in decisions on prescribed medication and that these discussion are recorded in patient notes.

We noted that over the counter medication to treat minor ailments (topical homely remedies) were stored in a shelf under the medication trolley. Staff lock the clinical room when not in use, however patients accessed this area for physical health checks. The health board policy states at section 5 ‘All medicinal products issued for use shall be safeguarded against loss or improper use’ (with the exception of emergency drugs boxes) be stored in a locked cupboard, trolley, refrigerator, patients own locker or other secure receptacle. The health board must ensure that homely remedies are stored correctly and in line with health board policy.

Improvement needed

The health board must ensure that:

[7] A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

- Temperature checks on the clinical room are consistently taken and recorded
- MAR charts are completed correctly.
- Discussions about medications are recorded in patient notes
- Homely remedies are stored correctly and in line with health board policy.

Safeguarding children and adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board's safeguarding procedures via its intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff they were able to demonstrate knowledge of the process of making a safeguarding referral.

Medical devices, equipment and diagnostic systems

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when these had occurred to ensure that the equipment was present and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency.

Effective care

Safe and clinically effective care

Staff described strategies for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the safe physical

restraint of patients was used, but this was rare and only used as a last resort. Data we viewed on inspection confirmed that physical restraint is used as a last resort and verbal de-escalation used more often.

The ward had a specific area for staff to redirect patients, to manage their challenging behaviours. Staff used the extra care suite to take patients who were agitated and distressed, in order to de-escalate their behaviour. This suite enables staff to protect the patient's privacy and dignity and to prevent other patients becoming distressed. The health board had removed the sofa from this area due to damage being caused during a previous incident. The health board told us that a new one had been ordered and they were awaiting its arrival.

The health board completed the last ligature risk assessment in 2019. This document identified potential ligature points and what actions they had taken to remove or manage these. The health board must review the ligature audit assessment when any new furniture, fittings and doors are replaced to ensure that the ligature risk assessment document is accurate and up to date.

We requested to view a selection of clinic room polices however, upon review most of the versions we received had passed their review date. We found the following policies were out of date:

- Management of Adults with Methicillin Resistant Staphylococcus Aureus (MRSA) – Review due date August 2016
- Medication Management policy had expired – Review date March 2016
- Transcribing/amending inpatient charts – Review due date July 2017
- Resuscitations policy – Review due date August 2017
- Remote prescribing – Review due date November 2018.

We were not assured that staff were obtaining or being provided with the most up to date guidance to direct their professional practice. We highlighted some outdated policies on a previous inspection. It was disappointing to see that the health board had not renewed these. The health board must make sure that all policies are updated and reviewed.

Improvement needed

The health board must make sure:

- The ligature points risk assessment is updated
- All policies are reviewed and updated
- There is a routine audit of policies to ensure that ward staff have access to, and are referring to, the most recent version.

Quality improvement, research and innovation

During our discussions with ward staff and senior managers, we were provided with many examples where they were reviewing the provision of service on the ward and the wider health board. This was to assist in the modernisation of care and implement innovation to develop the service. Since our last inspection the health board had created additional beds on the ward, therefore increasing the provision of inpatient mental health services to support the needs of the health board's population.

It was also positive to hear of the ongoing developing plans for the smoking room to be converted into a gym for patients use. This will provide an additional activity option for patients and will support their health and well-being.

Record keeping

Patient records were mainly paper files that were stored within the locked nursing office. We observed staff storing the records appropriately during our inspection.

Staff completed factual entries where they documented patient daily routines, which provided clear information regarding each patient's care.

We reviewed a sample of patient records. It was evident that staff from across the multidisciplinary teams were writing detailed and regular entries.

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

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

We reviewed a sample of care files and found they were generally maintained to a good standard. However, some notes within files were not filed correctly and appeared to be disorganised.

The Wales Applied Risk Research Network (WARRN) assessments provided good summaries of personal and historical factors associated with risk. This helped to manage the risks of individual patients. However in some records we did identify that there was limited evidence of physical health monitoring. One set of notes viewed highlighted that they had not undertaken a physical health assessments since admission.

In addition, we also noted that the unmet needs of patients in some care plans were not recorded in the notes we viewed. It is important that unmet needs are documented so that these can be reviewed by the multidisciplinary team to look at options for meeting those needs.

We also noted that some patients refused to collaborate with their care and treatment plan (CTP) and would not sign it. The CTP is the patient's own personal plan and offers an opportunity to promote engagement with care and treatment, exploring and including the patient's perspective as far as is possible. It is therefore important that staff document any refusal by a patient to sign a plan, and that they record the reason for the refusal within patients' care notes.

We also found that had Section 17[8] leave paperwork in three patient records had not been signed by the patient to evidence that they patient understood their responsibilities and agreed conditions of leave.

Improvement needed

The health board must ensure that:

- Notes are filed correctly and that patient files are organised
- Physical health monitoring and assessment records are completed

[8] Section 17 leave allows the detained patient leave from hospital

- Unmet needs are evidenced and documented within patient care plans
- Any refusal by a patient to sign a plan is documented along with the reason for refusal
- The patient has signed section 17 leave to evidence that the patient understands the agreed condition of leave.

Quality of management and leadership

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

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

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

Staff were positive about the support they received from their colleagues and management teams. However, the health board must address the maintenance issues on the ward to improve the quality of patient experience.

Improvements are also required in the completion of mandatory training.

Governance, leadership and accountability

There was a clear organisational structure for the hospital, which provided clear lines of management and accountability. They defined these arrangements during the day, with senior management and on-call systems in place for the night shift.

There was dedicated and passionate leadership from senior ward staff, who are supported by committed ward multidisciplinary teams and senior health board managers. 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 most patients they were responsible for.

During our time on the ward we observed a positive culture with good relationships between staff who we observed working well together as a team.

It was clear to see that staff were striving to provide high levels of care to the patient groups to expedite recovery and minimise the length of time in hospital. Close and productive working with the community mental health teams supported this.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This helps to promote patient safety and continuous improvement of the service provided.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX) that included the names of patient and staff involved, a description, location, time and length of the incident. Any use of restraint was documented.

Senior managers of the health board engaged openly during the inspection, and acknowledged that some environmental changes had been delayed since the last inspection due to the COVID -19 situation.

Staff and resources

Workforce

The staffing levels appeared appropriate to maintain patient safety within the ward at the time of our inspection.

The health board reviewed staffing resources daily. This helped to ensure sufficient staff numbers were on shift to meet the care needs of the patients at the hospital.

We noted a number of registered nurse vacancies, which the health board was attempting to recruit into. Where possible the ward utilised its own staff and regular staff from the health board's staff bank to temporarily fill these shortfalls. Daily meetings on staffing levels and patient flow and demand took place to immediately resolve any shortfalls. The health board must continue to ensure it has sustainable and sufficient capacity to provide safe and effective care to patients.

The patients did not have access to psychological therapies as there is no psychologist in post. It is important that patients have access to a therapist to help support them. We have recommended the health board fill this vacancy.

Staff told us that the health board management team were approachable and visible. During interviews with staff they told us they had confidence to speak with management if they needed to raise issues or concerns.

We saw evidence of staff annual appraisals in staff files and compliance rates were high. These appraisals provide staff with a platform to discuss their employment and professional development and an opportunity for managers to give feedback to staff about their work.

There was a programme of training so that staff would receive timely updates on what training required completion. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details.

We reviewed the mandatory training and found that completion rates were low in some areas. For example, the compliance rates for Basic Life Support was 65.2% and Immediate Life Support was 63.64%. Safeguarding level 1 was 50%. This is of concern, because the ward on rare occasions has provisions for emergency admissions for children and adults.

We recognise that face to face training has been difficult due to the pandemic, however improvements are still required in these areas and senior management need to scrutinise training compliance on a regular basis.

It was reassuring to see that the completion rates for training had already been identified, and the health board was arranging this training.

It was positive to see that the health board had trained healthcare support workers to undertake general medical checks such as taking blood and ECG readings, this training enabled the healthcare support workers to provide additional support to the nurses. In addition one member of staff was supporting the occupational therapist to delivery activities to the patients.

There were good systems in place to support staff welfare, which comprised of online CBT services, and confidential counselling services. The health board must continue to monitor, promote, and invest in staff welfare and well-being.

Improvement needed

The health board must ensure that:

- Staff vacancies are filled and future initiatives are explored to encourage recruitment into the hospital.

- Mandatory training rates are improved.

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
Fridge in medication room was not working on first night of inspection	Patient medication was being stored on another ward in the hospital, however the medication was not easily accessible.	Night staff advised that the situation needed to be resolved by the morning.	Fridge was fixed and medication was being stored safely on the ward.

Appendix B – Immediate improvement plan

Service: Bronllys Hospital

Ward/unit(s): Felindre Ward

Date of inspection: 15 – 17 June 2021

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 were identified during the inspection.				

Appendix C – Improvement plan

Service: Bronllys Hospital

Ward/unit(s): Felindre Ward

Date of inspection: 15 – 17 June 2021

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 must ensure that the smoking room is replaced with a gym.	1.1 Health promotion, protection and improvement	The service will work with estates to undertake any essential painting of the room. Gym equipment will be identified, ordered following an application to charitable funds and installed. We will set up a co-production focus group to oversee the development of the gym. The mandatory date for closure of the smoking room is September 2022, but	Ward manager & Head of mental health operational services	March 31st 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		the service has set a date of March 31st 2022 to complete this.		
The health board must ensure that light fixtures in garden are fixed	1.1 Health promotion, protection and improvement	This has been requested and is pending completion.	Head of estates	September 30th 2021
The health board must ensure that patients are able to easily access hot drinks throughout the day	1.1 Health promotion, protection and improvement	Hot drinks are available on a two hourly basis and on request to staff at any time outside of these times due to health and safety on the ward. The service will explore the possibility of a vending system to offer more independence to patients.	Service manager & deputy ward manager	Completed and in place
The health board must ensure that improvements are made to the environment to ensure patient have a level of privacy in bedroom areas	4.1 Dignified Care	The two-bedded room is being separated into two rooms ensuring the privacy of all patients. This work is currently out to tender.	Head of estates & Head of mental health operational services	March 31st 2022
The health board must ensure that staff can check on the well-being of patients with minimal disruption	4.1 Dignified Care	New Doors have been ordered and this work is currently out to tender for fitting.	Head of estates &	March 31st 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Head of mental health operational services	
The health board must ensure that the shower in female bathroom is fixed	4.1 Dignified Care	All showers are now in working order	Head of estates	Completed 02.07.2021
The health board must ensure that a range of information for patients is displayed on the ward that includes: • The NHS Putting Things Right process • Guidance around mental health legislation • Healthcare Inspectorate Wales.	4.2 Patient Information	New anti-ligature leaflet display/holders have been ordered and these will enable all leaflets to be accessible to patients and relatives.	Service manager & deputy ward manager	September 30th 2021
The health board must ensure that information is available for visitors in the visitor's room.	6.2 Peoples rights	As above	Service manager & deputy ward manager	September 30th 2021
The health board must ensure that patient requests are dealt with and in a timely manner.	6.3 Listening and Learning from feedback	Weekly patient meetings ensure that patients are able to feedback formally, in addition to personal time with their clinician. Monthly patient council meeting	Service manager & deputy ward manager	Completed and in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
		sends out an action plan that goes to the ward manager for action. The action plan is monitored and reviewed at the subsequent meeting to ensure completion of all actions. The service manager, in the absence of a ward manager currently, will address the timeliness of responses in the monthly Band 6 meetings, recognising that some actions may require realistic timescales. The Terms of Reference for the Patient Council will be reviewed by the co-production group, guided by the new ward manager as part of their induction to ensure that patient views are clearly reflected within the TOR.	Ward manager	September 30th 2021
Delivery of safe and effective care				
The health board must ensure that patients can alert staff that they require assistance from their bedrooms.	2.1 Managing risk and promoting health and safety	The model of care is based on recovery and building on individual strengths to support this. Each patient has identified needs addressed in their Care and Treatment plan (CTP). Outside of this, a patient requiring additional assistance	Head of mental health operational services &	Completed and in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
		would be expected to go to a staff member and request it. There may be exceptional circumstances where patients admitted to Felindre ward would be unable to alert staff for assistance from their bedroom. In the case where the patient may have reduced mobility, an individual care plan will address how they may summon help if required. High risk patients will be on enhanced observation levels.	Head of mental health nursing, quality & safety	
The health board must ensure that ward areas are freshly painted.	2.1 Managing risk and promoting health and safety	Decoration is undertaken on a rolling programme of maintenance.	Head of mental health operational services & head of estates	March 31st 2022
The health board must ensure that appropriate hand hygiene products are available in the communal areas of the ward	2.4 Infection Prevention and Control (IPC) and Decontamination	Hand hygiene products are available at the entrance to the Felindre ward. We will implement hand gel for use at every meal time. We will work with the IP&C team to undertake a detailed audit of the area and identify any recommendations and	Service manager & deputy ward manager	July 31st 2021

Improvement needed	Standard	Service action	Responsible officer	Timescale
		implement these accordingly. The use of non-alcohol-based products will be actively pursued.	Service manager & deputy ward manager	August 31st 2021
The health board must ensure that improvements are made in hand hygiene audits.	2.4 Infection Prevention and Control (IPC) and Decontamination	Audits have been implemented, initially on a twice monthly basis, the results of which will feed into the Health & Care Standards audits and reported quarterly via highlight reports to the quarterly Infection Prevention and Control Committee.	Service manager & deputy ward manager	Completed and in place
The health board must ensure that temperature checks in clinical room are taken and recorded consistently.	2.6 Medicines Management	A wall thermometer for the clinic room has been ordered and temperature checks will be incorporated into daily clinic checks.	Service manager & deputy ward manager	July 31st 2021
The health board must ensure that MAR charts are completed correctly.	2.6 Medicines Management	Medicines Management audit is scheduled for August 2nd. We will incorporate this into a monthly audit to reinforce correct completion of the Medication Administration Record charts.	Service manager & deputy ward manager	August 2nd 2021

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that they record discussions on medication in patient notes.	2.6 Medicines Management	Weekly case note audit is in place. Case note management and supervision for qualified staff is now in place to reinforce record keeping.	Clinical director, service manager & deputy ward manager	Completed and in place
The health board must ensure that homely remedies are stored correctly and in line with health board policy.	2.6 Medicines Management	Topical homely medicines are now locked away.	Service manager & deputy ward manager	Completed and in place
The health board must ensure that the ligature point audit is updated.	3.1 Safe and Clinically Effective care	The ligature audit was reviewed and revised on May 10th 2021. There is a Ligature Risk Management Group in place, meeting quarterly and reporting to Mental Health Learning Disability (MHLD) senior management team. The group had been paused during the pandemic, but was brought back into operational activity in May 2021. The next meeting is scheduled for August 9th 2021.	Service manager and head of nursing, quality & safety	Completed and in place
The health board must ensure that all policies are updated and reviewed.	3.1 Safe and Clinically Effective care	The service will engage with other service areas to progress the relevant out of date policies and feed into the Policy Group led by the deputy nurse director.	Clinical lead quality & safety	March 31st 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Planned review of all mental health policies to ensure the policies are up to date. The service will ensure there is a mental health representative on the health care clinical policies group.		
The health board must ensure that there is a routine audit of policies to ensure that ward staff have access to, and are referring to, the most recent version.	3.1 Safe and Clinically Effective care	As above The service quality and safety team have a work plan setting meeting scheduled for August 18th. The action plan will feed into senior management team (SMT) in September for review and finalisation.	Clinical lead quality & safety	March 31st 2022 September 15th 2021
The health board must ensure that notes are filed correctly and that patient files are organised	3.5 Record keeping	Ward clerk role has now been appointed to and an interim staff member is in place to maintain files. Audit will be undertaken following new post holder start date to confirm compliance.	Service manager & deputy ward manager	Complete and in place
The health board must ensure that physical health monitoring and assessment records are completed	3.5 Record keeping	We will ensure that this is clearly documented. This has been raised at the Band 6 meeting and will be captured in the file audit. This will be included in the ward audit.	Service manager & deputy ward manager	Complete and in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that unmet needs are evidenced and documented in patient care plans.	3.5 Record keeping	There is a process to record unmet needs outside of patient records. We will ensure individual unmet needs are recorded on a patient file. This will be monitored through case file audit and frequency will be revised if the evidence of the audits indicates that unmet needs are not being recorded as a matter of routine practice.	Service manager & deputy ward manager	Completed and in place
The health board must ensure that document any refusal by a patient to sign a plan along with the reason for refusal.	3.5 Record keeping	As above	Service manager & deputy ward manager	Completed and in place
The health board must ensure that patient has signed section 17 leave to evidence that the patient understands the agreed condition of leave.	3.5 Record keeping	Clinical director will raise this with medical team and it will be captured in the file audit.	Clinical director	July 31st 2021
Quality of management and leadership				
The health board must ensure that vacancies are filled and future initiatives are explored to encourage recruitment into the hospital.	7.1 Workforce	Mental health services actively engage in workforce futures and health and care academy in the health board.	Service manager, workforce business partner &	Completed and in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Head of mental health operational services	
The health board must ensure that mandatory training rates are improved.	7.1 Workforce	Service manager will undertake an audit and ensure that this is included in the new ward manager's induction programme. The health board target is 85% and the Felindre is currently reaching 82%.	Service manager	September 30th 2021

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): **Ruth Derrick**

Job role: **Head of Nursing, Quality & Safety**

Date: **28.07.2021**