

NHS Mental Health Service Inspection (Unannounced)

St Cadoc's Hospital

Aneurin Bevan University

Health Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of St Cadoc's Hospital within Aneurin Bevan University Health Board on the evening of 19 November 2018 and following days of 20 and 21 November. The following sites and wards were visited during this inspection:

- Adferiad - Acute Mental Health Admission Ward
- Beechwood - Psychiatric Intensive Care Unit
- Belle Vue - Locked Female Rehabilitation Mental Health Ward
- Pillmawr - Locked Male Rehabilitation Mental Health Ward
- North Lodge - Unlocked Male Rehabilitation Mental Health House
- South Lodge - Unlocked Male Rehabilitation Mental Health House

Our team, for the inspection comprised two HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and two lay reviewer(s). 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 dedicated staff teams that were committed to providing a high standard of care to patients. Patients that we spoke with were generally positive about the care they received at the hospital.

The health board must review the layout of acute admission ward as this is impacting upon patient dignity and staff's ability to provide safe and effective care.

We also found areas of improvements outstanding since our previous inspection.

This is what we found the service did well:

- Patients we spoke to were complimentary of the care received
- Staff interacted and engaged with patients respectfully
- Belle Vue and Pillmawr provided individualised rehabilitative patient care
- Good team working and motivated staff
- Staff were positive about the supportive culture at the hospital.

This is what we recommend the service could improve:

- Arrangements for maintaining safe and secure environment of care on Adferiad and Pillmawr
- The ward layout for acute mental health admission care on Adferiad
- Adferiad environmental issues and staff practices that impact upon patient dignity
- Medicine management and clinic room arrangements
- The application of the Mental Health Act
- Joint learning and completion of commitments following outcomes of inspections.

3. What we found

Background of the service

St Cadoc's Hospital provides NHS mental health services at Lodge Road, Caerleon, Newport, NP18 3XQ, within Aneurin Bevan University Health Board. The service comprises of:

- Adferiad is a 22 bed, mixed gender acute mental health admission ward. The ward also manages the hospital's Section 136 Suite¹.
- Beechwood is a mixed gender Psychiatric Intensive Care Unit (PICU). At the time of the inspection the PICU was being reconfigured, increasing the bed numbers from four beds plus an Extra Care Area (ECA)² to eight beds plus an ECA. Due to the programme of work at the time of the inspection the PICU was limited to two beds plus an ECA.
- Belle Vue is a six bed locked female rehabilitation mental health ward. The service provides intensive care over for duration of a number of months to a few years.
- Pillmawr is a 12 bed locked male rehabilitation mental health ward. It provides long term mental health rehabilitation prior to discharge to the community.
- North Lodge is a three bed unlocked male rehabilitation mental health house within the grounds of the hospital which provides patients with a less restrictive environment of care prior to progressing to community accommodation.

¹ 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.

² An Extra Care Area is a low stimulus and sterile bedroom that allows staff to provide more intensive support to a patient presenting with greater challenging behaviours.

- South Lodge is three bed unlocked male rehabilitation mental health house within the grounds of the hospital, which provides patients with a less restrictive environment of care prior to progressing to community accommodation.

Pillmawr, North Lodge and South Lodge are managed as one service. North Lodge and South Lodge provide an environment of care with less restrictions than Pillmawr.

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, and patients we spoke with confirmed, that staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

However, significant environmental improvements and changes to some staff practices are required on Adferiad to address privacy and dignity issues that impact upon patients.

On the rehabilitation wards there was a clear focus on individualised care that was supported by least restrictive practices.

Staying healthy

Each of the four wards had occupational therapy input with activities that were appropriate to the specific type of ward, being it the acute admission, the PICU or the rehabilitation wards.

Pillmawr had a wide range of activities available to patients both on the ward, hospital grounds and within the local community. A timetable of ward activities was displayed on the ward. On the ward patients had access to a large range of DVDs, pool table and arts and crafts. There was also an Activities of Daily Living (ADL) kitchen that patients could use to maintain and learn cookery skills. However one of the two cookers was not working at the time of the inspection. The layout of the kitchen provided limited space for more than one person to cook as both cookers were alongside each other. This is an area that we identified on our previous inspection that should be reviewed to make best use of this facility.

Whilst patients had TV aerial sockets within their bedrooms, we were informed that these did not work in the majority of cases, therefore patients were unable to use their TVs, this needs to be addressed.

Patients on Pillmawr were encouraged to participate in exercise activities as part of healthy living, this included walks, cycling, swimming and accessing the

local gym. We saw a number of patients utilising these activities during the inspection.

Patients from Pillmawr also regularly attended the vocational rehabilitative activities within the hospital's woodshed project and the growing spaces garden project.

Patients on Belle Vue had a range of activities specifically tailored to their individual interests, needs and rehabilitative programme of care. These were both ward based and within the local community. Patients were encouraged to participate in exercise activities as part of healthy living, this included walks, swimming and accessing other local amenities.

It was evident that there was great emphasis on utilising community services as part of rehabilitative programme of care. Both Pillmawr and Belle Vue worked with community based organisations which would enable patients to continue to engage with the organisations following discharge from hospital.

There was a range of activities available for patients on Beechwood; these were predominantly ward based due to the restrictions typically in place on patients leaving the ward. It was positive that as part of the refurbishment of the ward the health board had included an on ward gym which enabled patients to participate in exercise when they were unable to leave the ward.

Adferiad had a range of activities and facilities suitable to an acute admission ward. There was a large lounge and patients had access to a range of games, books and DVDs. There was an occupational therapy room and another large communal space with a pool table adjoining the dining room. Where patients had authorised leave from the ward (or were not detained under the Mental Health Act) they could access the local community.

However, due to the configuration and busyness of Adferiad the facilities were not used to maximise their potential. Whilst the lounge was openly accessed by patients the other large communal space and occupational therapy room required to be staffed when patients were present in these areas. Throughout the inspection these areas were locked and not being utilised.

Improvement needed

The health board should review the layout of ADL kitchen on Pillmawr and ensure all appliances are in working order.

The health board must ensure that all TV aerial sockets are working.

Dignified care

On the whole we observed all staff interacted and engaged with patients appropriately and treated them 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 heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

However, environmental constraints and upkeep, along with some staff practice, impacted upon privacy and dignity of patients on Adferiad. The sleeping accommodation was provided over four gender specific 4-bedded dormitories and 6 single bedrooms. Following changes to the bedroom windows within the single bedrooms on Adferiad the curtains had not been reattached. The windows were tinted/reflective however the lack of curtains meant that patients could not block out sunlight from their bedrooms if they wished.

We were informed that the curtains for each cubical were not drawn at night. This does not give privacy to patients, and cubical curtains should be used to maintain the privacy of patients. The health board should review the accommodation on Adferiad as dormitories provided the most basic form of privacy and do not reflect modern inpatient mental health provision.

Despite raising our concerns regarding the lack of shower facilities at St Cadoc's Hospital during our previous inspection in October 2016 there remains only two showers for up to 22 patients on Adferiad; this is too few for the number of patients. To compound this issue the designated male shower was running cool and therefore most patients were using the one shower designated for female patients.

Both shower rooms had heavily stained flooring and walls, with a large fungal build up on and around the ceiling windows and detrition to the window frames. This is unacceptable and needs to be addressed as a priority.

The wards were accessible for patients who may require assistance with mobility. However, there was a lack of assisted bathrooms; the assisted bathroom on Pillmawr was out of order and there were none on any of the other wards. This means there were no suitable facilities available for patients who may require assistance with bathing or showering.

Whilst Adferiad was spacious, there were no designated gender specific areas apart from the dormitory sleeping areas. The health board should consider how

to provide patients with gender specific communal areas which may be of benefit to patients' well-being.

Along with 6 bedrooms on Adferiad, patients on Beechwood, Belle Vue, Pillmawr, North Lodge and South Lodge had their own bedrooms. These provided patients with a good level of privacy and assisted staff in maintaining the dignity of patients. However, on Adferiad it was common practice for staff to leave bedroom (and dormitory) doors' observation panels in the open position. This should not be the case, unless it's a patient's personal preference or there is clinical reasoning, bedroom observation panels should be left in the closed position until they are used to undertake observations, and then returned to the closed position.

Improvement needed

The health board must ensure that patients can close the privacy curtain between beds within dormitory areas (except where individual patient risk evidences that it not appropriate to do so).

The health board must ensure that all shower facilities are running with warm water.

The health board must ensure that all shower facilities are maintained to the required level of cleanliness.

The health board must increase the shower provision for Adferiad.

The health board must ensure that there are assisted bathroom facilities available at St Cadoc's Hospital.

The health board should consider how to provide patients with gender specific communal areas on Adferiad.

The health board must ensure that default position for observation panels is closed.

Patient information

There was a range of up-to-date information available within the hospital. Notice boards on Belle Vue and Pillmawr provided a wide range of detailed and relevant information for patients.

Due to the ongoing refurbishment of Beechwood it was reasonable that there was limited information on display at the time of the inspection. However the

health board must ensure that information is displayed securely throughout the ward once the reconfiguration and refurbishment works have been completed.

There was limited range of information displayed for patients on Adferiad. There were a number of noticeboards however a number of these boards were blank or sparsely populated. Although some additional information was displayed outside the ward entrance, there was limited information freely available to patients on Adferiad unlike that which was displayed the other wards.

Throughout the hospital the information on display was predominantly in English, standard size font and no Easy Read alternatives. The health board must ensure that information is displayed in formats that are appropriate to the patient groups.

Improvement needed

The health board must ensure that all wards display information which includes;

- information on the Mental Health Act and advocacy provision,
- how to raise a complaint and
- information on Healthcare Inspectorate Wales.

The health board must ensure that information is displayed in suitable formats for the patient groups.

Communicating effectively

Through our observations of staff and patient interactions, it was evident that staff ensured they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

Belle Vue and Pillmawr each had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

Although these types of meetings were not evident on Adferiad, it was apparent that staff were talking to patients to make arrangements each day. However, the arrangements and planning lacked clear structure and appeared ad-hoc,

reliant on the availability of staff around other clinical needs of both the patients and the staff.

At the time of our inspection there was only two patients on Beechwood, both were generally disengaging from staff, therefore there were no meetings during our time on the ward. However, ward staff and the occupational therapist provided us with assurance that attempts are made to engage with patients and discuss options for activities and therapies.

It was positive that there was a "You Said / We Did" board displayed on each of the wards which provided patients with feedback on areas of concern that had been raised with staff. However, during the inspection the board on Adferiad had little documented on it and what was written was mostly illegible. Whilst these boards are a good initiative, the health board need to consider how the detail of what is displayed upon the board is recorded for longevity, as once the boards are wiped the information is lost unless recorded elsewhere.

Improvement needed

The health board must ensure that all wards hold daily patient meetings and these are documented, or a reason why they are not held.

The health board must ensure that all wards effectively use their "You Said / We Did" boards and that this information is recorded to enable review.

Individual care

Planning care to promote independence

On Belle Vue and Pillmawr (including North Lodge and South Lodge) there was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and ward practices.

Each patient had their own individual activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

As detailed above, the activities on both these wards were varied and focused on recovery, either at the hospital or in the community. Individual patient activity participation was monitored and regularly reviewed.

Beechwood, being a PICU, focused on intensive care provision to manage individual patient's risks and behaviours. Through our conversations with staff it

was evident that there is emphasis on providing individualised care to support patients and manage their behaviours in a more restrictive environment for the shortest duration of time.

Mainly due to the size and busyness of the ward, the care observed on Adferiad was typically in responsive to patient requests and behaviours or as set tasks as part of ward routines. There were elements of pro-active engagement with patients, such as offering them ad-hoc activities, but these were observed to be quite limited throughout the inspection with staff focusing on tasks in hand or the needs of patients as they occurred. This means unexpected needs of patients who do not bring these to the attention of staff may be unintentionally overlooked.

People's rights

Legal documentation to detain patients under the Mental Health Act was compliant with the relevant legislation. However, we identified areas for improvement with regards to the Code of Practice for Wales; this is detailed further in the Monitoring the Mental Health Act section of the report.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service where a representative could be contacted via telephone or when they attended the hospital.

There was CCTV available for the observation within the hospital. The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice³.

³ <https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf>

The code also reflects the wider regulatory environment. When using, or intending to use surveillance systems, many organisations also need to consider their obligations in relation to the Freedom of Information Act 2000 (FOIA), the Protection of Freedoms Act (POFA), the Human Rights Act 1998 (HRA) and the Surveillance Camera Code of Practice issued under the Protection of Freedoms Act (POFA code).

Improvement needed

The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.

Listening and learning from feedback

There was the opportunity for patients, relatives and carers to provide feedback on the care provided via the NHS Putting Things Right⁴ process.

As detailed earlier in the report there were regular documented patient meetings on the rehabilitation wards, these need to be introduced to all wards. "You Said / We Did" boards had also been introduced on to each ward, however improvements in their use are required.

Staff throughout the inspection stated that they regularly deal with patients' requests and concerns as they occur on the ward. We observed this to be the case throughout the inspection on each of the wards and staff were compassionate yet professional in dealing with patient requests.

⁴ Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns regarding treatment within the NHS

Delivery of safe and effective care

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

Improvements are required in the alarm systems on Adferiad and Pillmawr and the process for notifying other wards that assistance is required.

Medication management and clinic room procedures, particularly on Adferiad, require improvements. The health board are also required to improve the emergency equipment arrangements for Pillmawr as identified in our previous inspection.

Improvements are required to ensure that the health board fulfils its statutory responsibilities of the Mental Health Act and that practice follows the guidance set out in the associated Code of Practice for Wales.

Safe care

Managing risk and promoting health and safety

There were processes in place to manage and review risks; these were developed to assist staff to provide safe and clinically effective care. However, there were areas of improvement required to maintain health and safety for patients, visitors and staff at the hospital.

St Cadoc's Hospital is situated within large grounds that are easily accessible to the public; therefore entrances to wards were suitably secured to prevent unauthorised entry.

An electronic system was in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the names of patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented. There was a hierarchy of incident sign-off with regular incident reports produced and reviewed so that the occurrence of incidents could be monitored and analysed.

There were nurse call points around the wards so that patients could summon assistance if required. Each ward had a set of personal alarms for staff to wear. However, staff stated that the alarms on Adferiad and Pillmawr were inadequate as they required to be set off in close proximity to sensors and in some areas of the two wards would not raise an alarm unless pointed in the direction of a sensor. Staff also demonstrated this during the inspection. This means that there is a risk of harm to patients or staff due to inadequate alarms on these two wards. There were different sets of personal alarms on Beechwood and Belle Vue which staff confirmed that they had no concerns regarding their operation.

There was no auto-link between wards if a personal alarm was triggered. A member of staff would be required to use the ward telephone to contact the other wards (using a conference call number so all wards were called at once) to request assistance. Whilst the conference call number resulted in all wards being contacted simultaneously this may not occur if a staff member is unable to get to the phone due to the severity of the incident and staffing levels, particularly during the evening or night.

Senior managers confirmed that there was an ongoing review of alarm systems, however they were unable to provide a definite timescale. Urgent improvements to the alarm system are required to ensure the safety of patients and staff.

Three wards, Adferiad, Belle Vue and Beechwood had a defibrillator and emergency resuscitation trolley that were easily accessible to staff on the ward. However, as identified during our previous inspection, there remains no defibrillator on Pillmawr. Following the previous inspection the health board referred to Resuscitation Council (UK) guidelines to substantiate their decision not to include a defibrillator on Pillmawr. These guidelines stipulate that a defibrillator should be accessed within 5 minute, the health board's routine test runs have demonstrated that the defibrillator can be accessed within this timeframe.

There was inconsistency with the emergency equipment documentation on Adferiad; with some documents stating that there should be weekly checks and other documents stating fortnightly. Either way, the required checks had not taken place for over four weeks. Therefore staff were not checking the

emergency equipment in line with health board policy to ensure it is fully operational.

There was a designated Section 136 Suite⁵ at St Cadoc's Hospital, which was located near Adferiad. However, the observation panel on the entry door for hospital staff entering the room did not work, therefore staff could not confirm the location of people in the room to ensure it was safe to enter.

The oversight and day-to-day operation of the Section 136 Suite was managed and staffed by Adferiad. The Section 136 Suite is part of unscheduled care for patients who maybe suffering from a mental disorder which may require hospital admission. By the very nature of this service it is not possible to accurately predict when the Section 136 Suite will be required and when this will require staff from Adferiad and for how long.

The health board's statistics evidenced that the use of the Section 136 Suite had steadily increased during the year from approximately 20 times per month to 30. Each occasion would require at least one staff member from Adferiad to be in attendance for a number of hours to assist in facilitating the assessment process. Whilst the health board had increased the staffing level for the night shift and over the weekends on Adferiad to assist with facilitating the use of the Section 136 Suite there were frequently occasions that this additional allocation of staff member was not able to be filled in the staffing rota.

Staff on Adferiad raised their concerns that, even with the additional member of staff when available, the Section 136 Suite was impacting upon the provision of care on Adferiad. During our inspection we observed how using staff from Adferiad to facilitate the Section 136 Suite impacted upon the continuity and timeliness of care on Adferiad. Staff members were required to reallocate their work to prioritise the running of the Section 136 Suite meaning patients on Adferiad would have to wait for staff resources to be reallocated, sometimes from other wards at St Cadoc's Hospital.

During the inspection senior managers of the health board confirmed that the operation of the Section 136 Suite was under review as part of a larger service

⁵ 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.

provision review. The health board must ensure that the operation of the Section 136 Suite does not impact upon the care provided on the hospital wards.

Improvement needed

The health board must ensure that the alarm systems on Adferiad and Pillmawr are replaced with an appropriate system to safeguard patients, staff and visitors.

The health board should ensure that the alarm systems at St Cadoc's Hospital are interlinked between wards.

The health board must ensure that there are no discrepancies on the frequency of emergency equipment checks and that these are completed when required.

The health board must ensure that the observation panel on the Section 136 Suite is working.

The health board must ensure that the operation of the Section 136 Suite does not impact upon the care provided on the hospital wards.

Infection prevention and control

Improvements are required in the infection, prevention and control arrangements at St Cadoc's Hospital. This was predominantly in regards to the upkeep of Adferiad however other areas also require improvements.

There were hand hygiene products available in relevant areas; these were accompanied by appropriate signage. Staff also had access to infection prevention and control, and decontamination (Personal Protective Equipment) PPE.

Housekeeping cleaning equipment was stored and organised appropriately. There were schedules of cleaning undertaken by health board housekeeping staff across St Cadoc's Hospital. It was noted that on Adferiad the nursing cleaning checklist schedule was regularly incomplete.

As described above, there were significant concerns about the shower facilities on Adferiad that were in an unacceptable condition; these require refurbishment. We noted throughout Adferiad the ward was in need of maintenance and general upkeep; there were numerous chips to paintwork, marks and stains on floors, walls and ceilings. Chairs in the lounge area were also dirty and stained.

We noted that on the wards, particularly Adferiad and Pillmawr, that there was a lack of organised storage. This resulted in staff storing items in available spaces as opposed to an appropriately designated area. Such as a bath hoist in the occupational therapy room on Adferiad (which had no bath) and the assisted bathroom on Pillmawr was being used for storage whilst out of use.

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

Improvement needed

The health board must review the storage arrangements and ensure that there is sufficient and organised storage at St Cadoc's Hospital.

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

Nutrition and hydration

Patients were provided with meals at the hospital making their choice from the hospital menu, patients had access to drinks and fresh fruit on the wards. Our previous inspection identified significant concerns raised provision of food at the hospital, including food arriving over-cooked quite regularly or missing food orders. Whilst these concerns weren't repeated during this inspection, it was a common theme during our conversations with patients that they were regularly dissatisfied with the quality and repetitiveness (particularly with the healthy option) of meal provision.

As noted earlier, it's positive that patients on both rehabilitation wards, Belle Vue and Pillmawr, were supported and encouraged to prepare their own meals as part of their rehabilitative care.

Improvement needed

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

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

Medicines management

We reviewed the medicine management arrangement on Adferiad and Pillmawr. Overall medicine management on Pillmawr was safe and effective; however improvements were required on Adferiad.

In both clinic rooms medication was stored securely with cupboards and medication fridges locked and medication trolleys secured. There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature. However, as identified during our inspection elsewhere within the health board, there were no regular checks to monitor the temperate of the clinic rooms to ensure that these remained within the required temperatures.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse. On review of the log books these medications were accurately accounted for on both wards. However, on Adferiad there were a number of occasions when administrations of Controlled Drugs were not signed by two members of staff, as per the relevant health board policy.

The Medical Administration Record (MAR Charts) reviewed on Pillmawr contained the patients name and their mental health act legal status, along with the associate statutory consent to treatment certificate, when required. This was not the case on Adferiad, where we identified a number of MAR Charts with omissions in required personal information. There were also gaps in the administration records on MAR Charts on Adferiad, therefore they did not clearly state whether medication had been given and if not, the reasons why. We also found MAR Charts without the accompanying consent to treatment certificate. Further to this, on Belle Vue consent to treatment certificates were difficult to read and a number of examples demonstrated that staff members could not read the certified medication.

Therefore we were not assured that nurses were referring to consent to treatment certificates to confirm that medication prescribed (for mental disorder) had been authorised under the Mental Health Act.

The Adferiad clinic room was disorganised and maintained a high quantity of stock medication. Despite being informed that medication is stock checked weekly we identified out of date medication being stored. We also identified controlled drug medication that had not been required for a number of months on the ward; arrangements should have been made to return this medication.

Staff members we spoke with confirmed that they had access to relevant clinic room policies, however most staff said they would rely on retrieving these from the health board's computer system. Despite this some staff members were unable to provide us with a number of key policies, this means staff members were not able to easily access and refer to these themselves if and when required. It was also noted that the most recent Rapid Tranquilisation Policy was due for review in May 2013, this had not been completed. This meant the policy would not reflect any developments in the use of rapid tranquilisation since it introduced in May 2011.

It was positive to note that a self medication policy had been developed so that patients, as part of their rehabilitative care, could take further responsibility for their own medication. However, we were informed that this was only available for patients within North Lodge and South Lodge and that pharmacy arrangements for the wards prevented the use of self medication. The health board must review these arrangements to ensure that patients' rehabilitative care is not disadvantaged.

During our review of clinic rooms we identified issues with the oxygen cylinders, which may be used as part of regular treatment or in an emergency. On Pillmawr the oxygen cylinder had a faulty valve so staff would be unable to control the oxygen flow when used, this had been reported but the ward were still awaiting a replacement. On Adferiad ward the oxygen cylinder that was set up for use was empty; therefore there would have been delays if required in an emergency. Whilst on Belle Vue it was noted that two members of staff were unable to operate the oxygen cylinder and had to call a third member of staff who was able to operate the oxygen cylinder; again there would have been delays if required in an emergency.

As detailed above we are not assured that the emergency equipment arrangements for Pillmawr provide a responsive action in the event of an emergency, we are concerned that they may be unnecessary delays resulting in patient harm. There was also no clear evidence that emergency equipment checks were completed in line with the health board's policy on Adferiad.

Improvement needed

The health board must ensure the temperature of ward clinic rooms are regularly monitored.

The health board must ensure that the administration of Controlled Drugs are signed by two members of staff.

The health board must ensure that all areas, including front page, of Medical Administration Record (MAR Charts) are completed in full.

The health board must ensure that nurses refer to consent to treatment certificates when administering medication.

The health board must ensure that all clinic room are organised and that unwanted medication is removed from clinics in a timely manner.

The health board must ensure that staff have timely access to relevant medication and clinic room policies.

The health board must ensure that Rapid Tranquilisation Policy is reviewed and updated.

The health board must ensure that self-medication arrangements (guided by the health board's policy) are available for use for patients who are resident on a ward.

The health board must ensure that all wards have fully operational oxygen cylinders.

The health board must ensure that all staff are able to operate the oxygen cylinders.

Safeguarding children and adults at risk

There were established processes in place to ensure that staff at St Cadoc's Hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients. However as detailed throughout the report the health board needs to address the deficiencies identified during the inspection and these are detailed, along with the health board's actions, in Appendix B.

Record keeping

Patient records were mainly paper files that were stored and maintained within the locked nursing office, with some electronic documentation, which was password protected. We observed staff storing the records appropriately during our inspection.

The patient records we reviewed on Pillmawr were well organised, however on Adferiad these were disorganised with information filed in the incorrect section, or missing altogether. In one case we found one patient's food monitoring chart in another patient's file. This means it would be difficult for staff to access the most up to date information within patients' files on Adferiad. This can impact upon staff's time and the timeliness of patient care.

We also found numerous examples of staff on Adferiad filling patient documentation to poor professional standard, by not fully completing documentation, such as leaving sections blank or inputting very brief information that lacked specific detail.

Improvement needed

The health board must ensure that all patient records are orderly maintained.

The health board must ensure that staff fully complete patient documentation with detailed information or, where appropriate, document as not applicable.

Mental Health Act Monitoring

We reviewed the statutory detention documents of six patients across two wards, Beechwood and Belle Vue. We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act (the Act) at St Cadoc's Hospital.

The statutory documentation verified that the patients were legally detained. However we did identify that in one set of detention papers that these had not been accurately completed at a previous service prior to transfer to St Cadoc's Hospital. The health board had legal clarification that this did not invalidate the detention but did highlight the lack of sufficient legal scrutiny of papers when patients are transferred in to the health board.

Our scrutiny of statutory documentation and the review of processes regarding statutory responsibilities under the Act and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 (the Code) we saw additional omissions in practice. These were:

- In each set of statutory documentation reviewed there was no record of the capacity to consent to treatment assessment by the patient's responsible clinician, paragraphs 24.29 to 24.37.
- There was no record of regular review of treatment. For one patient their consent to treatment certificate that was in place was over three years old and no evidence that this had been reviewed, paragraph 25.80.
- Consent to treatment certificates that no longer authorised treatment were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards. Paragraph 25.87.
- Section 17 Leave authorisation forms that no longer authorised leave were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards. Paragraph 27.17.
- Patients were only offered copies of their detention papers, instead of ensuring that patients received a copy, paragraph 4.14.
- Patients were not being provided with a copy of their detention renewal statutory documentation, paragraph 32.4.

Despite the commitment of staff from the Mental Health Act department it was evident that due to their capacity that they were required to prioritise their workload which resulted in some areas of the Code being overlooked. This means the health board were unable to ensure that the safeguards of the Code are fulfilled; the capacity of the Mental Health Act department requires review.

Improvement needed

The health board is required to ensure that there are sufficient staff resources with appropriate knowledge to fulfil the health board's statutory responsibilities of the Act and that practice follows the guidance set out in the Code.

The health board must ensure that there is legal scrutiny of papers when patients are transferred in to the health board.

The health board must confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored.

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

We reviewed the care plans of a total of seven patients. These were for patients on Adferiad and Pillmawr.

None of the three patient records we reviewed on Adferiad contained an up to date Care and Treatment Plan (CTP). For one patient the CTP was written whilst on Beechwood and reflected provision of care on a PICU and had not been updated on their transfer to the acute admission ward. For the other two patients reviewed the CTPs were absent.

For the four patient records we reviewed on Pillmawr, each had an up to date CTP in place. These were written comprehensively, however not in person centred language that reflects the individual patient's involvement and ownership.

The CTPs in place were supported by risk assessments that set out the identified risks and how to mitigate and manage them. Along with additional detailed care plans that were reflective of collaborative multi-disciplinary team working to support staff in providing care for the patients.

In the three sets of patient records on Adferiad and two from Pillmawr, there was no timely assessment of individual patient's needs on admission to the hospital. This means that there were delays in assessing and addressing any specific needs the patients required which includes any mobility assistance and pressure point management which can have a significant effect upon a patient's well-being.

Improvement needed

The health board must ensure that all patients have up to date Care and Treatment Plans in place that accurately reflect their current situation.

The health board must ensure that all Care and Treatment Plans are completed in person centred language that reflects the individual patient's involvement and ownership.

The health board must ensure that there timely assessment of individual patient's needs are completed on admission to hospital.

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.

It is of significant concern that commitments made by the health board in their improvement plan following our previous inspection remained outstanding after two years. It was also noted that findings from other inspections were replicated at St Cadoc's Hospital. This identifies a lack of joint learning on behalf of the health board on the outcomes of inspections.

The health board needs to review the acute mental health service provision on Adferiad and the Section 136 Suite as findings throughout the inspection evidenced that the current model is impacting upon staff's ability to provide safe and effective care in a timely manner.

It was positive to note that each ward team evidenced good team working and motivated individuals. Staff we spoke with were positive about the support they received from the colleagues and leadership given by their managers.

Governance, leadership and accountability

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

However, some staff raised concerns that there were not clear hospital management arrangements during the night shift. There was no designated nurse in charge of the hospital during the night shift, with roles and responsibilities of this person clearly defined. This was demonstrated during the first night of our inspection where the members of staff we spoke with were

unable to verify the number of staff, patients and bed numbers on the other wards at the hospital.

Overall there were systems and processes in place to ensure that the St Cadoc's focused on providing safe and effective care. However, findings throughout the inspection highlight the difficulties in providing a mental health acute admission. Despite the best efforts of staff on Adferiad there is clear evidence throughout this report that staff are unable to fulfil their duties to provide timely, safe and effective care to patients. The health board must review the service provision on Adferiad along with the management of the Section 136 Suite to ensure that staff can provide safe and effective care to patients in a timely manner.

It is of significant concern that commitments made by the health board in their improvement plan following our previous inspection remained outstanding after two years; this is unacceptable. It was also disappointing that the health board demonstrated a lack of shared learning from other inspections within its own health board which has resulted in repeat issues being identified during this inspection.

It was positive that, throughout the inspection, staff engaged openly and were receptive to our views, findings and recommendations.

Improvement needed

The health board must ensure there are clearly defined roles and responsibilities for hospital management during the night shift.

The health board must review the service provision on Adferiad to address the areas of concern throughout this report to ensure that staff can provide safe and effective care to patients in a timely manner.

The health board must review the management of the Section 136 Suite to ensure that it does not impact upon the provision of care on the wards at St Cadoc's Hospital.

The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.

Staff and resources

Workforce

Each ward team evidenced good team working and motivated individuals to provide dedicated care for patients. Staff we spoke with were positive about the support they received from the colleagues and leadership given by their managers.

We reviewed staff training; it was evident that this was being monitored by the ward managers and senior management, with high compliance in mandatory training. Staff spoke positively of opportunities to access additional training specific to providing care for patients within mental health services.

However, there was a lack of staff break facilities across the hospital. This meant that there were limited suitable places where staff could take their breaks away from the ward.

Improvement needed

The health board must ensure that there are sufficient suitable places where staff could take their breaks away from the ward.

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Service: St Cadoc's Hospital

Wards: Adferiad, Beechwood, Belle Vue & Pillmawr

Date of inspection: 19 – 21 November 2018

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 identified	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Service: St Cadoc's Hospital
Wards: Adferiad, Beechwood, Belle Vue & Pillmawr
Date of inspection: 19 – 21 November 2018

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 review the layout of ADL kitchen on Pillmawr and ensure all appliances are in working order.	1.1 Health promotion, protection and improvement	Plans to upgrade the kitchen have been approved by Division and PPD submitted for capital funding in 2019/20 discretionary capital programme.	General Manager, Mental Health & Learning Disabilities (MH & LD)	September 2019
The health board must ensure that all TV aerial sockets are working.	1.1 Health promotion, protection and improvement	Funding agreed and work to be completed this financial year.	Senior Manager, Works & Estates	March 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients can close the privacy curtain between beds within dormitory areas (except where individual patient risk evidences that it not appropriate to do so).	4.1 Dignified Care	Nursing staff to ensure that curtains are present and in working order. Staff to consider drawing curtains at night as a 'default' position unless patient requests otherwise. Senior Nurse to monitor compliance with this via monthly 1:1 meetings with Ward Manager and assure Lead Nurse accordingly.	Lead Nurse, Adult Mental Health (AMH)	Completed
The health board must ensure that all shower facilities are running with warm water.	4.1 Dignified Care	All ward showers to be checked monthly via a programme of checks and appropriate measures taken to fix where required. Ward Manager to escalate any delays to Senior Nurse and AMH Directorate Team	Senior Manager, Works & Estates	Immediately
The health board must ensure that all shower facilities are maintained to the required level of cleanliness.	4.1 Dignified Care	All showers to be cleaned daily by housekeeping staff. Where determined by Ward Manager and/or housekeepers that more than the daily clean is required, this should be escalated to the relevant Facilities Manager to action immediately and to review cleaning schedule going	Senior Manager, Facilities	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
		forward.		
The health board must increase the shower provision for Adferiad.	4.1 Dignified Care	The health board will commence a feasibility study with regard to overall design of Adferiad ward to incorporate this and other improvements required.	Senior Manager, Works & Estates	June 2019
The health board must ensure that there are assisted bathroom facilities available at St Cadoc's Hospital.	4.1 Dignified Care	Funding agreed and plans approved to create an assisted bathroom on Kemeys ward available to the whole site.	Lead Nurse, AMH	April 2019
The health board should consider how to provide patients with gender specific communal areas on Adferiad.	4.1 Dignified Care	Health board to consider this in feasibility study. Health board will also seek patients' views over a period of time to inform plans.	Lead Nurse, AMH	September 2019
The health board must ensure that default position for observation panels is closed.	4.1 Dignified Care	Funding has been agreed to swap observation panels around to ensure that patients are able to maintain dignity and control of the panel and that the default position is closed.	Senior Manager, Works & Estates	March 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that all wards display information which includes;</p> <ul style="list-style-type: none"> information on the Mental Health Act and advocacy provision, how to raise a complaint and information on Healthcare Inspectorate Wales. 	4.2 Patient Information	<p>Quality & Patient Safety (QPS) department to forward this information to ward managers on a regular basis to prompt ward managers to ensure that this information is available and accessible.</p> <p>This will be measured through the AMH Directorate using the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS) Working-Age Adult (WA) tool to measure this and other standards across the acute wards – reportable to AMH monthly QPS meeting.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	<p>Head of Quality & Improvement, MH & LD</p> <p>Lead Nurse AMH</p>	<p>February 2019</p> <p>June 2019</p> <p>July 2019</p>
<p>The health board must ensure that information is displayed in suitable formats for the patient groups.</p>	4.2 Patient Information	<p>Ward managers to ensure that information is routinely available in Welsh and English and that patients can access information in other formats on request e.g. other</p>	<p>Head of Quality & Improvement, MH & LD</p> <p>Lead Nurse AMH</p>	March 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>languages, large print.</p> <p>This will be measured through the AMH Directorate using AIMS WA tool to measure this and other standards across the acute wards – reportable to AMH monthly QPS meeting.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>		<p>June 2019</p> <p>July 2019</p>
<p>The health board must ensure that all wards hold daily patient meetings and these are documented, or a reason why they are not held.</p>	<p>3.2 Communicating effectively</p>	<p>Rehabilitation wards: Ward Manager to ensure that a brief note of daily meetings are kept and available to review with patients and Senior Nurse as part of monthly 1:1</p> <p>Acute wards: The health board will consider the role of daily meetings in partnership with staff and patients to determine whether this is the most appropriate means to engage when people are acutely unwell.</p>	<p>Lead Nurse, AMH</p>	<p>Immediately</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all wards effectively use their "You Said / We Did" boards and that this information is recorded to enable review.	3.2 Communicating effectively	<p>The health board will ensure that ward managers are responsible for boards being monitored and updated on a weekly basis. Ward managers will maintain a log of suggestions and actions that will be audited on a quarterly basis through the Ward Managers meeting and Directorate QPS meeting in order that ideas / learnings are also shared.</p> <p>A six monthly audit will be established which includes this standard.</p>	Lead Nurse, AMH	<p>June 2019</p> <p>July 2019</p>
The health board must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.	6.2 Peoples rights	<p>The health board has updated its policy</p> <p>Ward managers to be sent this policy for reference.</p>	Head of Quality & Improvement, MH & LD	February 2019
Delivery of safe and effective care				
The health board must ensure that the alarm systems on Adferiad and Pillmawr are replace with an appropriate system to safeguard	2.1 Managing risk and promoting health and safety	Health & Safety Department have determined the need to undertake a new complete audit of all alarm	<p>Head of Health & Safety</p> <p>General Manager</p>	September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
patients, staff and visitors.		<p>systems in situ with results to be presented to the QPS meeting in May. This will inform the review and upgrade required.</p> <p>Minor improvements to current system have been approved.</p>	MH & LD	
The health board should ensure that the alarm systems at St Cadoc's Hospital are interlinked between wards.	2.1 Managing risk and promoting health and safety	<p>Health & Safety Department have determined the need to undertake a new complete audit of all alarm systems in situ with results to be presented to the QPS meeting in May. This will inform the review and upgrade required.</p> <p>Minor improvements to current system have been approved.</p>	<p>Head of Health & Safety</p> <p>General Manager MH & LD</p>	December 2019
The health board must ensure that there are no discrepancies on the frequency of emergency equipment checks and that these are completed when required.	2.1 Managing risk and promoting health and safety	<p>Ward managers to ensure that checks are completed weekly and that there is a record that demonstrates this.</p> <p>This will be measured through the AMH Directorate using AIMS WA tool to measure this and other standards</p>	Lead Nurse AMH	June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>across the acute wards – reportable to AMH monthly QPS meeting.</p> <p>A six monthly Divisional audit will be established which includes this standard</p>		July 2019
The health board must ensure that the observation panel on the Section 136 Suite is working.	2.1 Managing risk and promoting health and safety	This will be fixed in May 2019. In the interim CCTV is in Situ, which enable continual observation	Lead Nurse AMH	May 2019
The health board must ensure that the operation of the Section 136 Suite does not impact upon the care provided on the hospital wards.	2.1 Managing risk and promoting health and safety	Nursing staff rosters take into account the need for staff to cover the Section 136 Suite. If shifts are not filled, this should be escalated to the Directorate team for resolution. The Directorate has completed and Options Appraisal with regard to the management of the Section 136 Suite which will be presented to the Divisional Team for discussion and decision with regard to progressing this work.	Lead Nurse AMH	April 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must review the storage arrangements and ensure that there is sufficient and organised storage at St Cadoc's Hospital.	2.4 Infection Prevention and Control (IPC) and Decontamination	Health board to include this in feasibility study. Health board will also review storage arrangements on Adferiad and identify off ward storage if required	Lead Nurse AMH	March 2019
The health board must ensure that all clinic sinks at St Cadoc's Hospital are in working order.	2.4 Infection Prevention and Control (IPC) and Decontamination	Ward managers to immediately check clinic sinks. Any failure to be reported to works & estates, and any delay to be escalated to the management team. Monthly Senior Nurse 1:1 meetings with ward managers will include and outstanding/ongoing Works & Estates issues.	Lead Nurse AMH	Immediate February 2019
The health board must ensure that patients have sufficient meal choice to avoid repetition.	2.5 Nutrition and Hydration	Rehabilitation wards: As well as the meals provided patients are encouraged to buy and prepare their own meals as far as possible. They are also able to access the canteen and thus access greater meal choice. Acute wards: There are plans to trial frozen meals that can be microwaved	Senior Manager, Facilities Lead Nurse AMH	Completed July 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		in addition to the meals provided to acute wards. A project group has been established to progress this work and monitor outcomes, reporting to the Directorate Team.		
The health board must ensure that there is a systematic feedback process for catering provision to ensure that the health board can learn from concerns and complaints.	2.5 Nutrition and Hydration	Facilities Division to conduct regular 'dip sample' surveys to receive feedback regarding meals and catering. This will also be part of the project group (above).	Senior Manager, Facilities	July 2019
The health board must ensure the temperature of ward clinic rooms are regularly monitored.	2.6 Medicines Management	<p>Room thermostats to be purchased for clinic rooms. Clinic room temperature to be monitored at different times of the day and at least weekly. Ward managers to ensure that there is a record to demonstrate this. This is to be discussed with Senior Nurse at monthly 1:1 meetings.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p> <p>Any future capital programme will</p>	Lead Nurse, AMH	<p>May 2019</p> <p>July 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		consider the rebuilding of clinic rooms to enable a consistent temperature control.		
The health board must ensure that the administration of Controlled Drugs are signed by two members of staff.	2.6 Medicines Management	<p>Ward managers to ensure that checks are completed weekly and that there is a record that demonstrates this. This is to be discussed with Senior Nurse at monthly 1:1 meetings.</p> <p>Report of Medicines Management audit from Pharmacy to be received by Divisional QPS</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	<p>Lead Nurse, AMH</p> <p>Senior Manager, Pharmacy</p>	<p>Immediately</p> <p>September 2019</p> <p>July 2019</p>
The health board must ensure that all areas, including front page, of Medical Administration Record (MAR Charts) are completed in full.	2.6 Medicines Management	<p>Ward managers to ensure that checks are completed weekly and that there is a record that demonstrates this. This is to be discussed with Senior Nurse at monthly 1:1 meetings.</p> <p>A six monthly Divisional audit will be</p>	Lead Nurse, AMH	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
		established which includes this standard.		July 2019
The health board must ensure that nurses refer to consent to treatment certificates when administering medication.	2.6 Medicines Management	<p>Ward managers to ensure that checks are completed weekly and that there is a record that demonstrates this. This is to be discussed with Senior Nurse at monthly 1:1 meetings.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	Lead Nurse, AMH	<p>Immediately</p> <p>July 2019</p>
The health board must ensure that all clinic room are organised and that unwanted medication is removed from clinics in a timely manner.	2.6 Medicines Management	<p>Ward managers to ensure that clinic rooms are well organised with equipment / cupboards clearly labelled.</p> <p>This will be monitored by Senior Nurses, and as part of the six monthly HEB visits.</p> <p>Pharmacy to ensure that unwanted medication is removed on a weekly basis.</p>	<p>Lead Nurse AMH</p> <p>Senior Manager, Pharmacy</p>	<p>Immediately</p> <p>Immediately</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that staff have timely access to relevant medication and clinic room policies.	2.6 Medicines Management	Ward managers to ensure that relevant up to date policies are available in the clinic rooms.	Lead Nurse	Immediate
The health board must ensure that Rapid Tranquilisation Policy is reviewed and updated.	2.6 Medicines Management	Policy to be reviewed, updated and uploaded to the intranet.	Head of Quality & Improvement, MH & LD	June 2019
The health board must ensure that self-medication arrangements (guided by the health board's policy) are available for use for patients who are resident on a ward.	2.6 Medicines Management	Pharmacy will review provision to rehabilitation wards with a view to enabling self-medication where indicated.	Senior Manager, Pharmacy	December 2019
The health board must ensure that all wards have fully operational oxygen cylinders.	2.6 Medicines Management	Ward managers to ensure as art of weekly checks that oxygen cylinders are fully operational and that there is a record that demonstrated this. This is to be discussed with Senior Nurse at monthly 1:1 meetings. A six monthly Divisional audit will be established which includes this standard.	Lead Nurse, AMH	Immediately July 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all staff are able to operate the oxygen cylinders.	2.6 Medicines Management	<p>Ward managers to ensure that all qualified nurses on their wards are able to operate the oxygen cylinders and that there is a record that demonstrated this. This is to be discussed with Senior Nurse at monthly 1:1 meetings.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	Lead Nurse, AMH	<p>Immediately</p> <p>July 2019</p>
The health board must ensure that all patient records are orderly maintained.	3.5 Record keeping	<p>Ward managers to ensure that health records are monitored regularly to ensure that the correct documentation is enclosed, chronological and is well organised.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	Lead Nurse, AMH	<p>Immediately</p> <p>July 2019</p>
The health board must ensure that staff fully complete patient documentation with detailed information or, where appropriate, document as not applicable.	3.5 Record keeping	Ward managers to ensure that health records are monitored weekly to ensure that the correct documentation is enclosed,	Lead Nurse, AMH Head of Quality & Improvement, MH	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>chronological and is well organised</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	& LD	July 2019
<p>The health board is required to ensure that there are sufficient staff resources with appropriate knowledge to fulfil the health board's statutory responsibilities of the Act and that practice follows the guidance set out in the Code.</p>	Application of the Mental Health Act	<p>The health board is currently benchmarking against other health boards in Wales with regards to MHA Administration resources and will use findings to inform any service development. Another MHA Administrator has just been appointed.</p>	Head of Quality & Improvement, MH & LD	March 2019
<p>The health board must ensure that there is legal scrutiny of papers when patients are transferred in to the health board.</p>	Application of the Mental Health Act	<p>The health board will undertake bimonthly audit of wards against MHA standards to enhance compliance and share this with ward managers to increase clinical staff's awareness and accountability. Ward managers and the Directorate Team will receive feedback bimonthly. Another MHA Administrator has just been appointed.</p>	Head of Quality & Improvement, MH & LD	March 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must confirm what actions they have taken to ensure that the highlighted areas of the Code are completed and monitored:</p> <ul style="list-style-type: none"> In each set of statutory documentation reviewed there was no record of the capacity to consent to treatment assessment by the patient's responsible clinician, paragraphs 24.29 to 24.37. There was no record of regular review of treatment. For one patient their consent to treatment certificate that was in place was over three years old and no evidence that this had been reviewed, paragraph 25.80. Consent to treatment certificates that no longer authorised treatment were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards. Paragraph 25.87. 	<p>Application of the Mental Health Act</p>	<p>The health board has communicated with all relevant staff to act immediately with regard to the points listed.</p> <p>Another MHA Administrator has just been appointed.</p> <p>Quarterly sample audits of all wards will recommence and feedback will be given to ward managers. This will also be reported t the Divisional QPS meeting to monitor trends and action training needs.</p>	<p>Head of Quality & Improvement, MH & LD</p>	<p>Immediately</p> <p>December 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Section 17 Leave authorisation forms that no longer authorised leave were not clearly marked to indicate to staff that they were no longer valid; this was the case with the original documentation and the copies held on the wards. Paragraph 27.17. Patients were only offered copies of their detention papers, instead of ensuring that patients received a copy, paragraph 4.14. Patients were not being provided with a copy of their detention renewal statutory documentation, paragraph 32.4. 				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all patients have up to date Care and Treatment Plans in place that accurately reflect their current situation.	Monitoring the Mental Health Measure	<p>Ward Managers to ensure that the sample checks are completed weekly and that there is a record that demonstrates this.</p> <p>A six monthly Divisional audit will be established which includes this standard.</p>	<p>Lead Nurse, AMH</p> <p>Head of Quality & Improvement, MH & LD</p>	<p>Immediately</p> <p>June 2019</p>
The health board must ensure that all Care and Treatment Plans are completed in person centred language that reflects the individual patient's involvement and ownership.	Monitoring the Mental Health Measure	<p>Care plans will be written in collaboration with patients and in their own words where possible.</p> <p>Wards to be included in the rolling audit of CTP across the Division, which will include person centred language.</p>	Head of Quality & Improvement, MH & LD	<p>Immediately</p> <p>June 2019</p>
The health board must ensure that there timely assessment of individual patient's needs are completed on admission to hospital.	Monitoring the Mental Health Measure	<p>Ward managers to remind staff of the procedures in relation to timely assessments</p> <p>Wards to be included in the rolling audit of CTP across the Division.</p>	Head of Quality & Improvement, MH & LD	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board must ensure there are clearly defined roles and responsibilities for hospital management during the night shift.</p>	<p>Governance, Leadership and Accountability</p>	<p>There is a Senior Nurse on call from 17:00 – 9:00 every week night and from 9:00 – 9:00 every day on the weekends and bank holidays. The rota is available for all wards and the Senior Nurse is routinely contacted for advice, support and authorisation. The Senior Nurse can access the Senior Manager On Call (available for the same shift times). The health board is developing options for on-site leadership at night.</p>	<p>Lead Nurse, AMH</p>	<p>December 2019</p>
<p>The health board must review the service provision on Adferiad to address the areas of concern throughout this report to ensure that staff can provide safe and effective care to patients in a timely manner.</p>	<p>Governance, Leadership and Accountability</p>	<p>In addition to the action points herein, service provision on Adferiad ward is also part of the Division's ongoing partnership project on Crisis Provision.</p> <p>Specifically the Crisis Care remodelling workstream reviews (which include Adferiad) are</p>	<p>Lead Nurse, AMH</p>	<p>December 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>informing service provision.</p> <p>The Directorate Team is holding stakeholder meetings with the staff of Adferiad to inform service provision and inform options for consideration by the Divisional Team.</p>		
<p>The health board must review the management of the Section 136 Suite to ensure that it does not impact upon the provision of care on the wards a St Cadoc's Hospital.</p>	<p>Governance, Leadership and Accountability</p>	<p>The Directorate Team has developed an SBARD to present to the Divisional team which includes other options for consideration.</p> <p>The development of on-site leadership at night will include the impact on the Section 136 Suite.</p> <p>This work will also inform the Division's crisis strategy, and Directorate's acute care remodelling workstream.</p>	<p>Lead Nurse AMH</p>	<p>December 2019</p>
<p>The health board must ensure that there are arrangements in place for shared learning across the health board following inspection activity.</p>	<p>Governance, Leadership and Accountability</p>	<p>The health board will ensure that learning from HIW reports is discussed and shared in the Corporate (bimonthly) Quality and Patient Safety Operational Group</p>	<p>Deputy Director of Nursing</p>	<p>April 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		meetings which includes representation from all Divisions.		
The health board must ensure that there are sufficient suitable places where staff could take their breaks away from the ward.	7.1 Workforce	The Directorate has identified and area of Kemeys ward as a designated staff room for staff across the site. Orders for equipment have been placed.	Lead Nurse AMH	April 2019

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

Service representative

Name (print): Ana Llewellyn

Job role: Divisional Nurse

Date: February 2019