Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Coity Clinic, Princess of Wales Hospital, Cwm Taf Morgannwg 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Coity Clinic, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on 13, 14 and 15 November 2024. The clinic provides assessment and support for both male and female individuals demonstrating acute mental health symptoms where inpatient care is necessary. The following hospital wards were reviewed during this inspection:

- Ward 14, Adult Acute Psychiatric Admission and Assessment Ward (16 beds)
- Psychiatric Intensive Care Unit (PICU) (8 beds).

Our team for the inspection comprised of two HIW healthcare inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewer.

During the inspection we spoke to patients or their carers to find out about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 14 questionnaires were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
The patients we spoke with throughout the inspection did not raise any concerns about their care and treatment and told us that they felt safe. We saw staff making time for patients and treating them with kindness. Patients received information about what they could expect from their stay on each ward and were kept informed of their rights under the Mental Health Act. An advocate visited the ward weekly to support patients with any issues they may have regarding their care.

We saw evidence that some patients had received physical healthcare assessments upon their admission. However, we also found instances where assessments had not been carried out despite known risks. The health board must ensure that all patients receive appropriate physical healthcare assessments and that patients with identified healthcare conditions have a care and treatment plan put in place to help staff safely manage their condition. We saw that patients were receiving regular physical observations throughout their time at the clinic and were supported with other health promotion initiatives such as smoking cessation.

Patients could make their own food and clothing choices to support their independence. Patients were able to store possessions and personalise their rooms where appropriate. However, we felt the environment of the wards did not help to fully maintain the privacy and dignity of patients, particularly in relation to gender. We recommend that the health board ensures that where possible the environment meets the requirements of the Mental Health Act 1983 - Code of Practice for Wales (2016) regarding designated, gender specific areas and toilet facilities on both wards.

There appeared to be a lack of therapy facilities available and we did not see patients taking part in activities during the inspection. We recommend that the health board does more to ensure patients can participate in a range of individualised therapeutic and social activities to aid in their recoveries.

This is what we recommend the service can improve:

- Relevant health promotion information must be made available to support patients to make decisions that impact positively on their health and wellbeing
- The language preference and communication requirements of patients must be identified and recorded on admission

- A policy must be developed to provide guidance to staff regarding use of electronic equipment, mobile phone devices and access to the internet.

Delivery of Safe and Effective Care

Overall summary:
Staff members working on each ward appeared dedicated to delivering a high standard of patient care. All staff who completed a HIW questionnaire agreed that they were satisfied with the quality of care and support they give to patients.

A range of up-to-date health and safety policies were available and appropriate risk assessments were being undertaken. Weekly checks were being undertaken on resuscitation and emergency equipment. A range of relevant medicines management policies were available and appropriate procedures were in place for the safe storage of medicines on each ward.

It was disappointing to find that the general condition of both wards had declined significantly since our previous inspection in November 2017 and was limiting the ability of staff to provide safe and effective care to patients. We noted that these issues had already been identified by staff and that a programme of work was to be undertaken to resolve these issues. In this instance, our concerns did not result in the issuing of an immediate assurance notice, however, it must be noted that the condition of the premises we observed was not reflective of a modern inpatient mental health service and we recommend that the refurbishment work is completed in a timely manner as a matter of priority.

The patient bedrooms on PICU did not have any nurse call points installed and the nurse call points on Ward 14 were not located near the beds. We recommend that the health board reviews these arrangements to determine whether it meets national guidance to ensuring staff members, patients and visitors can raise an alarm while at the clinic, particularly when alone in their bedrooms.

We identified issues in relation to the location and layout of the consultation room that was being used as a place of safety for individuals detained under Section 136 of the Mental Health Act. We were told that a review was currently taking place to determine the feasibility of a centralised Section 136 suite for the locality. We have asked the health board to provide assurance on what actions will be taken in the meantime to meet the best practice standards for a Section 136 assessment facility and outline how individuals will be kept safe while under their care.

We looked at the area of the clinic being used to seclude patients and found that it did not conform to best practice standards or to the health board policy and procedures for the use of seclusion. We recommend the health board reviews the

seclusion arrangements and make improvements to ensure they adhere to the health board policy and best practice standards.

We identified several infection, prevention and control (IPC) issues across both wards. For example, the nursing office on Ward 14 was dusty and contained a rusty cabinet, there was no washing machine or tumble dryer on either ward, the clinic room on Ward 14 had no working sink and bottles of opened drinks were being stored on the floor in the kitchen of the PICU. In addition, we were concerned with the effectiveness of IPC audits given the issues we identified during the inspection. The health board must take action to remedy these issues and strengthen its audit and oversight processes.

This is what we recommend the service can improve:

- Address and resolve the environmental issues that can be fixed independently of any broader planned programme of work
- A child friendly room or space must be created where patients can meet visitors without impacting upon other patients at the clinic
- Daily stock checks undertaken against the controlled drug logbook must be recorded appropriately on Ward 14
- Medication Administration Record charts must be completed appropriately and accurately
- The quality of clinically relevant information being documented must be improved on the enhanced observation records
- Patients must receive appropriate nutrition and hydration monitoring and have access to dietetic specialist services when required to help fully meet their medical needs
- Undertake a review of the catering and food safety arrangements in place on both wards to ensure they meet relevant regulations and best practice guidelines
- The care and treatment planning process and documentation must be improved to ensure they meet the requirements of the Mental Health (Wales) Measure 2010.

This is what the service did well:

- Appropriate processes were in place to store paper patient records securely
- Staff had completed safeguarding training and demonstrated good knowledge of the safeguarding procedures and reporting arrangements
- The statutory detention documents we reviewed showed the health board was meeting its responsibilities under the Mental Health Act.

Quality of Management and Leadership

Overall summary:
There appeared to be appropriate governance and oversight processes in terms of activities and meetings to discuss issues related to patient care. Most staff said they would recommend the clinic as a place to work and that they would be happy with the standard of care provided by the clinic for themselves or their friends and family. Staff members provided positive feedback to us about their immediate line managers. However, some staff members also raised concerns with us in their staff questionnaires. This was mainly in relation to senior management at the health board in relation to a perceived lack of strategy and leadership and making decisions that were not always in the best interests of patients. We recommend the health board engages with staff to fully understand their views, and we have asked for assurance on what actions it will take to address the concerns raised.

Senior management informed us that the staffing establishment for Ward 14 was lowered due to a reduction in bed numbers. Some staff members felt this had increased the pressure on existing staff, particularly because the reduced staffing establishment number was still expected to absorb the first instance of an enhanced observation where a staff member would provide one to one care. This would lower the ratio of staff being available for all other patients. We recommend the health board discusses this with staff to determine whether the current staffing establishment levels and arrangements are appropriate to help staff provide safe and effective care to patients on Ward 14.

This is what we recommend the service can improve:

- Out-of-date policies and procedures must be reviewed to help staff provide safe and effective care
- The service could do more to obtain patient feedback and engage with patients as a group more frequently
- More details need to be recorded in relation to incidents that occur at the clinic to ensure staff can identify and recurring areas where incidents were taking place.

This is what the service did well:

- The staff we spoke with felt that they had developed good working relationships with other mental health teams and services across the health board
- A mock ‘HIW inspection’ had recently been carried out at the clinic to help identify any issues across the wards
- Mandatory training compliance rates were high among staff at the clinic.

3. What we found

Quality of Patient Experience

Patient feedback

The patients we spoke with throughout the inspection did not raise any concerns with us about their care and treatment at the clinic. They told us that they felt safe and would know who to talk to if they had a concern.

Person-centred

Health promotion

We looked at a sample of six patient records (three from each ward) during the inspection. We saw evidence that some patients had received physical healthcare assessments upon their admission. However, we also found instances where assessments had not been carried out despite known risks. For example, one patient was described as having regular falls, but no falls assessment had been undertaken. Another patient had an identified eating disorder but we saw no evidence of a Malnutrition Universal Screening Tool assessment within their records. We also noted that one patient was diabetic but had been deemed low risk and not requiring a nutritional risk assessment, which we considered to be clinically incorrect.

The health board must ensure that all patients receive relevant and appropriate physical healthcare assessments on admission alongside their mental health assessment.

We saw informal guidance on how staff should manage the patient with diabetes in their records. However, we felt their condition warranted a formal care and treatment plan that set out the management and monitoring of their condition.

The health board must ensure that all patients with identified healthcare conditions have a care and treatment plan in place with input from a relevant healthcare professional to help staff safely manage their condition.

We did see evidence that patients, including the patient with diabetes, were receiving regular physical observations during their time at the clinic. We were told that patients have been supported with other health promotion initiatives. For example, patients are no longer able to smoke within the hospital grounds, and patients have been supported with nicotine replacement therapy. However, we

found little evidence of health promotion materials on display or available to encourage patients to take responsibility for their own health and wellbeing.

The health board must ensure health promotion information is available to support patients to make decisions that impact positively on their health and wellbeing.

Dignified and respectful care
The patients we spoke with told us that they had been treated with respect. We also observed staff making time for patients and treating them with kindness throughout the inspection.

All staff members that completed a questionnaire felt that the privacy and dignity of patients is maintained. However, we felt the environment of the wards did not help to fully maintain the privacy and dignity of patients. For example:

- The bedrooms did not have ensuite facilities
- Both wards were mixed gender, but neither ward had gender specific toilet facilities
- There were no gender specific communal areas for patients on the PICU
- Some patients had to share bedrooms on Ward 14; there was one four-bedded dormitory and two two-bedded dormitories, with beds separated by a curtain which provided only a basic form of privacy.

The health board must ensure where possible that the environment meets the requirements of the Mental Health Act 1983 - Code of Practice for Wales (2016) regarding designated, gender specific areas and toilet facilities on both wards

We were told that only patients of the same gender would be accommodated in the dormitories. However, we did not see evidence of a policy or procedure that documented this. We discussed this with staff and a 'Safe System of Work Statement' was drafted during the inspection that described how the dormitories on Ward 14 would be managed. While this was positive, further work is required to fully document the governance arrangements in terms of environment and safety of the mixed gender wards.

The health board must develop a policy in line with best practice guidelines that ensures the safety, privacy, dignity and rights of patients can be maintained throughout the mixed gender wards as well as keeping patients of the same gender safe in dormitories.

Individualised care

We saw evidence that patients could make their own food and clothing choices to support their independence. Patients were able to store possessions and personalise their rooms where appropriate. Books and jigsaws were available in the communal lounges and patients on each ward could access a separate outdoor garden. However, there appeared to be a lack of other therapy facilities available and we did not see patients taking part in activities during the inspection. A fully equipped gym was available for patients from both wards to use. However, we were told by staff that the gym was often used for other purposes, such as multidisciplinary team (MDT) meetings and for patients to meet their visitors.

The health board must do more to ensure that patients are able to participate in a range of individualised therapeutic and social activities to aid in their recoveries.

Timely

Timely care

We saw several examples of staff providing timely and effective patient care in accordance with clinical need. Established meeting processes were in place to support the timely care of patients, including daily meetings with senior managers and clinical leads throughout the locality. We attended one of these meetings and observed productive discussions regarding patient care needs, occupancy levels, patient observation requirements and staffing levels.

Equitable

Communication and language

During the inspection we observed friendly and respectful interactions taking place between staff and patients. Staff fully engaged with patients and communicated using appropriate and effective language.

A telephone was available on each ward for patients to use if required. Patients had access to their own mobile phone subject to individual risk assessment. However, we did not see evidence of how patient access to mobile phones and other personal electronic devices should be managed.

The health board must develop a policy to provide guidance to staff regarding patients' use of electronic equipment, mobile phone devices and access to the internet.

We saw that patients were provided with welcome leaflets upon their admission which contained information about what patients could expect from their stay on

each ward. This included information on mealtimes, visiting arrangements, how to raise a concern and how to contact the Mental Health Advocacy Service. However, we saw limited information displayed throughout either ward. The health board may wish to talk to patients to determine what information they would find useful to be displayed within the wards, for example, how to access local organisations for peer support and social engagement

Staff informed us that translation services are available for patients who need to communicate in Welsh. However, during our review of patient records, we did not see any evidence of the language preference of patients being recorded. The Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010 is clear about how working with patients in their preferred language is central to overcoming barriers to involvement and ensuring relevant patients and carers are truly involved.

The health board must ensure that the language preference and communication requirements of patients are recorded on admission as required by the Mental Health (Wales) Measure 2010.

Rights and equality

We reviewed the records of five patients who were detained on the wards under the Mental Health Act. The documentation we saw was compliant with relevant legislation and followed guidance of the 2016 Mental Health Act Code of Practice for Wales (the Code). Further information on our findings is detailed in the Mental Health Act Monitoring section of this report.

Patients received an information booklet on admission that informed them of their rights under the Mental Health Act. All patients had weekly access to a mental health advocate who provided information and support to patients with any issues they may have regarding their care.

Policies were in place to help ensure that everyone had access to the same opportunities and to the same fair treatment. All staff are required to undertake mandatory Equality, Diversity and Human Rights training as part of their role.

Delivery of Safe and Effective Care

Safe

Environment
It was disappointing to find that the general condition of both wards had declined significantly since our previous inspection in November 2017. Issues we identified included:

- Skirting boards were missing from the walls in some rooms
- The kitchen worktop in the PICU had extensive damage and was unsuitable for preparing and serving food
- Some items of furniture were ripped and had been patched up with tape
- Some curtains were off their hooks
- Walls were cracked in places
- Doors throughout the wards were in a poor state of repair and the magnetic locks on some fire doors were defective
- There were exposed wires on some light fittings
- Carpets were worn in places.

It was clear that the poor state of the environment was limiting the ability for staff to provide and deliver safe and effective care to patients. We spoke at length to senior management in relation to our concerns. It was encouraging to know that these issues had already been identified and raised previously by staff, and that a capital bid had been successful for a programme of work to be undertaken to resolve these issues. However, staff informed us of the length of time it has taken for estates issues to be fixed in the past, and senior management could only provide us with an indicative timetable for the refurbishment work to be completed. While our concerns in relation to the environmental issues in this instance has not resulted in the issuing of an immediate assurance notice, it must be noted that the condition of the premises we observed was not reflective of a modern inpatient mental health service.

The health board must ensure that the refurbishment work is completed in a timely manner as a matter of priority and provide HIW with a report on progress since the inspection, including an updated timetable for completion of the work.

The health board must also address and resolve any environmental issues that can be fixed independently of any broader planned programme of work.

During a tour of the wards we noted that the patient bedrooms on PICU did not have any nurse call points installed. We also noted that while the bedrooms on Ward 14 did have nurse call points, they were not located near the beds. There is a range of national guidance available, including standards for mental health services developed by the Royal College of Psychiatrists, which state that staff members, patients and visitors must be able to raise alarms using panic buttons, strip alarms, or personal alarms. The National Minimum Standards for Psychiatric Intensive Care in General Adult Services also state that emergency assistance call buttons should be placed in all rooms and at regular intervals along corridors. During the inspection we were informed of recent incidents that had occurred at the clinic where a nurse call point may have been useful for patients to raise an alarm; one patient reported tripping and falling over the corner of their bed, and one male patient reported that a female patient had attempted to enter their bedroom.

The health board must review its current arrangements to determine whether it meets national guidance to ensuring staff members, patients and visitors can raise an alarm while at the clinic, particularly when alone in their bedrooms.

Risk management
A range of up-to-date health and safety policies were available and appropriate risk assessments were being undertaken. Staff wore personal alarms which they could activate in the event of an emergency. There were up-to-date ligature point risk assessments in place and ligature cutters were located throughout the wards for use in the event of a self-harm emergency.

Ward 14 served as a designated place of safety for people who have been detained under Section 136 of the Mental Health Act. A consultation room was being used in lieu of a dedicated Section 136 suite to undertake assessments, however, we identified issues in relation to its location and layout. The room was not compliant with the physical standards of the psychiatric Section 136 assessment facility developed by the Royal College of Psychiatrists. We were informed of incidents that had occurred in the consultation room such as people locking themselves in the room alone. We were also informed of an incident where an individual attempted to ligature in the public toilets located next to the consultation room. The staff we spoke with on the first night of the inspection told us about the challenges they faced managing the Section 136 process alongside their duties and responsibilities for providing care to patients on Ward 14.

We spoke with senior management about our concerns in relation to these issues. We were informed that responsibility for managing the Section 136 process would be changing from Ward 14 staff to the mental health crisis team from December 2024. We were also told that a review was currently taking place to determine the

feasibility of a centralised Section 136 suite for the locality. While this would be a positive move, we were still not assured that the current environment of the consultation room was fit for purpose as a place of safety.

The health board must:

- **Provide an update in relation to the Section 136 process in terms of staffing and outcome of the review into a centralised Section 136 suite**
- **Provide assurance on what actions will be taken in the meantime to meet the guidance for standards of the Section 136 assessment facility and outline how individuals will be kept safe while under their care.**

Infection, prevention and control and decontamination
It was clear that the environmental issues present on both wards limited the effectiveness of any infection, prevention and control measures in place. We have discussed previously in the report that the furniture and fittings were not in a good state of repair which made it difficult to support effective cleaning. In addition, we identified other areas in need of improvement:

- The nursing office on Ward 14 was dusty and contained a rusty cabinet
- The clinic room on Ward 14 had no working sink, and there was tape on the floor
- Bottles of opened drinks were being stored on the floor in the kitchen of the PICU
- There was no washing machine or tumble dryer on either ward
- The general environment on Ward 14 appeared cluttered.

We saw that regular IPC audits were being undertaken. However, we were concerned with their effectiveness given the issues we identified during the inspection. We also noted that the Cleanliness Standard Roles, Responsibilities and Audit Tool Procedure policy and Housekeeping Standard Operating Procedure were out of date.

The health board must:

- **Ensure all hospital areas are effectively cleaned**
- **Ensure patients on both wards have access to a working washing machine and tumble dryer**
- **Ensure staff have access to a working sink in the clinic room on Ward 14**
- **Strengthen the audit and oversight process to identify and action IPC issues**
- **Review the cleaning roles and responsibilities of nursing and domestic staff to ensure all areas of the wards are covered**

- **Update and review the Cleanliness Standard Roles, Responsibilities and Audit Tool Procedure policy and Housekeeping Standard Operating Procedure.**

We saw evidence that staff had completed appropriate IPC training and that personal protective equipment (PPE) was available.

Safeguarding of children and adults
We found suitable measures in place to safeguard vulnerable adults. A designated safeguarding lead had been appointed for the clinic and we saw the contact number displayed within the nursing offices. There were established health board policies in place and referrals were being directed to external agencies as and when required.

Compliance among staff on the wards with safeguarding training courses was high and the staff we spoke with demonstrated good knowledge of the safeguarding procedures and reporting arrangements.

We were told that safeguarding incidents and concerns were discussed regularly between senior staff and the MDT to help identify any themes and lessons learned. It was positive that the number of safeguarding incidents that had occurred at the clinic over the past 12 months had been minimal.

Any safeguarding incidents were being recorded on Datix. Staff told us they could search Datix records to find previous incidents. The health board may wish to consider maintaining a separate log of safeguarding incidents to help monitor and analyse trends more easily and effectively.

Neither ward had a dedicated room or space where patients could meet visitors such as family and friends. The gym was currently being used for this purpose, which meant patients were unable to use the gym facilities at times.

The health board must set up a child friendly room or space where patients can meet visitors without impacting upon other patients at the clinic.

Management of medical devices and equipment
We saw evidence of weekly checks being undertaken on resuscitation and emergency equipment held on the wards. Staff had documented when these had occurred to ensure that the equipment was present, in date and safe to use in the event of an emergency such as patient collapse. However, we identified some areas for improvement in relation to the governance and oversight of oxygen cylinders on the wards:

- We noted that the oxygen cylinders were not part of the weekly checklist
- Oxygen masks and tubing were not a part of the emergency equipment
- We did not see a sign on display to warn staff, visitors and patients of the hazard of an oxygen cylinder inside the room
- The Medical Gas Cylinder policy was out of date.

The health board must update the Medical Gas Cylinder policy, ensure that warning signs are displayed and review its current arrangements in terms of emergency equipment stock and oversight to ensure it is in line with guidance from the Resuscitation Council UK.

Medicines management
A range of relevant medicines management policies were available and staff told us that they knew how to access them. We reviewed the clinic arrangements on each ward and found that appropriate procedures were in place for the safe storage of medicines on each ward. Fridges were locked when not in use and temperature checks of the medication fridges and clinic rooms were being undertaken to ensure that medication was stored at the manufacturer's advised temperature. We did note that the clinic room on Ward 14 was quite cluttered and needed tidying and reorganisation.

We saw that controlled drugs and drugs liable to misuse were being stored securely and administered correctly on each ward. We were told that daily stock checks were being undertaken against the controlled drug logbook. However, we could only see evidence of this on PICU, and not on Ward 14.

The health board must ensure the daily stock checks undertaken against the controlled drug logbook are recorded appropriately on Ward 14.

There was good support available from pharmacy colleagues who visited the hospital regularly to undertake audits and provide general support to doctors and clinical nurses. We could see evidence of the pharmacist highlighting missing signatures on Medication Administration Records (MAR charts). We could see from our own review of the MAR charts that it was clear what medication had been administered to patients and that it had been recorded consistently and contemporaneously. It was also positive to see consent to treatment certificates stored alongside the MAR chart for each patient. However, we identified the following areas for improvement:

- The height and weight measurements of patients had not always been recorded
- It was not always recorded why prescribed medication had not been administered to patients

- The legal status of one patient had not been completed
- The date of when the three-month rule expired for patients to provide their consent was not always recorded.

The health board must ensure that MAR charts are completed appropriately and accurately.

Effective

Effective care
We found that staff members working on each ward appeared dedicated to delivering a high standard of patient care. All staff who completed a questionnaire agreed that they were satisfied with the quality of care and support they give to patients.

During the inspection we noted a patient was being secluded in a separate area of the PICU. We examined the area being used to seclude the patient and found that it did not conform to best practice standards or to the health board policy and procedures for the use of seclusion. Notably:

- A clock was not visible
- There was no temperature control outside the area
- There were no en-suite toilet, shower or hand washing facilities which meant additional staffing had to be sourced before patients could be taken out of the seclusion room to access these facilities
- Staff informed us that there is a known blind spot in the room which required careful monitoring. However, a blind spot mirror was not in situ during the inspection; staff reported that this had been removed by patients.

The health board must review the seclusion arrangements in place on the PICU and make improvements to ensure they adhere to the health board policy and best practice standards.

We were told that staff would observe patients more frequently if patients continued to present with increased risks. We saw that records of enhanced observations being undertaken on patients were being completed at the correct times as required. However, we found that some entries lacked sufficient detail in terms of describing the engagement and response from patients during their enhanced observation period.

The health board must ensure that enhanced observation records contain sufficient clinically relevant information so that a detailed picture of a patient's well-being, mental health and potential risk can emerge.

We also noted that the printed enhanced observation templates were pre-populated with the scheduled times that nursing staff must undertake their observation. The health board may wish to introduce small variations to the scheduled times to ensure that there is some unpredictability to reduce the risk of patients anticipating their next observation.

Nutrition and hydration

During our review of patient records we found evidence that the nutritional and hydrational needs of patients were being assessed. However, we noted that one patient had been assessed upon admission as having an eating disorder, but we did not see evidence that a food and fluid intake chart was being completed. We were told that the clinic did not have access to commissioned services from dieticians or speech and language therapy services. One senior member of staff we spoke with felt that more could be done to provide patients with appropriate diets in accordance with their medical needs.

The health board must ensure that patients receive appropriate nutrition and hydration monitoring and can access dietetic specialist services when required to help fully meet their medical needs.

Neither ward had a catering service on site, which meant nursing staff were required to serve patient food. We identified several issues with the food handling arrangements in place at the clinic:

- We have previously noted in the report that the kitchen worktop in the PICU had extensive damage and was unsuitable for preparing and serving food
- Staff told us that the trolley that brought food and drinks for patients on the PICU did not fit through the kitchen door, which meant food was being served from the trolley in the ward rather than from the kitchen
- Nursing staff were unsure on whether food probes should be used when serving food
- Nursing staff had not completed training on food safety.

We discussed this with senior staff and it was positive that a safe system of work statement was developed during the inspection which set out the food handling procedures nursing staff must follow when serving food to patients. This also included a requirement for nursing staff to complete food safety training. We were also told that a new kitchen for the PICU was included in the upcoming refurbishment work.

The health board must undertake a review of the catering and food safety arrangements in place on both wards to identify whether any further improvements are required to meet relevant regulations and best practice guidelines.

Patient records

Patient records were being maintained via paper files. We found appropriate processes in place to store the paper files securely to prevent unauthorised access and breaches in confidentiality.

During our review of the patient records, we noted that documents were not always filed under their correct heading, which made information difficult to find. This was particularly evident for the patient records on Ward 14. We were told a ward clerk was currently being recruited to be available on both wards which we felt would be a beneficial appointment. Some improvements were also required in terms of record keeping; further information on our findings is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act monitoring

We reviewed the statutory detention documents of five patients at the clinic and were assured that the health board's responsibilities under the Mental Health Act (the Act) were being upheld. We saw evidence that patients were being made aware of their rights on admission and regularly reminded throughout their stay at the clinic. It was also positive to see that patients had been supported by staff to appeal their detention at mental health tribunals if requested to do so.

The records were well organised and easy to navigate. Clear reasons were being documented to evidence why detention under the Act was the most appropriate way of providing care for patients. We saw capacity assessments were being stored alongside consent to treatment certificates for each patient which we noted as good practice.

Good arrangements were in place to document Section 17 leave appropriately. We saw that leave was being suitably risk assessed and that the forms determined the conditions and outcomes of the leave for each patient.

The Mental Health Act Administrator was knowledgeable and available to support staff. The administrator was undertaking quarterly audits of the legal documentation to monitor compliance with statutory requirements.

We also reviewed the paperwork for individuals that had visited the clinic under Section 136 of the Act and saw that each attendance had been documented appropriately.

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

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We looked at a sample of six patient records (three from each ward). Several improvements were required in accordance with the measure:

- The care and treatment plans did not always reflect all eight domains of a person's life
- It was not always evident what objectives had been set out for each patient within their care and treatment plan
- Some objectives had been set, but did not define the timescales expected for achieving them
- The care and treatment plans were not always dated
- While the patient voice was reflected well within the care and treatment plans we reviewed on PICU, it was not easy to identify the patient voice within the records we reviewed on Ward 14
- It was not always documented whether patients had been offered a copy of their care and treatment plan.

The health board must improve the care and treatment planning process and documentation to ensure they meet the requirements of the Mental Health Measure Wales 2010.

We noted that some patients had been at the clinic for a week and were yet to have a care and treatment plan in place. While the regulations do not specify a time limit to produce a care and treatment plan, we felt patients would benefit from a care and treatment plan soon after admission to identify their needs and outcomes to monitor progress. The health board may wish to consider ensuring patients have a care and treatment plan produced in a timelier manner.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaires were generally positive. Most staff said they would recommend the clinic as a place to work and that they would be happy with the standard of care provided by the clinic for themselves or their friends and family. One staff member said:

> *"PICU as a whole is a great place to work, every team member is valued and we all treat our patients with dignity and respect at all times. Our senior members of the team are approachable, they are understanding of our needs and the patients' needs and we all work to the best of our ability."*

Most staff members said that they were content with the efforts of the organisation to keep them and patients safe and felt that patient care is the organisation's top priority.

Leadership

Governance and leadership

There appeared to be appropriate governance and oversight processes in terms of activities and meetings to discuss issues related to patient care. We observed everyone working well together throughout the inspection. However, throughout this report we have highlighted several areas of practice identified during the inspection that did not conform to best practice standards. The health board may wish to consider undertaking an audit of their procedures against best practice standards for inpatient mental health units to ensure they reflect the best available evidence.

During the inspection we found several health board policies that were out-of-date according to their review dates. These included policies such as consent to treatment, medication storage, IPC, physical observations, ligature risk and National Early Warning Score.

The health board must review any out-of-date policies and procedures to help staff provide safe and effective care and share with staff once ratified.

We saw that printed copies of various policies and procedures were being kept in folders on each ward. However, we found several instances where the printed version was not the most recent version available. The health board must be

mindful that any printed copies of policies should be regularly reviewed to ensure staff always have the most current guidance available.

Staff members provided positive feedback to us about their immediate line managers. All staff members felt that their manager could be counted on to help with difficult tasks at work and provides clear feedback on their work.
All but one member of staff agreed that senior management were committed to patient care. However, we also received the following feedback from some staff members:

> *"Working in Ward 14 is great. I have a lot of confidence in our staff and think we do a good job. We would benefit from better staffing resources, more nurses, better therapies access but what we do, we do well. More broadly we have good relationships with local colleagues. The trust [sic] as a whole is a different matter. There is a lack of strategy. Lack of leadership. No sense that things escalate or if they do escalate that there is any outcome, change or improvements."*

> *"I feel that in our setting the team is excellent and very good at providing safe and effective care for our patients including our line manager, however, I feel senior management are completely out of touch with the reality of how a ward is run and are more concerned in bed counts and finances than safety of patients on the ward and the recovery based approach they so call encourage. For example, trying to admit over bed counts, denying agency requests and making wards work short because they don't want to make phone calls or to save money. I have no concerns on our ability to provide good care to our patients and developing strong rapport to help them get better, however I feel that Band 8 and above rely far too much on our good will."*

The health board must reflect on the issues raised here by staff and engage further with all members of staff to fully understand their views and provide assurance to HIW on what actions it will take to address the concerns raised.

Workforce

Skilled and enabled workforce

We saw that suitable processes were in place for senior staff to monitor compliance with mandatory training. It was positive to note that overall mandatory training compliance rates were high among staff at the clinic. Most staff members that completed a questionnaire felt that they had received appropriate training to undertake their role.

We saw evidence that staff had received an annual appraisal to discuss their performance and set annual objectives. Most staff members that completed a questionnaire confirmed that they have had an appraisal, annual review or development review in the last 12 months.

Most staff members that completed a questionnaire felt that they were able to meet the conflicting demands on their time at work. We were told that the clinic had recently undertaken a successful recruitment campaign, which has reduced the number of nursing staff vacancies and led to a decrease in the use and expenditure of agency staff. The health board had also recently introduced 12 hour working shifts for staff at the clinic, which appeared to be working well.

Senior management informed us that the staffing establishment for Ward 14 has been lowered due to a reduction in bed numbers (from 20 to 16). We have discussed earlier in the report how staff members on Ward 14 reported difficulties in maintaining safe staffing levels on the wards when staff are reassigned to provide cover within the Section 136 room. It is hopeful that the change in responsibility for managing the Section 136 process from Ward 14 staff to the mental health crisis team will help alleviate that pressure. However, staff on the ward told us that the current staffing establishment level is also expected to absorb the first instance of an enhanced observation where a staff member would provide one to one care. Staff felt that the recent reduction in the staffing establishment has meant that this expectation and ability to absorb the first instance of an enhanced observation has added increased pressure on existing staff.

The health board must engage further with staff to fully understand their concerns and determine whether the current staffing establishment levels and arrangements are appropriate to help staff provide safe and effective care to patients on Ward 14.

Culture

People engagement, feedback and learning

It did not appear that regular communal meetings were taking place with patients on either ward to help engage with patients and provide opportunities for patients to raise any issues with staff. We also did not see any evidence of a structured process for patients to provide written feedback to the service. We noted that there was a ‘You said, we did’ board displayed on the PICU, however this had not been updated since March 2023.

The health board must improve its processes in relation to obtaining patient feedback and engage with patients as a group more frequently. The health

board must ensure initiatives such as the 'You said, we did' board to inform patients of the outcomes of their feedback are kept up to date.

We saw that information had been provided to staff on the new Duty of Candour requirements. All staff members that completed a questionnaire agreed that they understood the Duty of Candour and their role in meeting the Duty of Candour standards. All respondents agreed that the health board encouraged staff to raise concerns when something has gone wrong and to share this with the patient.

Information

Information governance and digital technology

We saw that a patient status at a glance board was located in each nursing office and that they were covered to protect patient confidentiality should a patient or visitor enter the room.

There was an established electronic system in place for recording, reviewing and monitoring incidents. There was a hierarchy of incident sign-off with regular oversight to ensure that occurrence of incidents could be monitored and analysed. However, during our review of some completed incident forms we noted that the exact location of where the incident occurred had not always been completed. We felt this would limit the ability to identify any recurring areas where incidents were taking place.

The health board must ensure all relevant information in relation to an incident is captured accurately.

Learning, improvement and research

Quality improvement activities

All staff members that completed a questionnaire said that their organisation encourages them to report errors, near misses or incidents and that they knew how to report unsafe practice. Staff told us that they would feel secure raising concerns about patient care or other issues at the hospital and felt confident that the health board would address their concerns.

We saw evidence that regular audits were being completed to monitor compliance with hospital procedures. There was effective oversight to track and ensure that any identified actions were being implemented. We were told that a mock 'HIW inspection' had recently been carried out at the clinic to help identify any issues across the wards which we felt was a positive initiative.

Whole-systems approach

Partnership working and development

The staff we spoke with felt that they had developed good working relationships with other mental health teams and services across the health board. We were told that admissions to the clinic were generally appropriate and arrived with the correct documentation. The home treatment team acted as ‘gatekeepers’ to the clinic, helping to assess patients and arrange alternative options when necessary. Staff told us that the home treatment team are also involved in discharge planning and undertaking follow-up appointments with patients 72 hours post discharge.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Coity Clinic

Date of inspection: 13, 14 and 15 November 2024

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurances were issued during this inspection.					

Appendix C - Improvement plan

Service: Coity Clinic

Date of inspection: 13, 14 and 15 November 2024

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We found instances where relevant physical healthcare assessments had not been carried out	The health board must ensure that all patients receive relevant and appropriate physical healthcare assessments on	Health promotion	The existing Admission Process requires the completion of a Physical Health Assessment.	Ward Manager	Complete 14/02/25
				All current patients on Ward 14 and PICU have Physical Health Assessments in place.	Ward Manager	Complete 14/02/25

	despite known risks.	admission alongside their mental health assessment.		To provide assurance an audit has been carried out to ensure the admission pathway is completed. This audit will be continued by the ward manager as part of the Managers Monthly Audit and reported to the Senior Nurse. Any themes, concerns will be escalated through the Senior Nurse's highlight report to the directorate QSRE meeting	Ward Manager Senior Nurse	Complete 14/02/25
2.	One patient with diabetes did not have a formal care and treatment plan in place that set out the management and monitoring of their condition.	The health board must ensure that all patients with identified healthcare conditions have a care and treatment plan in place with input from a relevant healthcare professional to help staff safely manage their condition.	Health promotion	Within the Adult inpatient service there is a Specialist Dietetic Service available to provide support and advice when required to ensure the patients medical needs are met. To provide assurance a spot check audit has been carried out to ensure all patients that require diabetic treatment currently have a care plan in place Diabetic Champions have been identified on each ward. The diabetes specialist team have agreed to deliver additional training to improve	Ward Manager	Complete 14/02/25 a

				the knowledge and experience of diabetes for staff. Training sessions have been arranged for June to December 2025.		
3.	No health promotion information was on display for patients.	The health board must ensure health promotion information is available to support patients to make decisions that impact positively on their health and wellbeing.	Health promotion	It is unfortunate at the time of inspection all notice boards had been removed due to a recent Infection Prevention and Control (IPC) audit. IPC compliant notice boards are now in place and information is on display for patients within the ward environment.	Ward Manager	Complete 14/02/25
4.	We felt the environment of the wards did not help to fully maintain the privacy and dignity of patients, particularly in relation to gender.	The health board must ensure where possible that the environment meets the requirements of the Mental Health Act 1983 - Code of Practice for Wales (2016) regarding designated,	Dignified and respectful care	Ward 14 and PICU have separate male and female toilets. At the time of inspection, all notices were removed on Ward 14 following a recent IPC audit These have now been replaced with IPC compliant notices. The bedrooms on PICU are all single. On Ward 14 there are multi occupancy bedrooms but these are never mixed sex. On Ward 14 there are also dedicated single sex lounges.	Ward Manager	Complete 14/02/25

		gender specific areas and toilet facilities on both wards.				
5.	We felt further work is required to document the governance arrangements at the clinic in terms of environment and safety of the mixed gender wards.	The health board must develop a policy in line with best practice guidelines that ensures the safety, privacy, dignity and rights of patients can be maintained throughout the mixed gender wards as well as keeping patients of the same gender safe in dormitories.	Individualised care	A safe system of work was implemented and shared during the HIW inspection across the inpatient services, this process is being adhered to.	Senior Nurse	Complete 14/02/2025
				The Health Board has developed a Single Sex accommodation policy. The draft version Is currently going through the Health Board's ratification process.	Corporate Nursing Team	In progress Estimated date for completion 30/04/2025
6.	There appeared to be a lack of therapy facilities	The health board must do more to ensure that patients are able to participate in a	Individualised care	Within both wards, individualised activities are provided by Health Care Support Workers under the direction of registered nursing staff.	Ward Manager	Complete 14/02/25

	available and we did not see patients taking part in activities during the inspection. A fully equipped gym was available for patients from both wards to use but we were told it was often used for other purposes.	range of individualised therapeutic and social activities to aid in their recoveries.		Both wards share a team of Occupational Therapists.	OT Team	Complete 14/02/25
				During the inspection the Activity Coordinator post was vacant due to the previous post holder moving on. A permanent, full time, replacement will be taking up post on the 25.02.25. The Activity Coordinator will be responsible for the introduction of the implementation of a structured weekly plan.	Ward 14 Ward Manager	Complete 17/02/25
				Changes have been made to ensure the gym is no longer used for meetings and visiting meaning it is now always available for patient use	Senior Nurse	Complete 17/02/25
				PICU currently have timetable of therapeutic and social activities which is on display. Ward 14 also have an activity timetable of which is on display	Ward Manager	Complete 17/02/25

7.	We did not see evidence of how patient access to mobile phones and other personal electronic devices should be managed.	The health board must develop a policy to provide guidance to staff regarding patients' use of electronic equipment, mobile phone devices and access to the internet.	Communication and language	There is an all Wales Social Media Policy and a Health Board policy that supports use of mobile phones within hospital settings. Both policies are out of date. A request has been made to update the Health Boards policy.	Ward Manager	In progress Estimated date for completion 30/06/2025
8.	During our review of patient records, we did not see any evidence of the language preference of patients being recorded.	The health board must ensure that the language preference and communication requirements of patients are recorded on admission as required by the Mental Health (Wales) Measure 2010.	Communication and language	Patient demographics inclusive of preferred language should be completed as per admission pack. This includes updating electronic systems or clinical records to reflect preferred language for any translations. An Audit of admission notes has been completed on both Ward 14 and PICU. This audit will be continued by the ward manager as part of the Managers Monthly Audit and reported to the Senior Nurse. Any themes, concerns will be escalated through the Senior Nurse's highlight report to the directorate QSRE meeting.	Senior Nurse	Complete 17/02/25

9.	The general condition of both wards had declined significantly since our previous inspection in November 2017 and was limiting the ability of staff to provide safe and effective care to patients.	The health board must ensure that the refurbishment work is completed in a timely manner as a matter of priority and provide HIW with a report on progress since the inspection, including an updated timetable for completion of the work.	Environment	The environmental improvement progress is being monitored within the directorate QSRE meeting. Progression of tasks is monitored against estimated dates of completion. The senior nurse has regular meetings with the Capital Planners and Operational Support Manager. Feedback is shared within the Directorate QSRE	Senior Nurse Directorate Support Manager	Complete 17/02/25
10.	The general condition of both wards had declined significantly since our previous inspection in November 2017 and was limiting the	The health board must also address and resolve any environmental issues that can be fixed independently of any broader planned programme of work.	Environment	As part of the Inpatient Environmental Workstream an estates reporting system is currently being piloted. This is an electric system which allows efficient tracking of job requests and completion status, enabling categorisation by urgency, site, and job type. Excel reports are generated for review in monthly/bi-monthly meetings. Any outstanding jobs > 90 days are formally escalated to Estates.	Directorate Support Manager	Complete 17/02/25

	ability of staff to provide safe and effective care to patients.			Monthly/Bi-monthly reviews will be conducted by Estates Champions and Operational Support Managers to check on unresolved jobs.		
11.	The patient bedrooms on PICU did not have any nurse call points installed. The nurse call points on Ward 14 were not located near the beds.	The health board must review its current arrangements to determine whether it meets national guidance to ensuring staff members, patients and visitors can raise an alarm while at the clinic, particularly when alone in their bedrooms.	Environment	In situations where a patient is at risk to themselves or others, appropriate safety observation levels are implemented. For the safety of visitors, all visits are conducted off the ward. For patients requiring an escort with family, this is incorporated into their care plan. Patients with higher risk profiles are situated close to the nurse's office to optimise observation and enable prompt response if necessary. All patients have up to date risk assessments, which are amended and updated in response to any events that occur during the course of admission. This is the standard procedure following any incident or change in clinical presentation. All staff members have access to individual handheld alarms, which are issued at the beginning of each shift and	Lead Nurse	Complete 17/02/25

				signed for by the recipient across both wards. The Health Board has reviewed its nurse call system and it is not possible to add move or add additional nurse call points in the bedrooms. To resolve this the Health Board has purchased additional hand held alarms that will be provided for some patients as part of the Care and Treatment Plan when indicated by clinical risk.		
12.	We identified issues in relation to the location and layout of the consultation room that was being used as a place of safety for individuals detained under Section 136 of the Mental Health Act. Staff also spoke about	The health board must: • Provide an update in relation to the Section 136 process in terms of staffing and outcome of the review into a centralised Section 136 suite	Risk management	Prior to the inspection, a capital bid had been approved for a centralised Section 136 suite within the RGH, and a specific ward had been allocated for this purpose. However, due to unforeseen circumstances at the Princess of Wales Hospital (POWH), many wards needed to be relocated, including the designated ward for the Section 136 suite. This work is part of a Health Board improvement plan and requires a substantial programme of repair. Until further notice, Section 136 assessments will be conducted within the mental health suites across the Health	Directorate Operational Manager Senior Nurse Lead Nurse	In progress Estimated date for completion 30/04/2025

	the challenges they faced managing the Section 136 process alongside their duties and responsibilities for providing care to patients on Ward 14.	• Provide assurance on what actions will be taken in the meantime to meet the guidance for standards of the Section 136 assessment facility and outline how individuals will be kept safe while under their care.		Board. At Coity Clinic, the Crisis Resolution Home Treatment Team (CRHT) now coordinate all Section 136 assessments. They are a dedicated team who specialise in crisis assessments to ensure continuity of care for patients during this time. This approach aligns with the process across the Health Board. The CRHT Operational Policy is being reviewed as part of the improvement work to align all 3 CRHTs		
13.	We identified several IPC issues that were in need of improvement. In addition, we were	The health board must: • Ensure all hospital areas are effectively cleaned	Infection, prevention and control and decontamination	A Monthly cleaning audit is undertaken by the Housekeeping Supervisor. To strengthen this process the audit will now be undertaken with the Ward Manager/Clinical Lead. This will be monitored by the Senior Nurse.	Facilities Senior Nurse	Complete 17/02/25

	concerned with the effectiveness of IPC audits given the issues we identified during the inspection. We also noted that the Cleanliness Standard Roles, Responsibilities and Audit Tool Procedure policy was out of date.	• Ensure patients on both wards have access to a working washing machine and tumble dryer • Ensure staff have access to a working sink in the clinic room on Ward 14 • Strengthen the audit and oversight process to identify and action IPC issues		The Ward Managers conduct a monthly IPC audit on an agreed Health Board Audit Management and Tracking Tool. All actions, including outstanding and overdue actions, are monitored and reported through the governance structure of the Directorate QSRE and Care Group QSRE	Ward Managers Senior Nurse	Complete 17/02/25
				The washing machine and tumble dryer will be replaced as part of the Capital scheme.	Directorate Support Manager	In progress Estimated date for completion 31/08/2025
				The sink within Ward 14 clinic is now in full working order	Estates	Complete 17/02/25

		• Review the cleaning roles and responsibilities of nursing and domestic staff to ensure all areas of the wards are covered • Update and review the Cleanliness Standard Roles, Responsibilities and Audit Tool Procedure policy and Housekeeping Standard Operating Procedure.		The Health Boards Cleanliness Standard Roles, Responsibilities and Audit Tool Procedure policy has been escalated to the Regional Facilities Manager who has reported that at present the update of this Procedure is on hold until the publication of the New National Standards for Cleaning in NHS Wales. The current policy is still appropriate at this time based on current funding /standards	Facilities and Ward Manager	Complete 17/02/25
14.	Neither ward had a dedicated room or space	The health board must set up a child friendly room or space	Safeguarding of children and adults	As part of patient's recovery plan patients are encouraged to leave the ward and use the public facilities within Princess of Wales Hospital (POWH) for	Ward Manager	Complete 17/02/25

	where patients could meet visitors; the gym was currently being used for this purpose, which meant patients were unable to use the gym facilities at times.	where patients can meet visitors without impacting upon other patients at the clinic.		contact with their relatives and friends when deemed appropriate in line with their risk assessment. There are two interview rooms available outside the entrance to ward 14 and a room on the first floor which will be used as a child friendly family visiting room when appropriately risk assessed for both ward 14 and PICU. All efforts will be made to ensure family visiting will be carried out within the child friendly family room on the first floor. On the occasions when patients are restricted and unable to leave the premises, the Ward Managers office will be utilised based on risk.		
15.	We identified some areas for improvement in relation to the governance and oversight of oxygen	The health board must update the Medical Gas Cylinder policy, ensure that warning signs are displayed and review its current	Management of medical devices and equipment	Oxygen cylinders within inpatient ward environments are only situated within the emergency trolley.	Ward Managers	Complete 17/02/25
				Emergency equipment daily checks are carried out. These are monitored by the Senior Nurse on a monthly basis	Senior Nurse	Complete 17/02/25

	cylinders on the wards.	arrangements in terms of emergency equipment stock and oversight to ensure it is in line with guidance from the Resuscitation Council UK.		The Medical Gas Cylinder policy has recently undergone a thorough review and refresh through the Medical Gases Advisory Group and is currently awaiting final sign-off stages this is expected to be completed by April 2025	Quality Assurance and Compliance Officer	In progress Estimated date for completion 30/04/2025
16.	We could only see evidence of daily stock checks being undertaken against the controlled drug logbook on PICU, and not on Ward 14.	The health board must ensure the daily stock checks undertaken against the controlled drug logbook are recorded appropriately on Ward 14.	Medicines management	The Health Board Control Drug (CD) policy is due for ratification which will align monitoring across all directorates.	Lead Pharmacist	In progress Estimated date for completion 30/04/2025
				The Lead Pharmacist will deliver training in CD monitoring and medication schedule standards to all wards.	Lead Pharmacist	In progress Estimated date for completion 31/03/2025
				CD checks will be audited 3 monthly by the designated clinical pharmacist for each ward and shared with the ward manager.	Lead Pharmacist	Complete 17/02/25

				A CD check will now be monitored as part of the Ward Manager Audit any concerns will be escalated through the Senior Nurse's highlight report to the directorate QSRE meeting	Ward Manager	Complete 17/02/25
17.	We identified some gaps in the completion of key patient information in their MAR charts.	The health board must ensure that MAR charts are completed appropriately and accurately.	Medicines management	A sample audit of MARS charts has been completed by the Senior Nurse. MARS charts will be reviewed through the "Ward Managers Assurance Audit" which is undertaken on a weekly basis by Ward Manager and monitored by the Inpatient Senior Nurse any concerns will be escalated through the Senior Nurse's highlight report to the directorate QSRE meeting	Senior Nurse Ward Managers	Complete 17/02/25
18.	We looked at the area being used to seclude the patient and found that it did not conform to best practice standards or to the health	The health board must review the seclusion arrangements in place on the PICU and make improvements to ensure they adhere to the health board policy and best	Effective care	The National Association of PICUs (NAPICU) standards outline best practice standards and minimum requirements. The Directorate will review the seclusion arrangements against the NAPICU standards and bench mark against the current provision the directorate have, outline areas of improvement and share within the Care Group QSRE meeting	Ward Manager	In progress Estimated date for completion 30/04/2025

	board policy and procedures for the use of seclusion.	practice standards.				
19.	noted that some enhanced observation record entries lacked sufficient detail in terms of describing the engagement and response from patients during their enhanced observation period.	The health board must ensure that enhanced observation records contain sufficient clinically relevant information so that a detailed picture of a patient's well-being, mental health and potential risk can emerge.	Effective care	The Safe and Supportive Observation specifies the requirements for recording. The safe and Supportive observation has been shared and read by all staff members. An audit has been carried out to ensure that enhanced observation records contain sufficient clinically relevant information so that a detailed picture of a patient's well-being has been recorded, this will be reported through the Senior Nurse highlight report and monitored through the Care Group QSRE	Senior Nurse Ward Manager Senior Nurse	Complete 17/02/25
20.	One senior member of staff we spoke with felt that more could be done to provide	The health board must ensure that patients receive appropriate nutrition and hydration monitoring and	Nutrition and hydration	Within the Adult inpatient service there is Specialist Dietetic Service available to provide support and advice when required to ensure patients medical needs are met.	Ward Manager	Complete 17/02/25

	patients with appropriate diets in accordance with their medical needs. We also noted that one patient had been assessed upon admission as having an eating disorder, but we did not see evidence that a food and fluid intake chart was being completed.	can access dietetic specialist services when required to help fully meet their medical needs.		Senior Nurse will carry out a spot check audit of the use of patients that require nutrition and hydration monitoring. This audit will be continued by the ward manager as part of the Managers Monthly Audit and reported to the Senior Nurse. Any themes, concerns will be escalated through the Senior Nurse's highlight report to the directorate QSRE meeting There is a Health promotion board available within ward 14 and PICU	Senior Nurse Ward Manager Ward Manager	
21.	We identified several issues with the current food handling arrangements	The health board must undertake a review of the catering and food safety arrangements in place on both	Nutrition and hydration	During the HIW inspection a Safe System of Work was completed and shared with all staff Senior Nurse met with the Regional Facilities Manager and Catering Manager	Senior Nurse Senior Nurse Lead Nurse	Complete 17/02/25

	in place at the clinic.	wards to identify whether any further improvements are required to meet relevant regulations and best practice guidelines.		in relation to reviewing the directorates current practice. This information will be shared and discussed within the directorates Senior Leadership Team meeting All staff complete an online Food Safety module	Ward Manager	
22.	We identified several improvements that were required to ensure care and treatment plans met the requirements of the Mental Health Measure Wales 2010.	The health board must improve the care and treatment planning process and documentation to ensure they meet the requirements of the measure.	Monitoring the Mental Health (Wales) Measure 2010: care planning and provision	The Health Board appointed two new CTP Leads to support improvement in care planning and documentation to meet the needs of the Mental Health Measure. The CTP leads are managed by a newly appointed Senior Nurse for MHLD Professional Development	CTP Leads	Complete 17/02/25
				The CTP leads are optimising the training compliance providing training sessions via Teams and offering bespoke sessions for a targeted approach.	CTP Leads	Complete 17/02/25
				The CTP leads have identified a number of high quality CTPs which are being used to share good practice and highlight the expected standard	CTP Leads	Complete 17/02/25

				All CTPs are audited to ensure they meet the required standard and the results are recorded on the Audit Management and Tracking system (AMAT). Performance on this is reported through the directorate Senior Nurse highlight report and monitored through the Care Group QSRE. Overall Care Group themes and trends are monitored through by the CTP leads and Senior Nurse for MHLD Professional Development.	Senior Nurses/ Senior Nurse for MHLD Professional Development	Complete 17/02/25
23.	During the inspection we found several health board policies that were out-of-date according to their review dates.	The health board must review any out-of-date policies and procedures to help staff provide safe and effective care and share with staff once ratified.	Governance and leadership	All Mental Health policies are monitored by the Mental Health Learning Disability (MHLD) Policy Review Group which has an operational scope to: • Review & RAG of all existing MH Policies to establish priorities rating • Develop a policies plan with trajectories for addressing the backlog • To progress for sign off at Care Group level • Maintenance of a register of policies for review	Chair of Policies Group	Complete 17/02/2025

				When due for renewal, policies are assigned to an expert group for update, review, and completion, before being sent back to the MHLD Policy Group for ratification HB wide policies are the responsibility of the policy authors to ensure timely reviews of written control documents within their areas. This is set out in the Policy for the Development, Review and Approval of Organisational Wide Policies. The policy programme is currently under review and aims to introduce an additional step where reminders will be issued to the policy leads ahead of the policy passing its review period.	Assistant Director of Governance and Risk Cooperate Governance	
24.	Some staff members raised concerns with us in their staff questionnaires.	The health board must reflect on the issues raised in the report by staff and engage further with all members of staff to fully understand their	Governance and leadership	A meeting has been held with the Senior Nurse to engage with staff and discuss issues raised during the inspection Ward Managers will conduct regular supervision and hold Ward Meetings to provide staff with opportunities to share any issues or concerns	Ward Managers Senior Nurse	Complete 17/02/25

		views and provide assurance to HIW on what actions it will take to address the concerns raised.		Concerns and recurring themes will be escalated and discussed within the Senior Management Team (SMT) 'Have your Say' informal drop-in sessions are in place with the Senior Nurse on a monthly basis.		
25.	Staff felt that the recent reduction in the staffing establishment has meant that the ability to absorb the first instance of an enhanced observation has added increased pressure on existing staff.	The health board must engage further with staff to fully understand their concerns and determine whether the current staffing establishment levels and arrangements are appropriate to help staff provide safe and effective care to patients on Ward 14.	Skilled and enabled workforce	Following this feedback, the priority was to engage staff in discussions. Within the discussion it was reiterated that the standardisation of the workforce was carried out in line with the safe staffing act, to ensure prudent use of staffing which was associated with the reduction in beds. Nursing establishment review was completed and monitored through the Nursing workforce meeting. Staffing requirements are determined on a day by day basis and when additional staff are required to meet the needs of the patients then additional staffing requests are submitted. All requests since the implementation of the new staffing establishment have been approved.	Senior Nurse	Complete 17/02/25

26.	It did not appear that regular communal meetings were taking place with patients on either ward. We also did not see any evidence of a structured process for patients to provide written feedback to the service. The 'You said, we did' board displayed on the PICU had not been updated since March 2023.	The health board must improve its processes in relation to obtaining patient feedback and engage with patients as a group more frequently. The health board must ensure initiatives such as the 'You said, we did' board to inform patients of the outcomes of their feedback are kept up to date.	People engagement, feedback and learning	Weekly patient meetings are taking place on both Ward 14 and PICU. Time and place for patient awareness are displayed within the patient notice board. PICUs 'you said we did' board has been updated, and will continue to be updated on a monthly basis following patient feedback	Ward Manger Senior Nurse	Complete 17/02/25
27.	During our review of some completed	The health board must ensure all relevant	Information governance and	An audit has been completed to ensure that the 'exact' location has been completed. This information will be	Datix Team Senior Nurse	Complete 17/02/25

	incident forms we noted that the exact location of where the incident occurred had not always been completed.	information in relation to an incident is captured accurately.	digital technology	shared within the Senior Nurse highlighted report and monitored through the Care Group QSRE		

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): **Clare Yates**

Job role: **Interim Lead Nurse**

Date: **19/02/2025**