



**CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCIL**

## **Cardiff and Vale of Glamorgan**

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### **Mental Health Ward Visits Undertaken June 2015**

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### **Report – July 2015**

## Index

|   | <b>Page</b> |
|---|-------------|
| 1) Executive Summary                        | 3           |
| 2) Background Information                   | 5           |
| 3) Preparation and Planning                 | 6           |
| 4) Individual Reports                       |             |
| 1. Sam Davies Ward - Barry Hospital         | 7           |
| 2. Gorwel Ward - Llanfair Unit – UHL        | 9           |
| 3. Ward East 18 - UHL                       | 12          |
| 4. Ward East 2 - Whitchurch Hospital        | 14          |
| 5. West 3 - Whitchurch Hospital             | 17          |
| 5) Conclusions                              | 19          |
| 6) Commendations                            | 21          |
| Matters of Concern                          |             |
| Report Recommendations                      |             |
| <br>(Appendix 1- Members Guidance Workbook) | <br>23      |

## **1) Executive Summary:**

In September 2014 the Betsi Cadwaladr University Health Board (North Wales) commissioned an independent investigation to be undertaken by Donna Ockenden in line with the 'Health Boards Concerns Policy' with reference to the 'Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from abuse (2012)'. This investigation was commissioned following a formal raising of concerns by the family of a former Tawel Fan patient.

In May 2015 this report received widespread media coverage across Wales and the whole of the UK. The report highlights 30 key issues to be addressed by the Betsi Cadwaladr University Health Board.

Upon reviewing the report, the Chair and Chief Officer of the Cardiff and Vale of Glamorgan Community Health Council agreed to undertake an exercise to provide service users/carers, the local population, CHC and the Health Board a level of assurance that the concerns highlighted in the Ockenden Report were clearly not systemic/endemic in the Cardiff and Vale University Health Board.

It should be acknowledged this action was not taken due to any specific concerns raised locally within the Cardiff and Vale area.

Following our visits, the CHC can confirm that there was no evidence found to suggest that these practices were in use within Mental Health Units operated by the Cardiff and Vale University Health Board. However, there were a small number of issues raised and recommendations made relating to three of the five wards visited:

### **UHB Recommendations:**

#### **1. Gorwel Ward – Llanfair Unit – University Hospital Llandough**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.
- Provision of up-to-date menus to be provided with soup option included.
- Review rota for cleaning of dining room.
- Review cleaning of the male and female bathroom and toilet facilities and undertake any unresolved maintenance issues.
- Review DST process on this Ward.

#### **2. Ward East 2 – Whitchurch Hospital – Cardiff**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.
- Update activity timetable.
- Male and female toilet facilities require refreshing.
- Review DST process on this Ward.

#### **3. Ward West 3 – Whitchurch Hospital – Cardiff**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.

**CHC Recommendation:**

- CHC Independent Advocacy Service Posters to be displayed on all Wards.

I would like to thank Members of the CHC for undertaking these visits and the ward staff for their co-operation. I would also wish to thank the patients for sharing their views with Members.

A handwritten signature in black ink, appearing to read 'Stephen Allen', with a stylized flourish at the end.

**Stephen Allen**  
**Chief Officer**

## 2) Background

In December 2013 the families of patients in the Tawel Fan Acute Medical Mental Health Unit, voiced concerns regarding the treatment of patients at Glan Clwyd Hospital.

Relatives said patients on the Tawel Fan ward were nursed on the floor, whilst others were left to “run around naked” and that there was a lack of dignified and compassionate care within a mental health setting.

A report by health care leader, Donna Ockenden, indicated that people were also sworn at and subjected to “shocking” neglect and “appalling” mistreatment. Of all the families interviewed, 89% had “serious or very serious concerns” about the care their relatives received on Tawel Fan – 60% of whom were over the age of 80.

The following are a sample of the concerns highlighted within the report:

- That some of the most vulnerable patients were left unbathed, despite requests from family members.
- There were concerns around medication being provided to patients.
- Concerns were raised regarding patients wearing suitable clothing for the time of year, i.e. wearing just a pair of shorts in winter.
- Families also reported seeing staff lock themselves in the office away from patients. “They (the patients) walk round in circles that’s where all the fights start along there, all the staff are stuck in the office, they’re all locked in there and all that patients do is walk round and round,” said one relative.

Betsi Cadwaladr University Health Board, the organisation responsible for the provision of this service, apologised for letting vulnerable patients, and their families, down “so badly” and that the treatment of patients had been inexcusable.

Mr Trevor Purt, Chief Executive of the Health Board said “We want to be open and honest about what happened on the Tawel Fan mental health ward at Glan Clwyd Hospital. That is why we are making public the independent report into the care and treatment of the patients on the ward prior to the ward’s closure in December 2013”.

Following a thorough investigation the report was released to the general public on the 28<sup>th</sup> May 2015.

### 3) Preparation and Planning

In order to provide a level of assurance over the provision of mental health inpatient services in Cardiff and the Vale of Glamorgan, the CHC arranged a number of unannounced visits to wards in the area. The visits were undertaken between the 8th and 19th of June 2015. In addition, the CHC expanded the remit of an announced (pre-planned) visit, to enhance the span of this monitoring process.

In order to adequately brief the visiting members on the issues raised within the Ockenden Report, a CHC Officer reviewed the full report and produced a guidance workbook (appendix 1) focussing on the main concerns raised within. A copy of this workbook was sent to each member involved in the monitoring process, for completion during the visits.

This report has been produced in correlation with the sections identified within the guidance workbook as follows:

- ❖ **Concerns Process** – Covering the ‘Putting Things Right’ process, CHC Advocacy Service and internal staff concerns process.
- ❖ **Nutrition and Hydration** – Covering protected meal times, patient assistance and specific nutritional requirements.
- ❖ **Patient Experience** – Covering clothing, activities, access to communal/private areas and therapy provision.
- ❖ **Environment** – Covering the general appearance of the areas covered.
- ❖ **Discussions with Staff** – Covering bathing arrangements, activity sessions and falls reporting over the previous 6 months, access to support services, staffing arrangements, assessments and the Decision Support Tool (DST) process.

Additional space was made available within the workbook, for any observations/comments that did not fit within the sections identified above. Members were asked to observe and engage with patients, family members, carers and/or ward staff, as deemed appropriate and subject to availability.

#### Inspections:

Five visits were undertaken by CHC members in total, four unannounced and one announced. Apart from the announced visit to the Sam Davies ward, all other visits were undertaken at either 11.30am or 4.30pm, in order for members to observe meal-time arrangements.

| Ward       | Location                                     | Date                                 |
|------------|--|--------------------------------------|
| Sam Davies | Barry Hospital                               | Tuesday 9 <sup>th</sup> June 2015    |
| Gorwel     | Llanfair Unit, University Hospital Llandough | Friday 12 <sup>th</sup> June 2015    |
| East 18    | University Hospital Llandough                | Tuesday 16 <sup>th</sup> June 2015   |
| East 2     | Whitchurch Hospital                          | Wednesday 17 <sup>th</sup> June 2015 |
| West 3     | Whitchurch Hospital                          | Wednesday 17 <sup>th</sup> June 2015 |

## 4) Reports:

1. **Sam Davies Ward – Barry Hospital**  
**Thursday 9<sup>th</sup> June 2015 at 1.00pm**  
(Announced)

**Visit Team:** Francesca Creighton Griffiths (Lead)  
Jane Jenkins

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The Sam Davies Ward provides rehabilitation and complex discharge planning to predominantly frail and elderly patients. The ward has 23 beds and is a mixed gender ward.

The Ward has quite a lot of patients with cognitive dementia, and occasionally cares for patients with advanced dementia. The Dementia Nurse Specialist has just retired, and it is hoped another nurse is identified to take on this role.

### **Concerns Process**

In the ward entrance corridor, there are well organised notice boards with information about the concerns process, menus and meal times.

### **Nutrition and Hydration**

A protected mealtime policy is in place, though the monitoring team were not on the ward to observe this in action. Patients are encouraged to eat in the light, airy dining room. The menu changes 3 weekly and there are daily print outs of menus, from which patients make their meal choices.

Nurses complete food charts, and the dietician liaises with the ward sister to ensure these are completed with sufficient detail. There is a 'Diet Board' which has an overview of patients' dietary needs, and maintenance of this has been delegated to the Nursing Auxiliaries. All patients are weighed every weekend.

Hydration rounds are carried out at mealtimes and in between meals. The night time drinks rounds are carried out by the nursing staff, either day or night staff whichever team have more availability.

### **Patient Experience**

The monitoring team met 4 patients and positive comments were received about the ward as follows: 'wonderful', 'homely', 'excellent', 'staff are fairly cheerful and helpful'.

One patient complained of pain in his feet and the lead nurse confirmed she would follow this up.

Patient laundry is managed by the family, or a laundry service is provided for £7 a week. It was noted that patients were dressed.

## **Environment**

The ward itself, which is organised into 4 and 2 bedded bays, appeared clean and well organised, with informative uncluttered notice boards. At the ward door there are clear notice boards specifying visiting times and communicating the protected mealtime policy.

On the ward there were charts of the monthly infection rates and fall rates on public display, and rates of both were very low.

There is a large bathroom with a bath and a shower head over a sink for the hairdresser.

The Ward has a portable hearing aid loop which has been tested recently by a member of staff who wears a hearing aid.

## **Discussions with staff**

The high regard for the patient's best interests was evident during discussions about the management of the ward and the delivery of all aspects of patient care.

Good team working both within the nursing team, and across professional boundaries, e.g. the therapists with the nurses, regular consultant led meetings with ward staff and a dietician communicating with the ward sister. There is a culture of openness and a willingness to continue to improve how things are working.

The joint working of a wide range of disciplines including nursing, medicine, occupational and physiotherapy therapists, dietetics and dentistry to achieve successful rehabilitation is to be commended.

The Nursing staff compliment was reported to be sufficient and there are low sickness levels. At times, when the ward has patients who require additional nursing, for example patients at high risk of falls, then additional staff are brought in to 'special' those patient(s). The decision to bring in additional staff is made by ward staff using 'specialing criteria', risk assessment forms, and professional judgement.

Physiotherapists and Occupational Therapists are available Monday to Friday during the day. The lack of Physiotherapists and Occupational Therapists at the weekend is not perceived as a problem, because of the good communication and team working the therapists have with the Nurses: They work well with the nurses teaching them what it is possible to do with patients.

A dentist and dental hygienist visit the ward once a month to see patients.

In addition to the staff, there are 3 volunteers, who spend time talking to patients on the ward.



**2. Gorwel Ward – Llanfair Unit – University Hospital Llandough**  
**Friday 12<sup>th</sup> June 2015 at 11.30am**  
(Unannounced)

**Visit Team:** Jill Shelton (Lead)  
David Turner

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### **Concerns Process**

The ward operates a 'Safe Ward' scheme and relevant information regarding the system was observed in the corridors. There were, however, some missing identification photographs of staff in one of the display cases.

No information on the NHS 'Putting Things Right' concerns process was observed nor was there any information about the CHC and/or its Independent Advocacy Service. There was, however, a poster in the dining room regarding Advocacy Support Cymru.

The Staff aim to deal promptly with patient complaints/concerns on the ward by informing the Ward Manager. Staff reported that they felt able to escalate any concerns they might have to Senior Managers either in person, via incident forms, the Protection of Vulnerable Adult (POVA) process or directly with the Concerns Department.

### **Nutrition and Hydration**

Gorwel Ward operates a Protected Mealtimes Policy and visitors are encouraged to visit outside ward mealtimes. Currently no patient requires support to be fed but should this be necessary ward staff would assist and parents/carers would also be involved if possible. There were no visitors on the ward during lunchtime at the time of the visit.

Meals are served from the trolley, brought to the ward dining room by catering staff. Menu choices are displayed in the dining room - unfortunately it was the April menu on display during our visit in June. One patient indicated that the food on the Unit was the best of all the hospital food he had eaten - the food was hot, there was a good choice and patients could go back for 'Seconds'.

Other patients agreed the food was good but were disappointed that although soup was indicated on the printed menu they did not, in fact, have that option. According to the menu, the vegetarian option on Sunday evenings was soup and a sandwich and patently vegetarians were not receiving the meal as advertised if soup was not being provided.

This issue was raised by the visit team to Managers, who were somewhat surprised and said that they could not think there was a Health and Safety issue and would ask the kitchen staff why soup was not available.

Patients queue up for their meals at the trolley and eat them at one of the dining tables. Two patients use wheelchairs and ward staff bring these patients' meals to them.

Dining chairs are quite low and all have wooden arms; potentially these chairs could be pushed up close to the table to restrict movement.

## **Patient Experience**

Patients were suitably dressed in clean clothes. For those patients who were without family/friends to take dirty washing home and supply clean clothing, a laundry facility was available outside the ward. As part of an individual's rehabilitation programme some laundry could be done under the supervision of an Occupational Therapist

Bedrooms are not usually locked during the day unless a patient has valuable possessions in there or a patient needs to be encouraged to join the other patients in group activities.

There is a quiet room where there are some puzzles and magazines, whilst more puzzles and some board games are kept in the communal areas. There are wall-mounted televisions in the dining and sitting rooms.

Patients are usually able to go out into the garden for an hour or so after lunch (weather permitting).

Near the office is a list of planned daily group activities. Activities take place Monday to Friday 10.00am-11.00am and 1.00pm-4.00pm. Among the activities available are use of the gym, music, art, films, Wii, a fortnightly coffee morning and baking for the coffee morning. In addition there is a daily stroll for one or two patients and staff to purchase newspapers. Individual rehabilitation activities are also provided.

At present, only 1 patient requires Speech and Language Therapy input.

## **Environment**

The ward itself was bright with ample natural light and the furniture was in good repair. Unfortunately there was a trail of sticky coffee/tea spills along the corridor leading from the dining room and the wooden arms of some of the dining chairs were also sticky.

There were no unpleasant odours on the ward and the main ward areas seemed generally tidy. There was a very small amount of graffiti on corridor walls.

The bathroom and toilet facilities were in need of thorough cleaning; in the female bathroom the shower tray seals were dirty and the grouting stained. There was a distinct odour in the facility and there was a wet towel on the floor in the shower, and a used sanitary towel projected from the disposal bin in one of the cubicles.

Some patients complained that the bath was not always clean.

The male toilet GF52 had a 'toilet blocked' sign on the door and the visit team was informed that the problem had been reported and it was expected the problem would be resolved very quickly.

## **Discussions with staff**

Patients are generally able to have a bath (under supervision) between 9am-10am and are able to shower and/or shave at other times.

Staff seemed unaware of a general list of activities that had been undertaken / cancelled during the past 6 months but a record of activities undertaken would be kept in an individual's file.

Patients hold community meetings each week (part of the Safe Ward scheme)

### **Staffing**

5 staff are on duty in the morning and afternoon (2 qualified and 3 Nursing Assistants) and 4 at night (1 qualified and 3 Nursing Assistants). There is also 1 floating member of staff between both wards in the Unit.

Dissatisfaction was expressed at delays in the DST process. The Move-On Team is down by 3 members of staff (sickness and a vacant post) and 3 DSTs had not been completed within the requisite 3 months and had to be re-done leading to delays in discharge.

Parents/Carers are invited to drop in to regular Carer's Day sessions.

Patient medication is reviewed daily. If there is any alteration in an individual's reaction to medication then managers will notify the relevant Consultant immediately.

Gorwel Ward has medical cover and Pharmacy services on call 24/7.

No falls have been recorded in the past 6 months.

**3. Ward East 18 – University Hospital Llandough**  
**Tuesday 16<sup>th</sup> June 2015 at 4.030pm**  
(Unannounced)

**Visit Team:** Jill Shelton (Lead)  
Jane Jenkins

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Ward East 18 is an assessment ward and forms part of the Mental Health Services for Older People (MHSOP) Unit at Llandough, which is a purpose built Unit adjoining the main hospital at Llandough. The ward accommodates male and female patients.

The Unit was opened about 2 years ago and as such, the fabric of the building, décor and furnishings are in excellent condition.

### **Concerns Process**

At the time of the visit there was no information on display on the role of the CHC or its Advocacy Service although there was a prominent display for Advocacy Support Cymru. Information on 'Putting Things Right' was available.

Ward East 18 is next to the MHSOP base and any concerns or complaints are escalated directly to the Ward Manager.

### **Nutrition and Hydration**

The ward operates a Protected Mealtimes Policy. Meals are served in the ward dining room from a servery. The meals are supplied from the main hospital kitchen via a hot trolley. Patients are offered a choice of menu and visual representations of the food, along with a list of foods available, are on display in the dining room. Nursing staff serve the meals to the seated patients and are aware of individual patient needs and preferences.

A nurse is allocated to each dining table to offer assistance where needed. Carers are able to come in to help feed their loved one if preferred by the patient.

Patients are able to have snacks at any time, day or night, and ward staff serve morning, afternoon and evening beverages in addition to the drinks served at mealtimes.

### **Patient Experience**

Patients appeared to be appropriately and adequately clothed and the clothing was clean.

Patients are able to move freely around the ward and assistance is offered when needed. The ward has under-floor heating and a few of the patients put their shoes by the lounge door and like to walk about in bare feet for a while.

There is a re-orientation board on one of the lounge walls.

Bedrooms are not locked during the day but the dining room is kept locked between meals for safety reasons. At the time of the visit, most patients were in the lounge watching TV prior to tea. The lounge is furnished with comfortable seating in a variety of styles suitable for the client group and magazines and board games are available.

A comprehensive range of activities is available for patients and a timetable for these activities is displayed on a noticeboard in the corridor. A Re-focussing Nurse is shared between this and another ward and a full range of therapies is provided in the therapies room.

Patients on this ward can also make use of a 'Sun Room'. This is a delightful facility where a room has been turned into a virtual beach bar with a large seascape on the wall, concealed heat lamps, artificial sunlight, beach furniture, palm trees, and background sounds of waves, seagulls etc., all giving the impression that one is relaxing on a tropical beach.

### **Environment**

First impressions of the ward are favourable. As would be expected of a relatively new facility the environment is clean, light and airy. There were no unpleasant odours anywhere on the ward.

There are ample bathing and toilet facilities and these are very clean. Most patient bedrooms have en-suite facilities and these too are clean and odour free. Generally patients are bathed/showered daily dependent upon the number staff available.

On the occasions when bathing is not possible patients are assisted to wash.

There is a high standard of cleanliness throughout the ward and the cleaning staff are to be commended.

### **Discussions with staff**

Activities undertaken are recorded on each individual's Treatment Plan. Therapy input tends to take place Monday-Friday but where possible ward staff continue with therapy plans at weekends.

Staffing for the ward is:     7 staff in the morning (2 Qualified, 5 Health Care Assistants)  
                                      7 staff in the afternoon (2 Qualified, 5 Health Care Assistants)  
                                      5 at night (1 Qualified, 4 Health Care Assistants)

There have been problems with staff sickness levels and there not being enough Bank nurses available to provide cover. This puts a lot of pressure on those staff on duty.

The actual Decision Support Tool (DST) process is accomplished in 2 to 3 hours on the ward but delays of 4-6 weeks can occur when this is passed to the Panel for actioning. Carers are invited to attend the DST for their loved one.

The average length of stay on the ward is 8 weeks, though most patients are there longer.

Speech and Language Therapy (SALT) assessments are undertaken on arrival on the ward. SALT is provided daily and changes in requirements are noted and acted upon straight away.

The ward has 24/7 access to support services such as medical cover and pharmacy. The ward has GP services for patients and access to SHO, Psychologists and other specialists at need. Medication is reviewed by SHO etc.as required.

There have been very few falls within the past 6 months. Any falls are recorded on the individual's file.

**4. Ward East 2 – Whitchurch Hospital**  
**Wednesday 17<sup>th</sup> June 2015 at 4.30pm**  
(Unannounced)

**Visit Team:** Lesley Jones (Lead)  
Valerie Evans

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Ward East 2 is a neuro psychiatric ward with 11 patients. All the patients have acquired brain damage caused by brain injury, aneurism, auto immune response, meningitis, epilepsy or stroke. The age profile on the ward is variable, between 19-60 years.

### **Concerns Processes**

There was no visible information on the ward on the NHS 'Putting Things Right' concerns process, or visible information on the role of the CHC or its Advocacy Service. It was however at the front desk.

If there is a complaint or concern, these are reported to the Ward Manager who will then try to resolve the matter, or refer it to the Directorate Manager.

Staff feel empowered to raise their own concerns and from the couple of staff we spoke to this would appear to be the case.

### **Nutrition & Hydration**

The ward has protected meal times, and during protected meal times all activities stop. Because of the sensitive nature of the patients, relatives do not participate in helping during meal times as this could prove disruptive to other patients.

Patients appeared to be able to eat independently but staff were available during the meal time period.

We did not directly observe patients specific catering needs but through discussion with staff they appeared to be fully aware of patient individuality.

### **Patient Experience**

Patients appeared appropriately clothed for the weather conditions.

Patients are able to move around the ward, which covers a significantly large area. There is also a small outside area attached to the ward and the team saw no evidence of patients being restricted in one space.

Patients were not observed idly walking round the ward, although one needs to remember that this ward is a neuro psychiatric ward where patients frequently have communication problems linked to their brain trauma.

We did not observe any locked bedrooms. As was explained by staff, fatigue is a symptom of the condition of patients so they are able to go to their rooms to lie down as they wish.

There were no bucket chairs close to the tables and the Deputy Ward Manager confirmed that they were not used as a form of restraint.

The Ward has a designated Occupational Therapist and a therapy support worker during the week who undertakes daily activities with patients. These include playing pool, going for walks, going to the village and shopping. Patients also use the local leisure centre for badminton and they go cycling and have access to a sensory garden and quiet room. Games are condition related. 80% of patients are seen by a dietician. There are 2 Speech and Language Therapists and a Physiotherapist available to the patients.

It was noted that the Deputy Ward Manager was playing pool with a patient when we arrived.

There is an activity timetable on the office wall but this was slightly out of date.

Regarding patients benefitting from the input of therapies, it was inappropriate to ask the patients themselves because of their communication difficulties and the delicate nature of their behaviours.

## **Environment**

Whitchurch is an old Victorian hospital and this is reflected on the wards. However the ward is light and had art work on the walls. The staff and patients will be moving to the new Unit at the University Hospital Llandough in April 2016.

There were no unpleasant odours on the ward and the ward appeared clean and tidy.

There is one toilet and shower room at one end of the ward for women and another for men in the men's section of the facility. They are very old and tired and whilst on the whole clean, there was blood in one of the toilets which had not been cleaned. The team were advised that the toilets are cleaned hourly.

The men's toilet did have a smell of urine but the women's did not.

The environment reflects the age and nature of the hospital although there was an acceptance that the change to Llandough would present challenges for some patients. The toilet and shower facilities could certainly do with an upgrading, even as a temporary measure.

The only mattress observed on the floor was in the quiet room but it was explained that in some instances it might be necessary to restrain a disturbed patient there but only as a last resort.

There was an orientation board in the lounge area.

## **Discussions with Staff**

Patients are bathed according to their individual requirements. Some patients are self-caring and whilst staff may prompt daily bathing, this is not always what the patient requires. Daily bathing is available.

If a patient is incontinent advice is sought from a specialist on management of incontinence.

There is no record of the number of activities undertaken / cancelled over the last 6, but this was discussed and cancellation of activities is infrequent partly due to the regular presence of the Occupational Therapist.

The staffing ratio for this ward is:

|                 |                                      |
|-----------------|--------------------------------------|
| Am              | 2 qualified 5 Health Care Assistants |
| Pm and twilight | 2 qualified 5 Health Care Assistants |
| Night           | 1 qualified 3 Health Care Assistants |

There are 2 staff vacancies.

There are no difficulties in filling shifts.

There is only 1 Continuing Health Care (CHC) patient on the ward and the Decision Support Tool (DST) process is carried out only prior to discharge. Patients and families are involved with the Multi-Disciplinary Team (MDT)

Patients are provided with Speech and Language Therapy (SALT) assessments on arrival on the ward and subsequently to assess any change in the patient's condition.

The arrangements for the review of patient medication are undertaken during ward rounds and as part of the weekly MDT.

The ward access to 24/7 support services such as diagnostics, medical cover and pharmacy are in keeping with UHB availability. The ward retains a stock of medication to cover times when the pharmacy is unavailable. Medical cover is available.

Falls are recorded in individual patients' notes so there was no summative record available.

### **Additional Notes**

Patients present challenging behaviour and this is managed with a structured staff approach. In the first instance, patients are disengaged from the group and a calming technique is implemented.

There are occasions when restraint is required and a patient will need to be restrained on the floor although this is used as a last resort. The team spoke to 2 members of staff but both commented on the nature of team work on the ward and appeared to be happy in their working environment and displayed an enthusiasm for the work they are doing.



**5. West 3 – Whitchurch Hospital**  
**Wednesday 17<sup>th</sup> June 2015 at 4.30pm**  
(Unannounced)

**Visit Team:** Eleri Jones (Lead)  
David Turner

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The visit team was welcomed at the West 3 secure ward door by a student nurse. We were led down the corridor to a long communal area where clients were observed using the refreshment trolley after their evening meal.

We met the Deputy Ward Manager, who took us to the small staff office. She gave us an overview of the high risk forensic 10 male ward. The staff refer to the patients as clients. All the clients are detained under the Mental Health Act. During our visit one new client was joining the ward. Clients spend from two months to two years on the ward.

### **Concerns Process**

No information on the NHS 'Putting Things Right' concerns process was observed or information on the role of the CHC or its Advocacy Service. When presented with a complaint or concern on the ward, staff members inform the Senior Nurse. One client voiced his dissatisfaction with the way his complaint was being dealt with.

### **Nutrition and Hydration**

West 3 operates a Protected Mealtimes Policy and an information poster was displayed on the wall of the common room. Meals are served from the adjacent kitchen. During our visit clients were finishing their meal, whilst seated around a large table. Staff members join clients to eat their meals. The fortnightly June menu was on display. A refreshment trolley was brought in and a member of the kitchen staff was clearing up and cleaning the area. A bowl of fruit and biscuits are on offer all day. Two clients mentioned that the food was not to their taste. They questioned the use of dried egg and wanted more variety of fruit in the bowl and a choice of wraps on the menu.

### **Patient Experience**

Clients were wearing their own clothes. Clients are encouraged to use the laundry room. A member of staff escorts the client and supervises the use of machines.

There is no restriction on patients within the ward area. All bedrooms were open. There are personal lockers sited in a separate room. Two patients were playing pool in a large airy room which led to the garden. A fridge and sink were in one corner and a wall mounted television in the other corner. Next door there was a large quiet room with sofa and comfortable chairs and a client was watching a wall mounted television.

Clients have an allocated 15 minutes every hour to use the enclosed garden area. Some clients enjoy working in the garden, tending the large plant containers. We were shown around the communal areas. On the notice board near the office, a large poster displayed the daily activities on offer. A daily meeting is held at 10.30am for staff and clients to discuss named activities. During the last six months a cookery course has proved very popular. A new course is planned for August. All members of staff have completed a kitchen hygiene course.

The activities team plan bingo, games, cooking and table tennis activities. Clients are restricted to 2 x 30 minute slots during the day. They leave the ward for Ty Canol room to play table tennis. Clients use their own guitars for music sessions. There is no money available for basic literacy tuition. The Head of Occupational Therapy is exploring the possibility of volunteers assisting in the future. A psychosis education group starts in August to discuss alcohol related and mental health problems.

There was a good supply of books in the communal room.

### **Environment**

The ward environment was clean, airy and calm with no odours. The plastic chairs were clean and the area was well decorated.

All bathroom/shower facilities were clean with no odours.

### **Discussions with staff**

There are no set times for the use of bath/shower facilities.

The daily meetings are held at 10.30am. The loss of the Occupational Therapist resulted in reduced client activities.

The ward appeared to be well led by the nursing staff. Strong team ethos was much in evidence.

### **Staffing**

5 members of staff are on duty in the morning and afternoon. At night, 4 members of staff work from 8.00pm-7.00am. One staff member is off work due to an industrial accident, one on short-term and one on long-term sickness. A member of staff moves from another ward to cover when needed. Regular meetings are held with a member of staff who is on sick leave to discuss the planned return to work.

The 'Move on Team' meets weekly to discuss the client's journey. Delays in discharge are reported every Friday. Parents and carers are invited to contribute information to the Decision Support Tool (DST) process. Reports are prepared by staff for the Mental Health Appeals held at the hospital with solicitor involvement. There are fewer than five clients now on the DST waiting list. There were 12 appeals in the DST process in May.

Patient medication is reviewed daily with the Consultant, during the daily ward round.

West 3 has medical cover and pharmacy services on call 24/7 based at the hospital.

## **5) Conclusion:**

### **Concerns Process**

Three out of the five wards had displayed information on the NHS 'Putting Things Right' Concerns process. There was however information regarding Advocacy Support Cymru on two of the wards. There no posters displayed regarding the CHC Independent Advocacy Service.

If a concern needed to be raised members of staff on all Wards felt empowered to raise issues with their Ward or Senior Manager.

### **Nutrition and Hydration**

Protected meal times are observed in all five wards. This is where all activities or disturbances are stopped to ensure the client is able to eat undisturbed. Where appropriate ward staff, relatives and carers can assist the client if it is required. If able, clients are encouraged to sit in the dining room. If this is not possible the meal is brought to the client.

Clients are offered a choice of menu and staff are aware of individual client needs. Some clients occasionally queried the choice of food sometimes and this was taken up with the Ward Manager.

Hydration rounds are carried out at mealtimes and in-between meals by nursing and ward staff.

### **Patient Experience**

Some clients were unable to express themselves because of their medical condition, but clients who did comment were positive about the care they received from the staff.

All clients appeared suitably dressed in clean clothes and there were various avenues for cleaning clothes, i.e. the use of NHS laundry facilities on-site, where the clients could wash their own clothes under supervision as part of their rehabilitation. Additionally family/friends could also take clothes home.

Where observed, bedrooms were not locked unless the patient requested it due to there being valuables inside. The only locked room observed was a dining room which was locked between meals for safety.

A comprehensive timetable and range of client activities were provided on all wards. Clients were able to move freely around the ward and outside, weather permitting.

### **Environment**

On the whole wards, toilet and bathroom facilities were clean and odour free, with members commending the high standards of cleanliness. However, the female bathroom on Gorwel Ward in the Llanfair Unit was in need of thorough cleaning. Members were also informed that a blocked male toilet in the Gorwel ward had been reported and would be rectified shortly.

Due to the age and nature of the facilities at Whitchurch Hospital, although clean, they could possibly do with some refreshing prior to the final move to new premises on the University Hospital Llandough site in 2016.

Where observed and required there was a portable hearing loop which was in working order.

Only one mattress was observed on the floor of the quiet room in Ward East 2, Whitchurch Hospital. Members were informed that in some instances it might be necessary to restrain a disturbed patient, but only as a last resort.

### **Discussions with staff**

Members observed the high regard for the clients best interests shown by the management, nursing and support staff to the delivery of patient care and good team working between professional boundaries.

Speech and Language assessments are undertaken on arrival at the ward and subsequently to assess any changes in the client's condition.

Clients who are unable to bathe unassisted are bathed daily. Dependant on the clients condition if they wanted a bath they would be supervised, but not during showering or shaving. Some clients did not wish to bathe daily.

If a client is incontinent, advice is sought from a specialist on the management of incontinence.

Delays in the Decision Support Tool (DST) process were observed from Ward East 18, Llandough Hospital with delays of 4-6 weeks when passed to the panel for auctioning. The average length of stay on the ward is 8 weeks though most patients are there for longer. There are five clients on the DST waiting list on Ward West 3 at Whitchurch Hospital.

Relatives and carers are encouraged to contribute information to the DST process.

Wards had 24/7 access to support services such as diagnostics, medical cover and pharmacy.

Low Fall rates were on display in the Ward and recorded on the individual patient record.

The loss of an Occupational Therapist on Ward West 3, Whitchurch Hospital had resulted in a reduction in client activities.

Medication is reviewed daily or as required by the Consultant.

Ward West 3 was the only Ward that reported issues of staff shortages or long term sickness, and members were advised that a member of staff would move from another ward to assist.

## **6) Commendations:**

### **1. Sam Davies Ward – Barry Hospital**

- Well designed and organised notice boards for patients and visitors.
- Overall patient experience within the ward.
- Good team working across all disciplines.

### **2. Gorwel Ward – Llanfair Unit – University Hospital Llandough**

- A wide variety of group or individual activities.
- Weekly patient meetings.

### **3. Ward East 18 – University Hospital Llandough**

- Visual representations of food and assistance by nursing and relatives if patients required it.
- Comprehensive range of activities and therapies.
- Of particular commendation is the 'Sun Room' which gives patients an area to relax and remind them of a trip to the seaside.
- High standard of cleanliness on the Ward

### **4. Ward East 2 – Whitchurch Hospital – Cardiff**

- Comprehensive range of activities and therapies.
- Staff were available to assist patients if they required help when eating.

### **5. Ward West 3 – Whitchurch Hospital – Cardiff**

- Comprehensive range of activities
- Clean Ward environment
- Good team working across all disciplines.

## **Matters of Concern:**

### **2. Gorwel Ward – Llanfair Unit – University Hospital Llandough**

- No visible information on the NHS 'Putting Things Right' concerns process.
- Out-of-date Menu on display and lack of soup option on menu.
- Dining Room cleanliness needs to be reviewed.
- Bathroom and toilet facilities were in need of cleaning i.e. female shower and blocked male toilet.
- Delays in DST process due to Move-on Team staff sickness.

### **4. Ward East 2 – Whitchurch Hospital – Cardiff**

- No visible information on the NHS 'Putting Things Right' concerns process.
- Activity timetable out-of-date
- Male and female toilet facilities old and in need of replacement.

- Mattress observed on floor of quiet room (explained it was necessary to safely restrain a disturbed patient, but only as a last resort).
- Panel delays in DST process.

**5. Ward West 3 – Whitchurch Hospital – Cardiff**

- No visible information on the NHS 'Putting Things Right' concerns process.

**UHB Recommendations:**

**2. Gorwel Ward – Llanfair Unit – University Hospital Llandough**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.
- Provision of up-to-date menus to be provided with soup option included.
- Review rota for cleaning of dining room.
- Review cleaning of the male and female bathroom and toilet facilities and undertake any unresolved maintenance issues.
- UHB to review DST process on this Ward.

**4. Ward East 2 – Whitchurch Hospital – Cardiff**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.
- Update activity timetable.
- Male and female toilet facilities require upgrading. (Appreciate move to new premises but facilities in need of updating.)
- UHB to review DST process on this Ward.

**5. Ward West 3 – Whitchurch Hospital – Cardiff**

- Posters to be displayed on the NHS 'Putting Things Right' concerns process.

**CHC Recommendation:**

- There were no posters displayed regarding the CHC Independent Advocacy Service on all Wards.

## 7) Appendix 1:



# Members Guidance Workbook

## Cardiff & Vale CHC: Mental Health Visits

|                             |  |
|-----------------------------|--|
| <b>Ward &amp; Location</b>  |  |
| <b>Date</b>                 |  |
| <b>Lead Member</b>          |  |
| <b>Supporting Member(s)</b> |  |

**Please note, this workbook is designed to assist members while undertaking specific monitoring inspections to wards providing mental health inpatient services in Cardiff and the Vale of Glamorgan.**

**It is not a definitive guide for the content of their reports and should be used for reference purposes only.**

**Members are able, in their own judgement, to make further observations and ask questions as they deem appropriate, which may not be covered in this document.**

**Where there are questions suggested, this information could be extracted from discussions with patients, family members/carers or Health Board staff.**

## Concerns Processes

| Type        | Question  | Comments |
|-------------|---|----------|
| Observation | Is there visible information on the NHS 'Putting Things Right' concerns process?  |          |
| Observation | Is there visible information on the role of the CHC or its Advocacy Service?      |          |
| Question    | What action do staff take when presented with a complaint or concern on the ward? |          |
| Question    | Do staff feel empowered to raise their own concerns?                              |          |
| Question    | Is there an internal process staff can use to raise concerns?                     |          |

## Nutrition & Hydration

| Type        | Question                                 | Comments |
|-------------|--|----------|
| Observation | Does the ward have protected meal times? |          |
| Question    | How is this implemented? (Details)       |          |



|             |  |  |
|-------------|--|--|
| Observation | During these times, did you notice any family members/carers on the ward?            |  |
| Question    | Did the family members/carers feel welcome on the ward, during mealtimes?            |  |
| Observation | Were any patients offered support with their meals? Or were any patients not eating? |  |
| Observation | Does it appear that patients' specific needs are catered for individually?           |  |

### **Patient Experience**

| <b>Type</b> | <b>Question</b>  | <b>Comments</b> |
|-------------|--|-----------------|
| Observation | Do patients appear to be appropriately clothed? (hot/cold weather or ill-fitting garments)   |                 |
| Observation | Are patients restricted in their movement within the ward area? I.e. All locked in a TV room |                 |

|                        |  |  |
|------------------------|--|--|
| Observation            | Were there any patients idly walking about the ward looking for something to do?   |  |
| Observation / Question | Are bedrooms generally locked throughout the day?  |  |
| Question               | If so, why?  |  |
| Observation            | Does the ward have any bucket chairs, close to tables? And do they look as if they could be used as a form of restraint? (pushed tight under the tables) |  |
| Observation / Question | Is there an adequate supply of basic activities (magazines/books/jigsaws etc.) available to patients?  |  |
| Question               | When was the last main activity undertaken? (& what was it?)   |  |
| Observation            | Are there any activity plans on display in the communal areas?   |  |

|                        |   |  |
|------------------------|---|--|
| Observation / Question | Are patients benefitting from the input of therapies?<br>(Physiotherapy/<br>Occupational Therapy or<br>Dietetic Assessment) |  |
|------------------------|---|--|

### **Environment**

| <b>Type</b> | <b>Question</b>                                       | <b>Comments</b> |
|-------------|---|-----------------|
| Observation | What are your first impressions on entering the ward? |                 |
| Observation | Is there a pleasant odour on the ward?                |                 |
| Observation | Does the ward generally appear clean and tidy?        |                 |
| Observation | Are there adequate toilet/bathing facilities?         |                 |
| Observation | Are these facilities clean?                           |                 |
| Observation | Is there a pleasant odour/smell in these facilities?  |                 |

|             |   |  |
|-------------|---|--|
| Observation | Is there anything that strikes you as out of the ordinary? I.e. A mattress on the floor |  |
| Observation | Are there any orientation cues or signs visible? (location, day, date and time)         |  |

### **Discussions with Staff**

| <b>Type</b> | <b>Question</b>   | <b>Comments</b> |
|-------------|---|-----------------|
| Question    | How often are patients bathed?  |                 |
| Question    | Are there different arrangements for patients identified as incontinent?                    |                 |
| Question    | Is there a record of the number of activities undertaken / cancelled over the last 6months? |                 |
| Question    | What activities are routinely undertaken? (Do they appear to be patient focussed?)          |                 |

|          |  |  |
|----------|--|--|
| Question | What is the staffing ration for this ward?<br>(ask for all shifts inc. weekends/bank holidays)                                 |  |
| Question | Are there any difficulties in filling shifts? (staff sickness levels etc.)   |  |
| Question | Are there any delays in the DST process?   |  |
| Question | How are patients (or family members/carers) involved in the DST Process?   |  |
| Question | Are patients provided with Speech and Language Therapy (SALT) assessments? (If so, when? And what would incur a reassessment?) |  |
| Question | What are the arrangements for the review of patient medication?  |  |
| Question | Does the ward have 24/7 access to support services such as diagnostics, medical cover and pharmacy?                            |  |

|          |   |  |
|----------|---|--|
| Question | How many patient falls have been recorded in the last 6 months? |  |
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**Additional Notes**

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