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14 July 2014

Dear Professor Purt,

Re: Visit undertaken to the Ablett Unit, Glan Clwyd Hospital on the 23rd, 24th and 25th June 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to the Ablett Unit at Glan Clwyd hospital on the 23rd, 24th and 25th June 2014.

The Ablett unit is a separate building on the Glan Clwyd site, situated in the rural surroundings at Bodelyyddan, 4 miles south of Rhyl. The Ablett unit has 4 wards, consisting of Cynnydd a 10 bedded locked adult rehabilitation ward; Dinas a 20 bedded ward split into a male (10 beds) and female (10 beds) area. Tegid a 10 bedded older persons ward and Tawelfan a 17 bedded older persons ward which is currently closed.

Our visit highlighted areas that are noteworthy and include:

- The good rapport observed between patients and staff.
- The Restrictive Physical Intervention (RPI), Fire and Basic Life Support training on Tegid ward was at 100% staff attendance. However, other mandatory training did lack conformity. See point 10 for training areas that need urgent attention.
- The amount of patient information displayed throughout the hospital.

- Evidence of joined up working between the home treatment team and in-patient services.
- The accreditation of the electroconvulsive therapy (ECT) services and the working towards a further level of accreditation that demonstrates how the service has progressed and improved.
- The standard of cleanliness throughout the Ablett unit was observed to be good. However, on Tegid ward there was an issue with ants on the ward. See point 3g.

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your senior management team at the end of our visit on 25th June 2014. A summary of these is set out below:

Issue of concern
<ol style="list-style-type: none"> 1. A current/potential issue of a lack of junior doctors. This may become a critical area if not resolved by August 2014. The appointment of junior doctors must be facilitated. 2. A review of the recruitment processes is required to ensure difficulties are identified and resolved. During our visit we were informed that there was a 6 week wait for an offer of employment letter to be issued. An effective process must be implemented to provide efficient correspondence to prospective employees. 3. The following issues with the environment were identified; <ol style="list-style-type: none"> a. There was a lack of a nurse call system in some areas of the wards. On Deri ward there was no nurse call system in any of the bedrooms and on Tegid ward, 7 out of the 10 bedrooms did not have a nurse call system. b. The water pressure on the shower in the wet room on Tegid ward was very poor and therefore patients have struggled to have an effective shower. c. The male shower on Dinas ward has been out of operation since October 2013. d. There were two separate bathrooms on the male area of Dinas ward, having a bath in each. However, there was only 1 plug available that was shared between the two baths. e. The bath on Tegid ward had no room for a hoist to support patients. f. There was no sluice available on Tegid ward and this is clearly an infection control issue. g. Tegid ward had a problem with ant infestation and ants were visible in the corridors and some patient bedrooms. <p>All the above areas require attention.</p> 4. The external grounds of the Ablett unit could have a tremendous therapeutic value for the patients, however with the exception of Cynnydd ward, where the external grounds were maintained by staff and patients,

the other outside areas were extremely neglected. The grounds outside Tegid ward were overgrown with brambles and weeds and patients had difficulty accessing the gardens because of the steps. A ramp is required so this patient group can access the grounds and regular maintenance of the grounds is required to ensure accessibility and maximum therapeutic benefit for the patient group.

5. General maintenance of the environment was required and entries requesting repairs and replacements, made in the maintenance diary, had not been completed, some entries dated back to April 2014.

6. An inspection of the clinic/treatment room on Cynnydd ward identified the following:
 - a. There were numerous errors with the stock balance for controlled drugs.
 - b. Some entries within the controlled drugs, book were difficult to understand.
 - c. Patient names were not inserted at the top of the administration record for drugs.
 - d. There was crossing out on the administration of medication record . Where an error occurs, the entry must be re-written to avoid any potential confusion.
 - e. Medication in patient boxes had been discontinued but not returned to pharmacy. Some of the medication for return dated back to 09/06/2014.

The areas identified above must be addressed.

7. A random sample of care plans were examined and the following observations made:
 - a. Patient A on Cynnydd ward had some injuries/wounds from episodes of self harm and there was no care plan in place in relation to the injuries.
 - b. Patient B on Dinas ward was on a 1:1 observational regime but no specific care plan had been developed regarding what it meant for the patient. For example, within the care plan it was not clear whether 1:1 observations should be in place when the patient has a shower.
 - c. The Outcomes to be Achieved section of the care plan for patient C on Dinas ward was blank.
 - d. Overall the care and treatment plans need to be developed further for in-patients issues.

The areas identified above must be addressed.

8. We reviewed a sample of staff files and the following observations were made:
 - a. There was a lack of references on the files examined. 4 out of 10

- files had no references.
- b. 4 out of 10 files had no evidence that a Disclosure and Barring Service¹ (DBS) check had been undertaken.
 - c. There was a lack of medical checks/questionnaires on employee files. 4 out of 10 files did not have any evidence of a medical check.
 - d. There was a lack of information on the medical staff files. Of the 3 files examined, all were missing medical checks/questionnaires, DBS checks, references, start dates and application information.
9. Implementation of the Mental Health Wales (Measure) 2010 was good, however an internal audit produced showed 8% of doctors were not using the appropriate documentation. The 8% related to 2 individuals and full implementation of the Mental Health Wales (Measure) must be achieved.
10. There was a lack of mandatory staff training in the following areas:
- a. On Tegid and Dinas wards there was 0% compliance in Mental Capacity Act 2005 training.
 - b. The Mental Health Act 1983 and Deprivation of Liberty Safeguards (DoLS) training on Dinas ward had 0% compliance.
- Training in the areas identified above must be facilitated.
11. A lack of recreational and social activities was a key feature of patient feedback (except on Cynnydd ward). A comprehensive programme of activities based on assessed patient need must be introduced.
12. Staff training was recorded differently across all the wards. A comprehensive system that is used by all wards should be introduced to ensure consistency across Ablett Unit and to enable an effective overall audit of training at the unit.
13. With the exception of Cynnydd ward, there was a lack of available psychology services on the wards. Adequate psychology services based on assessed patient needs must be provided for all wards.

Mental Health Act Monitoring – The Administration of the Act

We reviewed the statutory detention documents of 6 of the detained patients being cared for on 2 of the wards at the time of our visit. The following noteworthy issues were identified:

- The clear pathway in place for use of the section 136 suite².

¹ Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).
<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

- Evidenced in notes/observed that if patients wanted access to an Approved Mental Health Professional (AMHP) this was readily facilitated.
- Very detailed assessments noted from the approved mental health professionals application for detention.

You are required to submit a detailed action plan to HIW by **Friday 1st August 2014** setting out the action you have already taken as well as that which you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of this letter the Health Board is required to comment on the factual accuracy of the issues detailed and on receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Dr Peter Higson, Chair; Professor Matthew Makin, Medical Director; Mr Geoff Lang, Director of Primary, Community & Mental Health; Mrs Angela Hopkins, Director of Nursing, Midwifery and Patient Services and Reena Cartmell, Assistant Director of Nursing.

Yours sincerely



Mr John Powell
Head of Regulation

cc – Dr Peter Higson, Chair, Betsi Cadwaladr Healthboard, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

Professor Matthew Makin, Medical Director, Betsi Cadwaladr Healthboard, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

Mr Geoff Lang, Director of Primary, Community & Mental Health, Betsi Cadwaladr Healthboard, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

² A designated place of safety to which police may remove a person from a public area for the purpose of assessment under the Mental Health Act 1983.

Mrs Angela Hopkins, Director of Nursing, Midwifery and Patient Services,
Betsi Cadwaladr Healthboard, Ysbyty Gwynedd, Penrhosgarnedd, Bangor,
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Reena Cartmell, Assistant Director of Nursing, Betsi Cadwaladr Healthboard,
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Ms Janet Davies, Patient Safety Adviser & Head of CGSDU, Welsh
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