Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Jan Williams
Chief Executive
Cardiff and Vale University Health Board
Whitchurch Hospital
Park Road
Whitchurch
CARDIFF
CF14 7XB

Direct Line: 02920 928852
Fax: 02920 928878
E-mail: peter.higsons@wales.gsi.gov.uk

Eich cyf / Your ref
Ein cyf / Our ref

5 July 2010

Dear Jan

UNANNOUNCED DIGNITY AND RESPECT VISIT: WHITCHURCH HOSPITAL AND THE IORWERTH JONES CENTRE

I write to advise you of the outcome and actions arising from the unannounced 'Dignity and Respect' visit made to Whitchurch Hospital and the Iorwerth Jones Centre on 8 and 9 February 2010 and to thank your staff for their positive and helpful contributions.

Immediately after the visit, our reviewers met with members of staff from your Health Board to give some initial feedback. During this meeting we asked for a number of immediate actions to be taken relating to issues of high concern. Since this meeting, we have received information detailing the actions which have been taken and these are noted in this letter.

Background to Visit

As you may be aware, we announced our intention to undertake such unannounced visits when we published our Three Year Programme for 2009-2012 in July of last year. The focus of these reviews is on the following four areas:

- Is consideration of dignity and respect evident in care and treatment?
- What processes are in operation to ensure that patients receive consistent quality and choice of food which meet their dietary requirements?

Tŷ Bevan • Bevan House
Parc Busnes Caerffili • Caerphilly Business Park
Heol y Fan • Van Road
Caerffili • Caerphilly
CF83 3ED
Ffôn • Tel: 029 2092 8850
Ffacs • Fax: 029 2092 8877
www.hiw.org.uk

- How suitable is the environment of care?
- Are all appropriate services and individuals (including patients and carers) involved in care and treatment?

As part of the review process we interview staff, patients and carers; examine patient records and observe the environment and the care and treatment being provided at the time of our visit.

We also consider other policy and operational areas that might impact on safety, privacy and dignity including:

- Protection of Vulnerable Adults (POVA) awareness, systems and processes.
- Child Protection (POCA) awareness, systems and processes.
- Staffing levels and skill mix.

The outcome of this visit will also be used to inform:

- Our review of the implementation of the Older Peoples National Service Framework (NSF) in Wales.
- Validation of Healthcare Standards self assessments.

Most importantly the visits will be valuable in providing assurance to patients and the public about the quality of healthcare service provision and all management letters and action plans produced as a result of the visits will be published on our website.

The visit to Whitchurch Hospital and the Iorwerth Jones Centre spanned a 36 hour period over Monday 8 and Tuesday 9 February. This gave our reviewers the opportunity to consider the impact of ward routine and shift changes on patient dignity and to develop an understanding of the culture of the wards visited.

Our visit focused on Whitchurch Hospital, where we visited the elderly mental health wards West 1 and West 4 followed by a brief visit to West 2. In the Iorwerth Jones Centre we visited Coed-y-Felin and Coed-y-Nant wards followed by a brief visit to the Cefn Onn rehabilitation ward.

The following details relate to the information found during our visits to wards West 1, 2 & 4 in Whitchurch Hospital and Coed-y-Felin and Coed-y-Nant wards in the Iorwerth Jones Centre. Our findings on Cefn Onn ward can be found at the end of this letter.

In general, the staff showed a caring and respectful attitude towards their patients and were very helpful in facilitating our reviewers on the days of the visit.

Was consideration of dignity and respect evident in care and treatment?

We were advised that different facilities such as podiatry, hair washing and hairdressing were available and regularly provided on all wards visited.

On wards in the Iorwerth Jones Centre and West 4 ward we observed staff consistently using appropriate patient names, using appropriate behavioural techniques to distract

and encourage patients and allowing patients to carry out their preferred routines without undue control.

The provision of single bedrooms with integrated privacy panels made a difference in ensuring patients' dignity was maintained. West 2 was of a similar layout with fixed integrated panels allowing either single or double occupancy and there was a curtain which could be drawn across the entrance which gave more privacy and personal space for the patient.

All wards we visited were single sex apart from West 4. The single sex wards contribute to maintaining the dignity of patients. On West 4, steps have been taken to enhance the privacy and dignity of patients on a mixed sex ward by the male dormitory, toilets and shower rooms being at the opposite end of the ward to the female facilities.

The hospital Chaplin is a regular weekly visitor to wards West 1 and West 4 and it was reported that ministers from other religions were readily accessible if required.

We were told that staffing rotas usually allow for a mix of male and female nurses to be on duty during each shift. This enables individuals to be cared for and treated by either gender according to their preferred choice.

Areas for improvement

Staff on Coed-y-Nant ward reported that relatives had raised concerns about whether the number of staff could provide for adequate patient supervision. Relatives had also raised concerns about the lack of privacy and the loss of personal clothing in the ward's laundry systems.

These concerns with patient 'clothing' were noted on both Iorwerth Jones Centre wards and also West 1 ward. The problem appears to be the time taken from when the laundry leaves the ward to its return, which is about a week. Clothes were reported as frequently missing and not being returned to the correct ward and the provision of the correct size of clothing was said to often be a challenge. Specifically, the marking of patients' individual clothes and the centralised laundry service needs reviewing as this issue can have a big impact on patient dignity.

The Iorwerth Jones Centre did have domestic washing machine facilities on the wards visited and this is essentially very helpful to patients and their carers. However, it is important to understand that there are potential infection control risks in doing this and therefore formal protocols for the use of washing machines need to be put in place.

The Health Board have since informed HIW that advice to all wards about the correct procedures for laundering items at ward level was going to be issued. They continued that it was already standard procedure that all soiled items are laundered through the centralised laundry service which provides a high temperature wash.

The female dormitory on West 4 comprised of 13 beds in close proximity to each other, allowing little personal space. At the time of the visit, three patients were confined to their beds meaning there was little privacy and dignity for them, especially when

treatment /care was being carried out as other patients in the ward could easily hear conversations.

There was no evidence on any of the wards we visited that signs were being used to indicate that care/treatment was taking place behind a drawn curtain or closed door.

Staff reported that the type of chairs on wards visited in the Iorwerth Jones centre were unsuitable for deep cleaning and as a result were 'smelly', resulting in staff being reluctant to sit on them. Nevertheless, patients were expected to do so. This compromises patient dignity and respect and is an infection control risk that needs urgent attention.

Since our visit the Health Board has acknowledged that the choice of fabric on the chairs was inappropriate for the needs of the patients cared for. Replacement chairs have been ordered.

On a number of occasions it was noted that while staff had identity badges, they were not worn on the wards. It was explained that patients would often try to grab identity cards (especially if they were on a neck chain). Nevertheless, staff should always be identifiable and an acceptable method of maintaining identification needs to be established.

The window blinds throughout wards in the Iorwerth Jones Centre were in urgent need of repair or replacement to ensure privacy and dignity. We noted that complaints had been made that partially clothed patients could be seen from adjoining private housing.

Since our visit the Health Board has confirmed that steps have been taken to identify appropriate alternative window coverings which cannot be so readily removed/damaged.

A handover from day shift to night shift nursing staff was observed in the Iorwerth Jones Centre. There was no secure room for handovers to take place so they occurred at the open access nurses' station with a number of patients in close proximity and able to overhear personal details being discussed. These nursing stations were also cramped and easily accessible to visitors when unsupervised. This situation needs to be reviewed and patient personal details secured at all times.

There was a distinct lack of personalisation to the patients' rooms on all the wards we visited which underlined a rather institutional feel. A number of patients have relatively long stays and so this needs to be reviewed to enable greater personalisation.

West 4 ward catered for both patients with organic brain disorder and also for those with functional mental illness. This is undesirable as mixed functional and organic wards do not ensure an appropriate therapeutic environment for each group.

There seemed to be a significant use of pads as the main means of continence management for most patients on wards visited in the Iorwerth Jones Centre. We would like this to be reviewed to ensure that the appropriate use of pads is taking place.

What processes are in operation to ensure that patients receive consistent quality and choice of food that meets their dietary requirements?

The Iorwerth Jones Centre had a main ward kitchen where pre-cooked food was reheated (often known as cook-chill). The food on the wards visited in Whitchurch Hospital was cooked and brought up from the kitchen with a menu card system with options, albeit limited.

There was a choice of food available to patients on the wards visited in the Iorwerth Jones Centre, however in some cases patients weren't easily capable of making a choice so nurses would make menu choices on their behalf. While this may be appropriate in some circumstances, care needs to be taken to ensure that inability to choose does not become the natural default position for all patients.

It was encouraging to see that sandwiches as well as the main pre-ordered meal were also available on tables in the Iorwerth Jones Centre as a further option on the day.

On the wards visited in Whitchurch Hospital, snacks such as toast, sandwiches, cereals and biscuits were also readily available outside main meal times if patients required additional food. Protected meal times were also observed on these wards which enabled the patients to eat their meals without interruption. This also allowed staff to be available to assist patients with eating as required.

It was encouraging to see that a number of nutritional charts were clearly displayed throughout the wards. These charts are important since they give a method of determining the amount of food consumed by a patient.

Nutritional Assessments were routinely completed on all the patients on wards visited in Whitchurch Hospital. This formed part of their overall assessment which then influenced their nutritional care plan.

Patients were all weighed on a weekly basis and this was recorded on their individual charts.

Areas for improvement

The shift pattern on wards in the Iorwerth Jones Centre meant that more staff were on duty at lunchtime, allowing staff to assist patients with feeding. However, at teatime there was less help available leaving some patients struggling to feed themselves, some of it dropping off their plates onto the floor. Systems should be put in place to ensure that there is enough support staff available at all feeding times.

On the same wards there were routine drink rounds via a staffed trolley, however drinks, even water, were not observed to be readily offered out of those times and certainly not available to patients to help themselves on an ad-hoc basis.

The Public Assistance Reporting Information System (PARIS) is the system used by the wards to maintain patient health records. Under the 'nutrition' section of the document there was specific space available for nutritional assessment data. However, in all the records checked in the Iorwerth Jones Centre no nutritional data information had been

recorded. This data was updated and recorded regularly in a separate manual record with patient weight charts being held in a further separate file on the nurses' station. This separate record keeping did not apply in Whitchurch Wards, where the PARIS system was used very well to support care delivery. This reinforces the need to reconsider with staff what integrated system best supports patient care on these type of wards.

How suitable is the environment of care?

All the wards we visited seemed clean and the wards in Whitchurch Hospital had all been recently re-furbished and redecorated so they appeared light.

The environment on West 2 was spacious with a capacity of 17 beds and a current occupation of 14 male patients. There was a separate activities room and two large rooms that had been divided; one into a dining area and one into a quiet lounge area. Another interlinking large area was divided into a TV lounge and another quiet lounge area. The space on this ward was notable compared to West 4, a mixed sex ward that had a capacity for 20 patients. This latter ward was rather cramped, especially as it was for patients with mixed organic and functional mental heath needs, some of whom had challenging behaviour and required one to one supervision.

In general, the physical environment of the wards visited in the Iorwerth Jones Centre seemed bright and relatively spacious with lounges and conservatories on each ward which provided a range of seating areas for patients. However, Coed-y-Nant ward was quite noisy and this generally seemed to add to patients' agitated behaviours.

There is good access to gardens on all wards visited. On Whitchurch Hospital wards it was reported that the patients and visitors regularly used the garden in the warmer weather.

Areas for improvement

The single bedrooms throughout the wards visited in the Iorwerth Jones Centre provided potential for patients to choose to rest quietly during the day and for rooms to be personalised to create a more 'homely' atmosphere. However, because of difficulty in monitoring patients as a result of the ward layout, the bedrooms were locked and inaccessible to patients through the waking day, therefore patients were observed sleeping for long periods in chairs lined around the walls of the lounge reminiscent of a rather institutional approach within the newly redeveloped community based building.

Improvements need to be made to the signage on West 1. There is a need for directional signs and pictograms for all rooms including toilets and patient bedrooms, this will help the patients orientate themselves with their surroundings.

The bland colours of walls and floors in the Iorwerth Jones Centre means that there was a complete lack of distinction of various parts of the ward. There was also a lack of any visual cues along the way -such as floor markings - to enable patients to become familiar with surroundings or location of important facilities such as toilets. Given that many patients have very extended stays in these wards, some urgent thought is needed

in order to better enable patients' orientation and reduce some of the obviously disoriented and undignified behaviours observed.

It was reported on West 4 that a female patient had recently contracted a C Difficile infection. She had not been isolated in a single room but remained within the main dormitory ward area. This was an infection control issue and was brought to the immediate attention of the Health Board.

Following on from our visit the Health Board have informed us that 'Clinical Nurse Leaders were going to audit wards and assure safe and appropriate practice based on the Health Board's procedures'. This audit should have now taken place and we would be keen to see the results.

There was a lack of hand gel dispensers in place on the wards we visited in Whitchurch Hospital and there were none available at the entrance to each ward. The provision of hand gel should be reviewed and action taken in line with last years NLPSA guidance, advising that the placement of alcohol hand-gel dispensers should be focused within the immediate area that a patient is treated e.g. at the bedside and in clinical areas. There is a need for local risk assessments to take place, to determine where hand-gel dispensers should be placed that takes into account the risks associated to individual patients.

Our reviewers found chairs placed across the entry point to one of the lounges/conservatories on Coed-y-Nant ward. We were informed that the chairs were in place to stop patients entering the lounge as the conservatory door was broken resulting in the room being unsuitable due to temperature control issues. The use of chairs placed across the entry area was not acceptable as patients were still attempting to push past the chairs, thus being liable to stumble and fall.

This issue was brought to the attention of the Health Board and they have since informed us that the door has now been replaced and the room should now be fully operational.

There did not appear to be any specific protocols for handling and storing personal toiletries on Coed-y-Felin ward. On Coed-y-Nant ward these were kept in the locked bedrooms. On the wards visited in Whitchurch Hospital all patients had their own toiletries, which were kept, in individual boxes. It was of concern that on the shelves in the bathrooms of each of wards, toiletries, including razor blades were left easily accessible and could cause harm to patients. Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002[1], chemicals and dangerous substances must be stored and handled in a way that minimises the risks posed by those substances and which limits people's exposure to them. Whilst we recognise that items such as shampoos and conditioners would not necessarily be classed as a chemical or dangerous substance, we do feel that there is a risk of confused older people potentially ingesting such substances especially if they have a fruit like scent.

[1] The Control of Substances Hazardous to Health Regulations 2002.

Since our review the Health Board have informed us that guidance had previously been issued to all wards stating that patient toiletries must be kept in individual marked toiletry bowls/bags within locked bathrooms or other identified areas. Clinical nurse leaders and Ward Managers have already been reminded of the existing guidance and a re audit of practice against this standard would be undertaken. After this, the monitoring of this issue would be addressed by Fundamentals of Care Audits, which regularly and routinely take place across the service.

We are satisfied that the Health Board have taken this issue on board and would like to see any results of the re-audit. We would also like to make the point that any bowls used for washing patients should be stored empty and inverted for infection control issues.

Although the environment appeared very clean, there was a lack of storage space available on all the wards. Inevitably bathrooms ended up housing inappropriate supplies which detracted from the initial clean and tidy impression.

One of the bathrooms on West 1 ward was not in use as the bath had been condemned. This room was now being used as a storage room. If the bathroom is no longer needed the bath and toilet should be removed and the room should be identified for a specific purpose.

The bath in the other bathroom on West 1 had a leaking outlet pipe which meant the floor was wet. We were informed that this had been reported and repaired several times but the problem was still re-occurring. This resulted in the room being damp with visible signs of mould on the walls and a rusty bath hoist base. This issue was brought to the attention of the Health Board and immediate action required.

The Health Board have now informed us that they have identified that the unit requires a second Parker Bath and would be placing an order. The matter of the drainage and temperature problems with the second bathroom have been raised with their Estates Department and they will be reviewing what action is required.

We therefore require confirmation that a new bath is in place and what action is taking place with regards to the drainage and temperature problems in the second bathroom.

The lack of distraction and occupational activity was notable on wards visited in the Iorwerth Jones Centre. There was a schedule of activities posted at the main lounge on both the wards which was the initiative of a "Refocus" nursing assistant since no dedicated Occupational Therapist was available. These nursing assistants assess each patient and identify suitable activities, which should be incorporated into their daily care plans to occupy their time and act as a form of mental stimulation. All the nurses on the ward are then involved in carrying out these activities with the patients. However, although nursing staff were pleasant and caring to patients and carried out core duties effectively, they did not seem to have sufficient time to provide planned activities and the lack of dedicated Occupational Therapy was of concern. It was also noted that the "Refocus" nursing assistant was away sick during our visit and therefore the activities planned for that day were cancelled with no level of concern being expressed and no

attempt made to find a substitute. The overall impression was that "activities" were not a core part of the patient care regime.

A "Refocus" nursing assistant had also been appointed on both West 1 and 2 wards. West 4 did not have a designated "Refocus" nursing assistant but there was a weekly activity board, which displayed a current programme of patient activities to follow. It was reported that different activities are planned for each day and that they are focussed on assisting the stimulation of the patient's mind and reducing boredom.

While it is creditable that a "Refocus" nursing assistant is organising and planning various activities, this is not an effective replacement of an Occupational Therapist (OT), unless a planned educational and training programme is also in place.

The appointment of a "Refocus" nursing assistant on West 4 should be considered as this will mean that a designated person holds the lead for ensuring that activities are planned and carried out by the nursing team.

There should be a review to ensure that organisational boundaries and budget centres do not inhibit daily use of specialties such as OT and Physiotherapy where it is thought to be beneficial to the individual patient. This is particularly true in the wards visited in Coed-y-Felin, Coed-y-Nant wards where OT is not available, reportedly due to organisational/management barriers.

On Coed-y-Felin ward there were signs indicating that an induction loop system for the ward was present. However, the staff in the Iorwerth Jones Centre who we spoke to were unsure as to whether this really existed and nobody could recall its use. When questioned about aids as audio or Braille books, most staff thought that the "refocus" nursing assistant would probably have something. In short there was no definitive knowledge of what was available.

Similarly, resources to support patients with sensory impairments on West 1 and 4 were inadequate. Staff informed us that there was no loop system available in the hospital resulting in some patients not benefiting from having their hearing aids appropriately set. Braille facilities and information in large print were not available on the wards, although it was understood by staff that this was available within the hospital if required.

A full review of the support available for patients/service users with a sensory impairment should be carried out.

Coed-y-Felin and Coed-y-Nant wards, which accommodated patients with significant behavioural issues were well secured with electronic access both in and out. It was notable on some occasions to see the staff being alert to patients' attempts to leave the ward when an exit door was about to be opened.

The main access to the wards visited in Whitchurch Hospital was not monitored, which was apparent from our unchallenged entry during the visits. This needs to be reviewed so that safety is maintained and that the vulnerability of the patients on these wards is recognised. Exit from these areas was more secure by means of electronically locked doors and whilst we recognise that restricting access from the ward is appropriate for the safety of some patients, it is also important that those patients who have the capacity

and are not detained under the Mental Health Act are not deprived of their liberty. Therefore we recommend that regular risk assessments are carried out and procedures put in place to best meet the needs of individual patients.

There was a dedicated smoking area for patients who smoked on Coed-y-Felin ward, however there was no such area designated on Coed-y-Nant ward, but at the time of our visit the staff said there were no smokers on the ward.

Designated smoking areas were an issue on wards West 1 & 4. West 4's designated area was the garden with no specific shelter and West 1's was sitting by an opened window with a large collection of cigarette ends found on the ground just outside.

This situation needs to be reviewed, as patients who smoke outside have no protection from the cold weather and rain, and smoking next to an open window in the ward is not appropriate. The litter found outside the open window looked unsightly and will need to be regularly cleared away.

Whilst on West 4, our reviewers identified possible ligature points around shower piping, bathroom door hinges and the dining room/lounge door hinge. This was raised as an urgent issue at the time of our visit.

Since our visit the Health Board have informed us that a recent ligature assessment had also highlighted the issue with the bathroom door hinges. They stated that this risk is managed by staff locking bathrooms when they are not in patient use and that the Health and Safety Committee within the mental Health Division saw this as an acceptable solution. They further stated that if patients are assessed as having a suicide risk an appropriate level of nursing observation is prescribed to manage that risk which will include observation whilst using bathroom areas.

In relation to the ligature point between the dining room and patient's lounge the Health Board stated that the Health and Safety Advisor had met with the senior Nurse to discuss ligature audits and they were in the middle of a re-audit of all ligature points. The ligature described is scored as within acceptable risk category given the level of supervision in that area. However, the ward manager and clinical nurse leader have been asked to ensure the mitigation/management process is more clearly expressed in the risk proforma.

We are pleased to hear that a re audit of all ligature points has been carried out which should have also picked up the issue with the shower piping and we would be keen to see the results of such audits.

Were all appropriate services and individuals (including patients and carers) involved in care and treatment?

During handovers on the wards visited in Whitchurch hospital, staff used a handover print out sheet from the PARIS system, which gave clear guidance on relevant up to date care plans relating to each patient.

It was reported that "family meetings" took place at least monthly where there were opportunities to review and include carers/relatives in the care and planning processes.

Multi disciplinary team review meetings took place on a weekly basis and multi-disciplinary communication was felt by staff on the wards visited in Whitchurch to be very positive. However, it did not appear that patients made explicit contributions to these meetings.

On the wards visited in Whitchurch Hospital, the Fundamentals of Care (FOC) principles are implicit within the patient's care plans. West 2 and 4 were involved in the All Wales FOC audit earlier this year and the results were fed back at the ward managers meetings. The staff we interviewed were of the opinion that any patient, visitor or carer comments concerning care would be rapidly made known to all staff by informal contact within what is a close-knit ward team. At the very least, any relevant information would be passed on at handover and our observations of the handover would support that view.

On Coed-y-Nant ward, relatives who visited on the day were observed to sit with patients in the main lounge and this did not seem to provide any privacy for personal conversation or physical closeness in any dignified way. In addition, the angst that arose for some patients on this ward, specifically when relatives needed to leave proved extremely disruptive.

At the time of our visit there was a carers group active in the Iorwerth Jones Centre and there was evidence of meeting dates displayed throughout.

Areas for improvement

The PARIS system provides rich facilities for recording aspects of care such as assessments, medication regimes and progression plans. While the PARIS system seemed to be used appropriately on West 1 and 4, this was not the case on the wards visited in the Iorwerth Jones Centre where large parts of the system did not seem to be utilised. Observation of records on the system showed that many were not completed or updated regularly enough to enable continuity and comprehensiveness of care. Staff in the Iorwerth Jones Centre reported that the PARIS system was cumbersome in facilitating patient care and not the most practical or user-friendly way of achieving integrated care communications.

Based on our findings from the wards visited in the Iorwerth Jones Centre, there is a need for a full review of the use of the numerous different paper systems (in addition to PARIS) that are being used to support integrated patient care and enable appropriate communication on a day-to-day, shift-to-shift basis.

Two patients on Coed-y-Nant were inappropriately placed on the ward due to having mainly physical care needs, with one being nursed completely in bed which posed a further challenge to staffing levels. They were said to have been waiting for transfer for a very long time. These patients were said to be no longer suitable for the ward, nor did they fit the admission criteria. Coed-y-Felin and Coed-y-Nant are designated as acute assessment wards, however in reality there are some considerably long stay patients

present. Nevertheless, the strategic objective is supposed to be assessment and transfer of care planning should follow as a normal part of a unified care regime.

There was no reported use of formal Advocacy on the wards visited in the Iorwerth Jones Centre. Indeed some staff seemed unaware of this as an option for patients. When asked how changes of treatment were introduced to the severely organically impaired patient and about mental capacity and consent issues there was a lack of awareness of the specific requirements in relation to the type of patient on the ward. Many nurses stated that their "duty of care" was sufficient to allow them to act as patient proxies for consent (for example when changes of medicines were introduced to a patient).

All wards require a review of whether Advocacy is available and whether it is used appropriately and on all occasions needed, especially in respect of capacity and consent to treatment change issues. Of particular concern is the fact that some nursing staff seem to lack awareness of the importance of this area and of the limits of their own permissible actions on behalf of patients.

Across all the wards, formal systems for assessing and recording capacity and consent were not evident. It was reported that it was the role of the Consultant to make that assessment. We were told patients are informed verbally each time any procedure was to be carried out. This approach and the use of a consent form needs to be reviewed. In particular, staff need to be provided with appropriate training on consent and the Mental Capacity Act.

During a review of patient records on West 4, one of our reviewers noted that a 'Do Not Resuscitate' (DNR) form had been signed in November of last year with no further review date present.

We raised this concern with the Health Board who have now confirmed that guidance relating to the current DNR form and the importance of ensuring that a review date is included has been reissued. The Clinical Director has instructed the Ward Manager as a matter of urgency to review the DNR form for all patients on West 4 and they will also be checking and re auditing all DNR forms on all Older People's wards where appropriate to the individuals there.

The 'Admission Pathway', which is a framework to ensure that the necessary patient details are recorded on admission was included in the Admission booklet, this had been piloted on West 1 and 4 and staff feed back was positive. It is understood this is now to be implemented shortly. It was unclear if this pathway was to be used across all the elderly mental health services within the organisation and the potential of this needs discussion.

Although there were notices in the corridor of the wards visited in Whitchurch Hospital regarding the complaints procedure there were no leaflets available on the wards for patients or relatives on how to make a complaint. This should be addressed so information is readily available without the need to ask for it.

Protection of Vulnerable Adults (POVA) awareness, systems and processes.
Child Protection (POCA) awareness, systems and processes.
Staffing levels and skill mix.

The general impression of the wards visited in the Iorwerth Jones centre and West 1 and 4 was that ward teams knew each other and worked well together. They shared responsibilities while offering a caring environment for a variety of patients who exhibited a range of behaviours – some of which were quite challenging.

Daily medical cover was provided by a GP practice with weekly consultant visits at the Iorwerth Jones Centre.

There was a consultant medical team allocated to the wards in Whitchurch Hospital with the junior doctors working on a planned rotation basis.

Areas for improvement

The new unit manager of the Iorwerth Jones Centre told us that staffing ratios compared very well to other units in Wales. However, staff on the Coed-y-Nant ward believed that staffing ratios were somewhat compromised by the layouts on the wards where direct observations of patients was problematic.

West 1 and 2 ward managers reported that there was a problem with a lack of staff. This was mainly with qualified nurses who were difficult to recruit. This made it difficult to consistently obtain the appropriate skill mix of staff required for each shift.

Some staff employed held dual mental health and general nursing qualifications, although this was said not to be because of an evidence based requirement but merely fortuitous.

A review of the levels of nursing staff required in the particular context of the ward layouts, patient mix and the ability to provide maximum levels of individualised care is needed on all wards.

On wards West 1 and 4 and those in the Iorwerth Jones Centre there was some general basic awareness of the concepts of Vulnerable Adults and more senior staff members knew of the whereabouts of Health Board policy and procedures. The junior staff we spoke to on wards in the Iorwerth Jones Centre were less able to clearly articulate what constituted a vulnerable adult in the ward context or specifically how to be alert and what to do about it. At least one long-standing staff member had not been trained in this area.

POVA policies and procedures on West 1 and 4 were found to be out of date and these need to be reviewed and updated.

There should be an urgent review of training needs and competence of all ward staff in relation to the awareness of vulnerable adults.

By speaking to staff, we found that their knowledge of their own Criminal Record Bureau (CRB) checks appeared vague. Enhanced CRB checks only appeared to happen on either taking up a new position or transferring to a new position within the Health Board.

Welsh Assembly Government guidance is that CRB checks should be renewed every three years and staff should be clear about what is required.

Staff knowledge of protection of children was extremely limited and very often not seen as relevant to elderly care. No staff interviewed in the Iorwerth Jones Centre or on wards West 1 or 4 could identify policy, procedures or fully explain concepts of child protection in relation to their ward. There were no specific formal protocols for children's visits to the wards, with mixed reports of how visits were managed and whether any risks were involved.

This issue was taken up with the Health Board who informed us that they would take urgent action to address the lack of such a Protocol. In the meantime interim guidance was due to be issued pending agreement of the full policy through the normal governance committees.

HIW would wish to see this protocol or plans to put it in place. We would also like to see the Health Board review the current status of staff knowledge around child protection and plans put in place to improve it.

On all wards visited there seemed to have been little appraisal and planned Personal Development Plans (PDP) other than mandatory training activity, thus there is little evidence base to determine required training needs. Therefore, there is a need to review and ensure that appraisal and training are routinely undertaken for all staff on all wards visited.

Findings from our brief visit to Cefn Onn Ward

During our review in the Iorwerth Jones Centre we carried out a brief visit to the Cefn Onn rehabilitation ward which is a mixed sex ward. At the time of our visit there were two male and eight female patients on this ward. Two of the rooms were significantly separate from the other eight rooms and these were being used for the male patients. These rooms also have an adjacent bathroom and toilet so form a relatively separate area. While we did not observe any complications arising from this arrangement, there were no notices designating this toilet as a male toilet and likewise for the bathroom. A more formal protocol should be established if the view is taken that the ward could appropriately accommodate two male patients and eight female patients.

I should be grateful if you would provide an action plan addressing the areas for improvement raised in this letter by Wednesday, 21 July 2010

In the interim should you have any queries in relation to the content of this letter please do not hesitate to contact me or Tracey Jenkins on 02920 928913 or email tracey.jenkins@wales.gsi.gov.uk.

I am copying this letter to Richard Bowen and Marion Andrews-Evans.

Yours sincerely

PETER HIGSON
Chief Executive