

## **Mental Health/ Learning Disability Inspection (Unannounced)**

**Cambian Group: St Teilo  
House**

28 – 30 April 2015

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## 1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

## 2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)<sup>1</sup>
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food
- Implementation of Deprivation of Liberty Safeguards (DOLS).

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<sup>1</sup> The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

### **3. Context and description of service**

HIW undertook an unannounced Mental Health and Learning Disability visit to St Teilo House, Rhymney on the evening of the 28 April 2015 and all day on the 29 and 30 April 2015.

St Teilo House Independent Hospital ('St Teilo's') was first registered in March 2007 by HIW and is currently registered to provide care to twenty four (24) female patients. The hospital is registered to provide treatment or nursing (or both) for persons with a primary diagnosis of a mental illness. The hospital's registered provider is Cambian Healthcare Ltd.

During the three day inspection, we reviewed the ward, patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of two Peer Reviewers, one Lay Reviewer and one member of HIW staff.

## 4. Summary

Our visit to St Teilo's was a positive one in which good improvements were noted since our previous visit in February 2014. We are grateful to all staff and patients who assisted us during the inspection and appreciate the openness of everyone in assisting us during the inspection.

St Teilo's provided a good rehabilitation environment for patients and great efforts had been made to visually improve the hospital through an extensive programme of maintenance. The improvements included redecoration throughout the hospital, the creation of more patient quiet areas and the division of a large upstairs room into two separate rooms for use by patients. The improvements had significantly improved the look and feel of the hospital was suitable for the patient group. We were pleased with the high standard of cleanliness throughout the hospital. All furnishings and decoration in the hospital was to a high standard and the facilities available for patients to use were very good.

We found staffing levels at the hospital were appropriate to the number of patients at St Teilo's by day and by night. We observed good interactions between staff and patients at all times during our visit.

During our time at the hospital there were two patients displaying very challenging behaviours. Patients reported to us that they felt it was possible these patients were not suitable for the rehabilitation focus of the hospital. Patients stated the challenging behaviours of these patients could at times make them feel unsafe.

Staff and patients reported the food in the hospital was excellent. Staff and patients ate together at the same time in the dining room and from the same menu. We found this form of staff-patient interaction of notable practice.

We reviewed staff training records and staff files. The uptake of mandatory training was high and staff spoke highly of the training available. However, not all the staff files we reviewed had an up to date appraisal completed. A system of staff appraisal was in place, however improvement is required so that all staff have an up to date appraisal.

We reviewed care and treatment planning (CTP) documentation at St Teilo's and identified a number of concerns. Several CTPs were out of date, they were disjointed, not all were signed by staff and patients, some needs of patients were not addressed within the care plans and they needed to be more goal focused with clear dates for review.

The hospital had a number of meaningful activities for patients to engage in and both staff and patients reported these were utilised and accessed by patients regularly. The hospital had a comprehensive approach to rehabilitation and offered patients lots of opportunity for therapeutic activities.

## 5. Findings

### *Core Standards*

#### **Ward environment**

St Teilo House is situated near the village of Rhymney. The building is on two levels and access to the hospital is via a reception area. The reception area is a bright space with visitor/meeting rooms. Access to the ward is via a locked door.

St Teilos has one ward which is split over two floors. The downstairs area has a lounge area, nursing station, meeting and visitor rooms, four patient bedrooms and access to outdoor space. The upstairs area has 19 patient bedrooms, a beauty salon and patient areas. All patient bedrooms on both levels have en-suite facilities. Patients were able to lock their bedroom doors and had their own key to their room.

St Teilos was in the process of undergoing a significant amount of environmental improvements which had begun at the beginning of 2015. The ward area was bright and homely and the hospital had visually improved significantly since our last visit.

The building work had involved developing more quiet spaces for patients, splitting the upstairs lounge into two separate rooms and generally redecorating the unit. This included new wall paper being hung, walls and doors being re-painted and artwork erected on the walls. The environmental changes were readily apparent in the hospital and had significantly improved the overall look and feel of the hospital. Patients and staff both reported to us that these improvements had enhanced the hospital.

We reviewed a bedroom which was not currently occupied and we noted the sufficient size of the room and en-suite shower room with toilet. All patient bedrooms replicated the one we viewed and provided patients with lockable storage in which to keep their personal possessions.

The hospital had lots of space and excellent amenities for the patients to use, including a gym, occupational therapy room, two lounge areas, a computer room and a hair and beauty salon. Notice boards were displayed in the hospital which contained information including access to advocacy services and daily timetables.

The environment was very clean. We spoke with domestic staff who were highly motivated and dedicated to their role and this was apparent by the high standard of cleanliness observed throughout the hospital. The standard of furnishings and decoration throughout St Teilo's was good.

## **Safety**

During our visit we noted staffing levels were sufficient both during the day and the night for the number of patients at the hospital. Patients reported feeling safe with the current staffing levels. We noted all staff were provided with a personal safety alarm, which in the case of an emergency would raise a warning to others.

Some patients felt a couple of patients at the hospital were possibly inappropriately placed due to their levels of acuity and challenging behaviours. We were told by patients that these patients can disrupt the atmosphere and balance of the ward and some patients stated at times this could make them feel unsafe. We raised this issue with hospital manager during our visit. We were informed one patient was a recent admission and was undergoing a period of assessment and stabilisation. We were told this situation was due to be reviewed in the week following our visit. We request an update on this patient.

The maintenance work that had been carried out to provide a lounge area upstairs had improved safety in the views of both the staff and patients. It was reported to us that previously only having one lounge could lead to flash points occurring but with the additional lounge area available this had decreased.

## ***Requirements***

***An update on the patient discussed during our visit is required to ensure the patient fits the admissions criteria and was in keeping with the conditions of registration.***

## **The multi-disciplinary team**

The majority of staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt their opinions were respected and valued by each other.

At the time of our visit the hospital had two full time Occupational Therapists, two Occupational Therapy assistants, one Psychologist, one assistant Psychologist, two Consultant Psychiatrists (one of whom was the Responsible Clinician), a Head of Care and a Registered Manager. It was reported to us by staff members and patients that the MDT worked well together and were always accessible. Staff we spoke with spoke very highly of the Responsible Clinician and made reference to his approachability and how the views of staff members at all levels were always taken into consideration and valued by the

RC. The RC also held bi-weekly support group meetings with staff members which gave staff a chance to reflect on their practice and any issues.

Daily handover meetings also take place at the hospital, in which handover notes from the previous shift are communicated and discussed with the next shift. The handover meeting we observed was well structured and the information communicated was relevant to the patient group and informative for the staff in attendance.

### **Privacy and dignity**

Patient feedback regarding privacy and dignity at St Teilo's was positive. Patients felt staff respected their privacy and dignity, for example patients said staff respected their privacy and dignity by knocking on their bedroom door prior to entering. Patients described feeling treated as individuals and that their interactions with staff were good.

All the patients we spoke to confirmed they had a named nurse and that they could speak with them privately regarding any issues that may arise. Patients reported to us that they have good opportunity to raise any concerns they may have and that their voices were heard at the hospital.

All patients had their own bedroom with en-suite shower and toilet. Patients were able to lock their own bedrooms which staff could over-ride if required. Patients had adequate space in their bedrooms to store their personal possessions.

Patients could make phone calls in private, either using the payphone or some had their own mobile phones. A visitor room was also available in the reception area for patients to meet with family and friends.

St Teilos utilised a suggestion box and any suggestions were discussed in the weekly hospital meetings and in community meetings.

### **Patient therapies and activities**

The facilities at St Teilo's for patient activities and therapies was excellent, including a well-equipped art room, a gym, a hair and beauty studio and a comprehensive programme of activities for patients to undertake.

The hospital had a number of meaningful activities for patients to engage in and both staff and patients reported these were utilised and accessed by patients regularly. St Teilos had a therapeutic earnings programme where patients could apply for jobs within the hospital. This included completing an

application form, an interview for the position applied for and then being financially reimbursed for the duties undertaken. This programme is to be commended as it gives patients the experience of applying for a job and had a rehabilitation focus.

The Occupational Therapy team also offered a number of regular activities for patients. These included a well woman clinic (in collaboration with a Mental Health nurse which can feed into referrals with the GP and monitoring of physical observations); weight management sessions, “fake away” classes (where patients are taught about healthy food alternatives), walking and cycling groups and gym and exercise programmes.

Patients physical observations were undertaken weekly by staff and patients had access to general GP and other healthcare services as required. Health promotion at the time of our visit was being encouraged across the hospital.

The hospitals programme of activities extended to weekends and Occupational Therapy assistants work on Saturdays to facilitate activities for patients.

The Psychology team and named nurse offered substance misuse programme for patient who require this intervention.

St Teilos had good discharge planning arrangements in place for patients before they move on to other placements or back into their own accommodation. This included providing patients with packs of information about life skills, for example general household maintenance and changing light bulbs.

We spoke with a patient who was accessing English and Maths classes within the local community. This arrangement was offered to all patients who wanted access to education. The education programmes were accessed in the local community which may prevent patients who did not have access to community leave accessing them if they were unable to leave the hospital. The hospital should review providing in house educational programmes.

### **Food and nutrition**

Discussions with patients and staff highlighted a positive response in relation to the food served at St Teilo’s. Portion sizes were plentiful and we observed this at a meal time. Menu choices were clearly displayed for patients and patients were offered a range of options for each of their meals. Patients stated they were able to access tea and coffee throughout the day. None of the patients we spoke to had problems obtaining appropriate food for allergies, dietary problems, religious or cultural beliefs. Patients stated the hospital was accommodating to any dietary requirements they may have.

We spoke with the hospital chef who reported that he meets with all new patients at the point of admission to discuss their likes and dislikes in terms of food choices and also any dietary requirements and takes these into consideration.

We spoke with staff members who also ate the food prepared at the hospital and they spoke positively about it. Most staff members ate with patients at meal times. Patients spoke positively about this practice and welcomed eating with staff members.

We were informed that at times the meal choices can be carbohydrate heavy and consideration should be given to alternatives to this.

### ***Requirement***

***Alternatives to carbohydrate heavy meals must be offered.***

### **Training**

We reviewed five staff files and noted the orderly layout of them. All the files we reviewed had wide-ranging evidence of employment information to confirm appointment through an open process, including an application form, interview notes, job description, offer letter, contract and references. All the files had evidence that a Disclosure Barring Service (DBS) check had taken place.

Not all the files we reviewed had an up to date appraisals completed. We reviewed the hospital staff appraisal records further and noted that 19 staff had dates scheduled for their appraisal, 18 did not have a date scheduled and the remaining 16 had completed an appraisal in 2015. Staff without an appraisal or appraisal date require this.

There was good evidence that regular staff supervision take place. This was confirmed by speaking with staff members and checking supervision records.

Staff we spoke with informed us that the registered provider is supportive regarding training and development for staff, including opportunities to attend external training which could include professional qualification. The hospital had recently accessed training from an Occupational Therapist renowned in the field which staff found highly informative. Training days had been largely moved off site which staff welcomed as this meant training could be undertaken with minimal disruption.

Statistics provided to us during the visit regarding mandatory training showed a high percentage of compliance rates in all areas. Staff confirmed that the organisation uses a mix of e-learning packages for its training and face to face

classroom style learning. Staff we spoke with stated that generally they preferred face to face training.

A review of complaints highlighted that the system in place was comprehensive. The complaints log captured an overview of all complaints while all the complaints forms reviewed showed they were fully completed and signed off.

A review of incident records was undertaken and we identified that the system in place was thorough with appropriate investigations undertaken. We cross referenced incidents that had been notified to HIW via the Regulation 30 and 31 process and these corresponded. We were also able to follow up on a notification we had received of an absence without leave (AWOL) patient. The hospital had followed the procedure correctly, informed all the relevant agencies and had acted appropriately in relation to this matter.

***Requirement***

***All staff require an up to date appraisal.***

## ***Application of the Mental Health Act***

We reviewed the statutory detention documents of 6 of the detained patients being cared for at St Teilo's at the time of our visit. The following noteworthy issues were identified:

- The statutory documentation that we reviewed was compliant with the Mental Health Act 1983
- The statutory documentation files for patients at St Teilo's were kept in exemplary order for easy access and review. This included a statutory document checklist within each file which prompted the Mental Health Administrator to undertake checks in line with statutory timescales (e.g. consent to treatment dates and tribunal dates)

Four of the patients files that were reviewed were detained under Section 3 of the Act. All statutory documentation to each individual patient's initial and ongoing detentions was accurately completed and maintained on file. The Approved Mental Health Professional (AMHP) reports were with the detention papers and identified the patients' nearest relative in each case.

Some patients were detained under Part 3 of the Act, *Patients concerned in criminal proceedings or under sentence*. The statutory documentation regarding their detentions was available in their files including hospital order documentation from the courts.

All medication under Section 58 had been authorised correctly. Copies of Consent to Treatment Certificates were kept with each patient's Medication Administration Record (MAR) Chart.

Patients who had Section 17 Leave of Absence authorised had the conditions of leave clearly stated on the authorisation form and signed by the patient's Responsible Clinician. Patients were provided with copies of their Section 17 Leave of Absence authorisation forms. In one case the patient had refused to sign their Section 17 Leave of Absence authorisation form, however, this was clearly stated on the form. Patients who were subject to criminal proceedings or under sentence under Part 3 of the Act had had their leave authorised by the Ministry of Justice.

We found evidence in each of the patient's files that they had been informed of their rights under Section 132 of the Act. Where applicable, it was clear that patients had appealed against their detention either to the Mental Health

Review Tribunal (Section 65) or to a Hospital Managers' Hearing. Where these had occurred it was clear that the decision had been conveyed to the patient.

## ***Monitoring the Mental Health Measure***

We reviewed care and treatment planning documentation at St Teilo's and identified the following observations:

- Care and treatment plan (CTP) reviews were out of date, one was last reviewed in 2012
- CTPs did not appear to be a working document within the hospital and information was not joined up. CTPs appeared very disjointed and were not easily accessible
- Signatures on the CTP were mostly omitted. Some were illegible, did not state the designation of the staff member and were not dated
- Some patients had difficulties and unmet needs which were not addressed specifically in the CTP. CTPs contained statements such as "anything the care plans have missed". These need to be more specific to the individual and not sweeping statements to ensure sufficient depth and detail to ensure prescribed care is given
- CTPs need to be more goal focused and SMART orientated with clear dates for review, terms such as "on going" should be avoided
- Three of the CTPs reviewed contained no evidence that patients had the capacity to agree to the plan

These issues were raised with the hospital manager who informed us a new CTP structure was in its draft phase and was awaiting sign off by the company for use in the Hospital. We were shown the new CTPs by the hospital manager which were a significant improvement on the ones in use at the time of our visit.

### ***Requirement***

***All issues regarding care and treatment plans need to be addressed, specifically to ensure they are dated, are in place for all patients, provide sufficient information which addresses all the patients needs.***

## 6. Next Steps

St Teilo's House is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at St Teilo's will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

**Mental Health Learning Disability:** Improvement Plan  
**Health Board:** Cwm Taf Health Board  
**Practice:** St Teilo's House  
**Date of Inscription:** 28-30 April 2015

Requirement/ Recommendation	Regulation	St Teilo's Action	Responsible Officer	Timescale
Alternatives to carbohydrates heavy meals should be offered	15 (9) (b)	New menus devised.	Head Chef/ Hospital Manager	Completed.
An update on the patient discussed during our visit is required to ensure the patient fits the admissions criteria and was in keeping with the conditions registrations.	15 (1) (a) (b) & (c)	Two professionals meetings were held. Patient transferred on 15.7.15 to a Low secure unit.	Hospital Manager	completed
All issues regarding care and treatment plans need to be addressed specifically: <ol style="list-style-type: none"> <li>1. CTPs did not appear to be a working document within the hospital and information was not joined up. CTPs appeared very disjointed and were not easily accessible</li> <li>2. Signatures on the CTP were mostly omitted. Some were illegible, did not state the designation of the staff member and were not dated.</li> <li>3. Some patients had difficulties and unmet needs which were not addressed specifically in the CTP. CTPs contained statements such as "anything the care plans have missed". These needs to be more specific to the individual and not sweeping statements to ensure sufficient depth and detail to ensure prescribed care is given.</li> <li>4. CTPs need to be more goal focussed and SMART orientated with clear dates for review, terms such as "on going" should be avoided.</li> <li>5. Three of the CTPs reviewed contained no evidence that patients had the capacity to agree to the plan.</li> </ol>	15 (1) (a) (b) (c) & 19 (1) (a) (b)	A new care plan format has been devised which was inspected at time of HIW visit. This will address these points raised. This is currently with the quality team	Hospital Manager /Responsible Individual	30/08/15
All staff require an up to date appraisal	20 (2) (a)	51/53 completed to date	Hospital Manager	31/7/15