

Mental Health/ Learning Disability Inspection

(Unannounced)

Pastoral Cymru (Rhondda
Care Group) Ltd: Ty Cwm
Rhondda, Cilliad and
Clydwch Wards

9 – 11 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

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)¹
- 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

¹ 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.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

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 Ty Cwm Rhondda Hospital, Ystrad on the evening of the 9 March and all day on the 10 and 11 March 2015.

Ty Cwm Rhondda independent hospital was first registered with HIW in October 2007 and at the time of our visit was registered to provide low secure² service for the treatment and nursing care of 20 patients with a mental illness and/or personality disorder³ who are liable to be detained under the provisions of the Mental Health Act 1983. The hospital's registered provider is Pastoral Cymru Limited.

During the three day inspection, we reviewed two wards, reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one lay reviewer, one peer reviewer and two members of HIW staff.

² Low secure service – low secure units offer intensive, comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security

³ Personality disorder – the diagnostic definition is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture is pervasive and inflexible has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

4. Summary

Our visit to Ty Cwm Rhondda was a positive one in which good improvements were noted since our previous visit in January 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.

The hospital has been successful in moving on complex and challenging patients to less secure environments and this has been delivered by good team working, including the multi disciplinary team working professionally together. Regular meetings with patients and their care teams ensure that patient care and needs are regularly discussed.

We observed some good relationships and interactions between staff and patients during our inspection; however, some patients felt that on occasions they did not feel all staff spoke to them with the respect they would expect. We raised this with the Registered Manager and requested them to investigate staff attitudes.

Environmentally the hospital was reasonably well maintained and suitable for the patient group. The secure entrance air-lock areas on both wards had noisy doors and could be disruptive to those using the visitor rooms and ward areas. Ward storage was limited and the garden area lacked privacy and could be viewed by the passing public. We were told that the garden did have panels that provided privacy however patients wanted them removed; therefore the hospital should consider how to improve privacy of the garden to satisfy all patients.

It was unfortunate that the woodwork area was no longer in use because the instructor had left the organisation. Access for community activities and to garden areas, particularly for those patients based on the first floor, could be difficult if staff numbers were low. It was disappointing to note that no accredited education programme was in place and this was highlighted in our previous visit.

The care plans we reviewed were well written and included risk assessments and relapse information. The care and treatment plans lacked essential specific target dates and names of staff responsible to ensure care plans meet patients' needs.

There was no system in place that could provide evidence of any patient unmet needs, specifically relating to activities. A form to identify if an activity had been cancelled because of a patient's behaviours or lack of resources would enable the hospital to collate the information and action accordingly.

The medication storage was insufficient because the controlled drugs cupboard was being used to store all medications. The clinic room also had a safe for patients secure items, which would be better placed and kept elsewhere in the hospital. It was good to note the hospital use Ashtons to undertake their pharmacy audits, however the reports provided by Ashtons were not built in to any lessons learnt and staff would benefit from having training in the areas identified in the reports.

It was good to note the training had improved significantly since our last visit. However, there were some gaps in the mandatory training that staff need to attend; the hospital were aware of these and plans were in place to address the gaps. A system of staff supervision and appraisal were in place however both areas require improvement to meet the hospitals compliance rates and meet their deadlines.

We observed a handover meeting and noted the improved process which was much more detailed and patient focussed compared to our previous visit.

There was a good and comprehensive system in place for capturing and reporting on complaints and incidents. The physical health care policy and implementation was also noted as very good.

Our review of Mental Health Act documentation highlighted the good availability of section 12 doctors and the good practice in place for the renewal of detention, in which the Responsible Clinician meets with other professionals prior to the renewal. Appeals were held as per detention periods and assessment of capacity was completed at appropriate times. Not all detention documentation or transfer authorisation was available on ward files and there was no file note and/or documents for a change of name by deed poll.

5. Findings

Core Standards

Ward environment

Cilliad Ward

Cilliad ward is situated on the ground floor of Ty Cwm Rhondda and is accessible via an airlock doorway. Within the airlock area, external visitors can access the ward's visitor room. Patients gain access to this room via the lounge area, therefore visitors do not have to go onto the ward to access the visitors room.

On both wards, the airlock doors were noisy and could be disruptive to those using the visitors room. It is recommended the doors are looked at to determine if the magnetic closure can be altered so the doors close without too much noise.

The lounge area had sufficient seating to accommodate all the patients and a TV was situated on the wall. The nurses' station overlooked this area and various rooms could be accessed from the main lounge area.

The ward provides accommodation for 10 patients and at the time of our visit 10 patients were residing on Cilliad ward. All patient bedrooms were ensuite and two baths were available for those who wanted to use this facility.

The ward had a designated dining area which had sufficient tables and chairs for patients to use, a microwave and drink making facilities. There were cupboards in which patients could store non-perishable goods and bread for toast and fruit was readily available. During our night visit no menu was on display, however we were told that a new chef had started and a menu would be displayed for the following morning.

The ward displayed comprehensive patient information including advocate information and how to raise concerns and make complaints. An activities timetable was also displayed.

The ward offered a specific room in which patients could make and receive private telephone conversations. No mobile phones were allowed on the ward.

Cilliad ward had a designated smoking room and there was access to a garden area from the ward. The standard of decoration throughout the ward was good and all furnishings and fittings were in a satisfactory condition. The standard of cleanliness was noted as good.

Clydwch Ward

Clydwch ward is situated on the first floor of the hospital and the layout of the ward is identical to that of Cilliad. A lift and stairway provide access to the ward which is a locked ward.

All patient bedrooms were en-suite with shower facilities, the ward had two communal bathrooms and one toilet; however the bathroom required repair. Patients could lock their bedrooms however staff could override the lock should they need access to the room. The ward had anti ligature fittings and the furniture on the ward was reasonably well maintained.

The ward provided bright and clean areas for patients to live in. However, access to an outside space was on the ground floor and if staffing levels are low because of conflicting priorities, access to the garden could be difficult. The garden area had secure fencing which enabled any public passing the area to look in. We were told that previous efforts the hospital made to make the garden area private for patients to stop passers by looking in had resulted in complaints from patients to remove it.

The ward had sufficient patient information displayed including advocacy and complaints.

The cupboard used to store cleaning materials required attention and during our night visit we noted that mops had been left in buckets as there was no appropriate storage for the mops to be hung upon the wall.

Recommendations

The airlock doors on both wards need to be looked at to determine if any alterations can be made so the closure mechanism is quieter and does not close with a bang and disturb patients.

The garden area is easily observed by the general public. Consideration should be given to putting up additional screens to ensure patients privacy when they are in the garden.

Safety

During our visit we noted that the staffing levels were appropriate for the number of patients on the wards, however it was felt that more staff were needed to facilitate more activities. Some patients and staff we spoke to told us that there were not enough staff to facilitate activities and garden and ground leave.

We were informed that there was an on-going recruitment process and the hospital was nearly up to establishment regarding their staffing numbers.

It was noted that all staff on the wards had safety alarms which in the case of an emergency would raise the warning to others. Every patient bedroom had a nurse call system should they require assistance.

Recommendations

Staffing levels need to be reviewed to ensure there are sufficient numbers on duty to facilitate leave and activities.

The multi-disciplinary team

The staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a weekly basis and all disciplines are represented including Psychology, Occupational Therapy, Medical Doctor, Nursing and Social Work. We observed a MDT meeting during our visit and noted that professional views and opinions from all disciplines were sought and staff told us that MDT meetings had much improved and at least five patients had moved on in the last 12 months.

Handover meetings also take place at the hospital, in which handover notes from the previous shift are communicated with the next shift. It was pleasing to note that since our last visit in January 2014 the meetings had much improved. The handover meeting we observed were better structured and the information communicated was relevant to the patient group and informative for the staff attending.

Privacy and dignity

The majority of patients we spoke to felt their privacy and dignity was respected. Nearly all the patients we spoke to confirmed they had a named nurse and that they could speak with them in private regarding any issues.

Patients told us that they can make phone calls in private and could use their own mobile phones when they were not at the hospital. Patients can also use the visitor room to meet family and friends in private.

All patients had their own bedroom and were able to store their own belongings. Some patients did comment on not feeling their dignity and privacy was respected because some patients had items removed from their rooms. Others patients did say that they felt that some staff occasionally spoke to them unprofessionally and staff attitudes could appear intimidating, however when asked further patients did not give any specific details. On the whole, patients said they felt safe at the hospital.

Recommendation

The hospital is requested to investigate the comments regarding staff attitudes and unprofessional comments.

Patient therapies and activates

Ty Cwm Rhondda had a number of positive initiatives in place regarding patient therapies that were provided in addition to psychology and occupational therapy. The hospital had a practice nurse available three days a week who oversees and monitors the patient's physical health and well-being. The monitoring of a patients' height, weight, body mass index (BMI) and blood tests was undertaken on a regular basis. There was also various health promotions in place which were supported by the practice nurse, including diet and smoking cessation.

The hospital had good relationships with local general practitioners (GP) and all patients were registered, patients also had access to dentists and chiropody services as required. Physical healthcare plans were maintained by the practice nurse as well as attendance at clinical meetings.

A dietician could be accessed and had visited to provide input into menus and food choices. A full time social worker was also available, working alongside patients, their families and carers to provide the right support and to increase access to assets within their community.

The hospital had a timetable and facilities to provide in-house activities for patients. The facilities were situated in the Piazza and included a gym, kitchen, pool table, computer and art room. A woodworking room was no longer in use because the instructor had left the organisation. On the ward patients had access to a games console, board games, quizzes and bingo. Some patients said they did not like the quizzes and bingo sessions and some staff stated the activities need to be more aligned to the patient group as they thought some of the activities offered were not appropriate for the patient group.

Access to community based activities were available, however staff and patients told us that staff shortages had resulted in these opportunities being cancelled or re-arranged. Staff and patients told us that there was often not enough staff to facilitate activities including garden and ground leave.

Following our visit in January 2014 it was disappointing to learn that patients were still not offered an accredited education programme. Some patients had the opportunity to go to college, however those patients without leave had limited opportunity to gain qualifications.

Recommendations

A review of patient activities is required to ensure they are appropriate for the patient group and how often they are cancelled. In addition, the review should cover patient access to the woodwork area and consider the options for a tutor to provide regular sessions.

Access to accredited educational programmes in house needs to be considered especially for those patients with no leave who cannot gain access to the community to gain skills and qualifications.

Food and nutrition

On the whole patients and staff said food was good and patients could make choices regarding food options. The hospital operated a four-weekly menu which was reviewed and updated in line with the seasons.

A dietician was used to input and oversee menu changes and choices. A patient food survey had been carried out and patients had been given the opportunity to suggest new menu choices. Some staff and patients said portion sizes were on the small side and no second helpings were provided. We noted during our evening visit that bread was available in the patients dining room to make toast and some fruit was also available.

All patients had a cupboard in which non-perishable items could be stored and patients could make drinks and have snacks outside of set mealtimes. None of the patients we spoke to had problems obtaining food specifically for allergies, diet problems, religious or cultural beliefs.

Training

We reviewed 10 staff files and noted the neat layout the files had which ensured easy access to relevant information. Each file had a table of contents with information filed in the appropriate section and a checklist was attached to the inside cover which provided an overview of the status of essential employee checks, including, references, a Disclosure Barring Service (DBS) check, professional registration and medical questionnaire.

All the files reviewed contained essential information regarding an employee's employment including references, interview notes, job description, application form and offer letter. Only one file we reviewed did not have two references on file and one file did not contain up to date professional registration evidence. It is recommended that HR review the two files to ensure they are up to date and contain the missing information.

We noted and endorse the good practice adopted by Ty Cwm Rhondda to regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a persons integrity and character.

Since our last visit in January 2014 the hospital has implemented an induction process for agency staff which was documented.

An appraisal proforma and system was in place, however only one file out of the 10 reviewed had a completed appraisal on file. The information provided regarding appraisals showed the majority of staff had passed their appraisal due date. This was recognised by the hospital manager and deadlines were put in place to address this. All nursing staff would be completed by the end of March 2015 and all other staff by the end of April 2015.

The supervision statistics showed that the 10 staff files we reviewed all had received a supervision session in either January or February 2015. Monthly supervision figures however showed that compliance rates for February had fallen to 47% compared to 64% in January 2015. The hospital has a target of 80% compliance and it was evident from discussions with staff that regular supervision does not take place. Supervision statistics showed that 10 staff had no recorded supervision in 2015.

It was pleasing to note the improvement in mandatory training since January 2014. The organisation had invested in an e-learning system which has helped improve participation. Statistics showed that mandatory training was up to date in all areas. The only exception was first aid training in which 15 staff were overdue.

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 by the complaints officer. Where applicable the hospital had referred some complaints to the protection of vulnerable adults (PoVA) authority and there was clear evidence of the outcomes on file.

Recommendations

First aid training needs to be provided for those staff whose training in this area has lapsed.

The missing information identified from the review of staff files needs to be updated, specifically reference and current professional registration status.

All staff must receive regular supervision and compliance rates require improvement.

Application of the Mental Health Act

We reviewed the statutory detention documents of eight of the detained patients being cared for on two of the wards at the time of our visit, four patients on each ward. The following noteworthy issues were identified:

- The statutory documentation that we reviewed was compliant with the Mental Health Act 1983
- The statutory documentation files on both wards were kept in exemplary order allowing for easy access and review
- Regular audits and monitoring were undertaken by the Mental Health Act Team.

Four of the patients 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. Three of the four of the Approved Mental Health Professional (AMHP) reports were with the detention papers, which identified the patients' nearest relative in each case. For the patient without the AMHP report we were able to confirm this through the patient's notes and other reports.

Four 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.

There was a clear record of patients being informed of their rights under Section 132 in each of the individual patient's files. It was evident that, where applicable, 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.

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.

Where patients had Section 17 Leave of Absence the conditions of leave were 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.

We did note that for patient TCR069 that had changed their name via Deed Poll that there was not a note explaining this on the patient's legal documentation which would assist staff who may not be aware of this when reviewing the patient's detention papers.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation for five patients on both wards and identified the following observations:

- The care plans reviewed were well written and included risk assessments and relapse information
- The care plans reviewed were unclear of who had responsibility for an action and the timescale the action was required by. A name and date is required
- There was no unmet needs form in place to collate information regarding what patients had been offered and what hadn't been delivered and the reason why. An unmet needs form would support the hospital to identify why activities had been cancelled and whether it was due to patient behaviours or a lack of resources/staff
- The medication storage was insufficient. The controlled drugs cupboard was being used to store other medications
- The hospital use Ashtons pharmacy to undertake regular pharmacy audits. However, the information provided by Ashtons did not feed into any lessons learnt process to ensure staff knowledge and understanding was maintained
- The clinic room contained a safe in which patient valuables were kept. It is recommended that a new place for the safe is found and removed from the clinic room.

Recommendations

Care and treatment plans should contain specific dates and names rather than ongoing and ward nurses.

A form that documents patients unmet needs is required to evidence if activities are cancelled due to lack of resources or a patients behaviours.

Only controlled drugs medication should be stored in the controlled drugs cupboard. Other medications should have alternative storage.

The recommendations from the audits completed by Ashtons need to feed into a staff lessons learnt to ensure all recommendations are adhered to and understood by staff.

The safe used for patient valuables should be moved from the clinic room and situated somewhere more appropriate.

6. Next Steps

Ty Cwm Rhondda Hospital 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 Ty Cwm Rhondda Hospital 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.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: [XX]

Hospital: [XX]

Date of Inspection: [XX]

Page Number	Recommendation	Regulation	Health Board Action	Responsible Officer	Timescale
