

**A review of care provided  
to patients with a learning  
difficulty or mental health  
issue at:**

**Llanarth Court Independent  
Mental Health Hospital  
Raglan, Usk, NP15 2YD**

**Date of visits 6 & 17 August  
& 19 September 2011**

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# 1. Introduction and Background

1.1 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.

1.2 Independent healthcare<sup>1</sup> providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at [www.hiw.org.uk](http://www.hiw.org.uk).

1.3 In May 2011, the BBC's investigative television series '*Panorama*' broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme understandably gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

1.4 The focus for the reviews was 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 plans;
- supported to be as independent as possible;
- allowed and encouraged to make choices;
- given access to a range of activities that encourage them to reach their full potential;

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<sup>1</sup> Independent healthcare – services not provided by the health service.

- able to access independent advocates and are supported to raise concerns and complaints; and
- supported to maintain relationships with family and friends where they wish to do so.

1.5 As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between patients and staff. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including patient care plans, policies and procedures, staff induction and training plans and complaint, restraint and incident records. 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.

## Llanarth Court

1.6 Llanarth Court hospital was first registered in December 1992 and is currently registered for one hundred and fourteen (114) patients and one (1) emergency bed across seven wards and one rehabilitation bungalow. Each of the seven wards accommodates patients with particular needs within a secure environment:

- Awen ward is a medium secure<sup>2</sup> ward that accommodates a maximum of sixteen (16) female adults aged between 18 and 65 years detained under the Mental Health Act 1983<sup>3</sup>, who are diagnosed with a mental illness and/or a treatable personality disorder<sup>4</sup> or a combination of these two.
- Howell ward is a medium secure ward which provides assessment and/or treatment for a maximum of seventeen (17) male adults aged 18 years and

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<sup>2</sup> Medium secure service – medium 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 medium security.

<sup>3</sup> Mental Health Act 1983 – legislation that governs the treatment of people with a mental disorder, which is defined as covering mental illness, personality disorder and learning disability.

<sup>4</sup> 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.

above who are detained under the Mental Health Act 1983 who are diagnosed with a mental disorder.

- Iddon ward is a medium secure ward which provides assessment and/or treatment for a maximum of seventeen (17) male adults aged 18 years and above who are detained under the Mental Health Act 1983 who are diagnosed with a mental disorder.
- Osbern ward is a medium secure ward providing assessment, review and treatment for a maximum of eleven (11) male adults aged between 18 and 65 years who are detained under the Mental Health Act 1983 and who are diagnosed with borderline to moderate learning disabilities and have mental health needs.
- Teilo ward is a low secure<sup>5</sup> ward providing rehabilitation services for a maximum of twenty (20) male adults aged 18 and upwards and maybe liable to be detained under the Mental Health Act 1983 who require rehabilitation for a mental disorder.
- Treowen ward is a low secure ward which provides rehabilitation for a maximum of nineteen (19) male adults aged 18 and upwards that maybe liable to be detained under the Mental Health Act 1983 who require rehabilitation for a mental disorder. This includes one (1) bed that is to be kept available to accommodate patients from Aderyn Independent hospital, near Pontypool in the event that they require emergency intensive care and treatment during their rehabilitation due to a relapse of their mental disorder.
- Woodland bungalow is an open service providing rehabilitation for a maximum four (4) female adults aged between 18 and 65 years that may be liable to be detained under the Mental Health Act 1983 who were previously admitted to Awen ward.
- Deri ward is a low secure service providing assessment for a maximum of eleven (11) male adults aged 18 years and above and who are detained under the Mental Health Act 1983. Patients admitted to Deri ward will be suspected or suffering from a diagnosed mental disorder.

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<sup>5</sup> 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 low security.

1.7 The registered provider<sup>6</sup> is Partnerships in Care Limited and the hospital is located within a few miles of the market town of Abergavenny.

1.8 HIW undertook unannounced visits to Llanarth Court hospital on 16 and 17 August 2011. This was followed by a further unannounced visit on 19 September 2011. The registered manager was available for all of the three days of the inspection visits.

1.9 The findings arising from those visits are set out in Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 4 of this report sets out HIW's requirements for action.

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<sup>6</sup> Registered provider - means a person or company who is registered under part II of the Act as the person carrying on the establishment or agency.

## 2. Our Findings

2.1 The Terms of Reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services<sup>7</sup> would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

***‘Were those accessing services at the time of our visit safe?’***

is considered in Section 3 of this report, where we present our conclusions and next steps. This question can only be answered when we have given careful consideration to the answers to the questions below:

***‘Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?’***

2.2 At the time of our visits patients were being cared for on all seven wards.

### **Awen Ward**

2.3 Some areas of the ward were decorated to a satisfactory standard and were generally clean and tidy but many areas of the ward required some redecoration and refurbishment and staff interviewed commented about the ward feeling clinical rather than homely. Patients’ rooms were spacious and had en-suite facilities and patients were able to lock their rooms but there was a facility for these locks to be over-ridden in the event of staff requiring access. The ward had a number of distinct rooms designated for a variety of purposes but the room identified for *‘relaxation’* was not very conducive to promoting relaxation. The ward required additional seating and there were a number of comments about the ward being too hot or too cold. In addition, the ward environment must be reviewed to ensure it can adequately meet

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<sup>7</sup> Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

the needs of a diverse group of patients with a range needs. It is acknowledged that the ward was much more settled than in the previous inspection visit.

2.4 The *'Intensive Care Suite'* required redesigning for patient and staff safety because a patient using this area would need to leave the main area to use the adjoining WC. Consideration must be given to making access to the toilet area via the main intensive care room.

## **Howell Ward**

2.5 The environment appeared worn and there was a lack of furniture and poor communal seating. The ward required complete redecoration and refurbishment. There was a quiet room available; however, again this required redecoration and refurbishment. Patient lockers were available but some of the doors were broken. Patients had individual bedrooms and there were communal toilets and bathrooms. Generally the ward was not felt to be comfortable and homely and did not provide a therapeutic environment. Patients had access to a designated outdoor area, with designated times for smoking. Following the inspection visit and publication of this report it was confirmed that Howell ward had been extensively refurbished.

## **Iddon Ward**

2.6 The ward was clean and the furniture was arranged in a homely manner. There was also a range of pictures designed by patients on display throughout the ward. However, the ward again required extensive redecoration and refurbishment. Following the inspection visit report it was confirmed that Iddon ward had been extensively refurbished.

## Osbern Ward

2.7 The ward was generally well maintained, bright, homely and welcoming. At the time of the visit the lounge area was congested due to the number of patients accommodated on the ward. However, there were a number of other rooms available for meetings with families and members of the multi-disciplinary team (MDT).

## Teilo Ward

2.8 The environment was generally in a good state of repair and was bright and airy. However the lounge required an element of refurbishment and a thorough clean. There was an arts and craft room with a significant number of pictures and art work displayed. There was a significant number of communal areas, however, there was a distinct lack of pictures and some soft furnishings in the main lounge and other areas. A nurse call system was available; however, it had been de-activated in one of the bedrooms. This is not acceptable and during the verbal feedback it was confirmed to the inspection team that this would be immediately remedied. Patients' individual bedrooms were personalised and each bedroom had en-suite facilities. In addition, patients had access to a pleasant secure garden area.

2.9 There was a designated Intensive Care Suite on Teilo ward that was in the process of being refurbished. However, a patient using this area would need to leave the main area to use the adjoining WC. This could potentially cause additional issues for the patient and staff because of the need to leave the intensive care suite to a less secure and safe area whilst accessing toilet facilities. Consideration must be given to making access to the toilet area via the main intensive care room to minimise the environmental risks to patients who maybe displaying challenging behaviour. There were also additional Intensive Care Suites located within the hospital with similar issues in terms of patients not being able to access WC facilities via the main care room. A review of these facilities is required.

## Treowen Ward

2.10 The ward was very welcoming and homely and pictures and art work were displayed in the lounge areas. Patients' individual bedrooms were personalised and each bedroom had en-suite facilities. However, the toilet seat was missing in one bedroom and there were no duvet covers and sheets on some beds. Following discussion with the registered nurse on the ward it was established that the absence of sheets and duvets on beds was not an isolated incident and may go on for a number of days depending upon individual patient motivation to re-make the beds. This situation is clearly unacceptable and patients should not be expected to sleep in beds that do not have duvet covers and sheets. In addition, patients had access to a pleasant secure garden area.

2.11 A room that was previously the clinic was being utilised for the storage of cleaning equipment and associated cleaning activities. Cleaning staff were lifting buckets with dirty water and emptying this in the sink. This practice is not acceptable and the designated housekeepers sluice must be used for disposing of dirty water.

## Woodland Bungalow

2.12 This provided a very pleasant, homely environment and an excellent facility for preparing patients for their transition to the next phase of their care pathway.

## Deri Ward

2.13 This ward had been completely refurbished and redecorated in 2009. It provided a very pleasant environment with a separate dining and meeting room.

***'Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately trained?'***

## Staffing

2.14 At the time of our visit staffing numbers were not appropriate for the dependency levels and number of patients being cared for and to facilitate and support section 17 leave. The majority of staff and patients commented negatively upon the staffing levels. Staffing levels by night were a particular issue and in the event of more than one incident occurring, it was difficult to appreciate how the existing staffing levels would be sufficient to deal with the incidents. Verbal feedback was given to the registered manager and members of the management team and a commitment was made to urgently review the current staffing levels.

2.15 Without exception staff were observed to have a good rapport with patients and had a good level of knowledge of patient needs and preferences. Staff interviewed were generally very knowledgeable about the patient group and were aware of their roles and responsibilities. Patient feedback indicated that staff usually responded quickly to patients needs.

## Staff Training

2.16 We interviewed 11 members of staff during our visits and staff told us that there were a range of training opportunities offered to them. Staff had attended a range of training including; Management of Violence and Aggression, first aid at work, Health & Safety, Mental Health Act, code of practice, infection control, food hygiene, Protection of Vulnerable Adults (PoVA) and registered nurses' accountability. A training needs analysis had also been formulated for 2012 and this focused upon an induction programme for new employees and a number of other areas including, leadership, appraisals, phlebotomy, psychological interventions and motivational interviewing. The majority of staff had received a recent appraisal.

2.17 The majority of staff stated that they felt valued and supported by their colleagues.

2.18 There were clear protocols in place for reporting incidents; however there was a lack of evidence of de-briefing and learning following incidents and restraints.

## Staff Records

2.19 We reviewed a sample of staff records and all records reviewed contained application forms, references, Criminal Records Bureau checks, medical check/declaration, evidence of qualifications obtained and of appropriate registration with a professional body.

## Policies and Procedures

2.20 There was an extensive range of policies and procedures available and there was evidence that staff were aware of these and had knowledge of where to locate the policies in the event of needing to refer to them.

***‘Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?’***

## Care Records

2.21 We reviewed care planning documentation and found evidence of patient’s being involved in the care planning process. However, where patients had decided not to engage in the process the reasons for this were not recorded and there was no evidence of any attempts being made to re-engage the patient with the process. The preferences and needs of patient’s were well documented and it was evident that changes to plans were being discussed with some of the patients. When patients needed to use the Intensive Care Suite the reasons for this were well documented and a process of review was evident. Care plans generally reflected patients’ needs and there were different levels of observations recorded for patients. In addition, care plans were found to have been generally evaluated and reviewed in

line with identified timescales. There was limited evidence of relatives being involved in the care planning.

2.22 A range of individual patient risk assessments are undertaken and it was clear that these formed the basis of decisions regarding care for patients. It is however, vital that risk assessments are regularly reviewed and updated.

2.23 Multi-disciplinary team input and the Care Programme Approach (CPA) was very well documented and CPA meetings were generally well attended. There was also reference in the documentation to patients being seen by their community care co-ordinator and some evidence that families were invited to CPA meetings.

***‘Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential?’***

## **Activities**

2.24 The hospital employed a range of Occupational Therapists and activity co-ordinators. The Occupational Therapists mapped out a plan of activities and ward timetables were also available.

2.25 There were extensive facilities available at the hospital including, a swimming pool, a fitness suite, an art room, kitchen, class room area and an extensive practical skills area that included, woodwork, an extensive garden area and a small animal enclosure. However, during the visit the vast majority of these facilities were not being utilised primarily due to a lack of staff to supervise activities.

2.26 We discussed a range of issues with patients focusing on whether they felt safe and properly supported with activities. Generally patients felt safe and able to make some decisions regarding activities and diet. However, a recurring theme was the impact that staffing was having on the provision of activities. This area requires an urgent review to ensure that staffing is sufficient to support patients to participate

in activities and section 17 leave. Activities were particularly limited at weekends and in the evenings

2.27 Feedback from patients also indicated that the music therapy sessions that had previously been provided were being missed. There had been a reduction of sports therapists from four to two during the year and in addition, one of these therapists delivered the Management of Violence and Aggression training for the hospital. Given the recent reduction and the additional role that one of the sports therapists had this had clearly had a very significant impact on the amount of sports therapy available for the patients. In addition, the lack of available ward staff was also having a negative effect upon the ability of the sports therapists to deliver an effective programme of activities.

2.28 Care plans made some reference to a range of group therapy and activities and each patient had a range of activities identified to meet their individual needs. However, as previously mentioned a recurring theme throughout the visit was patients being unable to participate in activities due to staff shortages.

## **Catering**

2.29 In terms of diet and nutrition patients had a choice of menu and had access to fresh fruit, juice, hot drinks and water. Opinions in relation to the food continued to vary dramatically from good to poor. A number of patients commented that the food was often served cold or lukewarm. There were also comments about a lack of choice, particularly at supper time, and many patients and staff considered that the quality of meals could be improved.

***'Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?'***

## Advocacy, Concerns and Complaints

2.30 There was a good level of understanding amongst the patients of how to raise any concerns and complaints and patients knew how to access advocacy services. There was a range of patient information about advocacy and how to make a complaint on display on the wards we visited.

2.31 The advocate visits the wards on a weekly basis and more frequently if requested. Staff were also more than happy to raise concerns on behalf of patients.

2.32 As part of the inspection process a review of complaints was undertaken. Complaints were wide ranging with no particular themes and complaints had been made from a variety of individuals including the advocate and staff on behalf of patients. A response was available for each of the complaints; however, there was lack of an analysis or information to confirm that lessons had been learnt from complaints that had been upheld.

***‘Were those accessing services at the time of our visit supported to maintain relationships with family and friends where they wish to do so?’***

2.33 Patients could access a telephone; however, the location of many of these did not promote privacy for the patients.

2.34 A number of patients were receiving section 17 leave and this was having a positive impact upon maintaining family relationships. However, there was only very limited evidence of relatives being involved in care planning and no reason for them not being involved was provided. There was however some evidence that relatives were invited to CPA meetings and patients interviewed felt that families were involved.

### 3. Conclusion

#### *'Were those accessing services at the time of our visit safe?'*

3.1 Our visits undertaken on 16 and 17 August and the 19 September 2011 identified a number of regulatory requirements and the registered provider is requested to submit to us an action plan that meets the specific timescales listed below. Following each of the visits extensive verbal feedback was given and some additional information and an action plan in relation to the refurbishment of the wards has subsequently been received.

3.2 The staff group were very committed and a good rapport between patients and staff were observed throughout the inspection visit. Staff interacted with patients very well and the conversations were friendly and appropriate. However one of the key issues identified was the impact that staffing levels are having on the provision of patient activities on section 17 leave.

## 4. Requirements

4.1 The requirements set out below address any non-compliance with The Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the *'registered person'* to deliver who, as set out in the legislation, includes both the registered provider or registered manager for the establishment or agency. The registered person must provide an 'action plan' confirming how they intend to put right the required actions. We will, if necessary, take enforcement action to ensure compliance with the regulations.

National Minimum Standard	Regulation	Findings (Paragraph Number)	Requirement	Time scale
12	26 (2) (a) & (c)	2.4 & 2.9	The registered provider is required to ensure that the <i>'Intensive Care Suites'</i> are redesigned to ensure the safety of patients and staff. This must include improving access to the designated toilet facilities via the main intensive care room.	Proposals to be submitted by 28 September 2012.
12	18 (1) (a) & 26 (2) (a) & (b)	2.3, 2.6, 2.8, 2.10 & 2.33	The registered person must address all of the environmental issues listed within the report, specifically: <ul style="list-style-type: none"> <li>• Refurbishment of the relaxation room on Awen Ward.</li> <li>• Additional seating and the heating is consistent on Awen.</li> <li>• Refurbishment and a thorough clean of Teilo Ward.</li> <li>• The provision of pictures and soft furnishings in the main lounge of Teilo Ward.</li> </ul>	An action plan of how all of these areas will be addressed is required by 28 September 2012.

National Minimum Standard	Regulation	Findings (Paragraph Number)	Requirement	Time scale
			<ul style="list-style-type: none"> <li>• The nurse call system must not be fully operational in all patient bedrooms (confirmation was received from the registered provider that this area had been immediately addressed).</li> <li>• A toilet seat was required in bedroom 10 on Treowen Ward.</li> <li>• The provision of sheets and duvets on all patient beds.</li> <li>• The provision of telephone facilities that promote privacy for patients.</li> </ul>	
13	9 (1) (n)	2.11	The registered person is required to ensure that the arrangements in relation to infection control are adequate. This should include the system for disposing of dirty water from mop buckets.	Immediate and on-going.
12	26 (2) (c)	2.3	The registered person is required to ensure the layout of the establishment is suitable for the purposes that they are used for. This requirement is made specifically in relation to Awen ward.	An action plan for the environment on Awen ward to be submitted to HIW by 28 September 2012.

National Minimum Standard	Regulation	Findings (Paragraph Number)	Requirement	Time scale
25	15 (1) (a) & (b) & 20 (1) (a)	2.14, 2.25, 2.26, 2.27 & 2.28	<p><b>Action Required:</b></p> <p>The registered person is required to ensure that at all times suitably qualified, skilled and experienced persons in such numbers as are appropriate for the health and welfare of the patients are working in the establishment. Staff numbers need to be sufficient to facilitate Section 17 leave and patient participation in activities including sports therapy.</p>	Immediate and on-going.
23	19 (2) (c) (i) & (ii) & 24 (5)	2.18 & 2.32	The registered person is required to ensure de-briefing and learning following complaints, incidents and restraints takes place.	A system to be introduced by 28 September 2012.
8	15 (1) (a) (b) & (c)	2.21, 2.22 & 2.34	The registered person must ensure that all attempts to engage the patient in the care planning process and attempts to involve the patient's family in care planning is fully documented. In addition, all risk assessments must be regularly reviewed and updated.	Immediate and on-going.
14	15 (1) (a) & (b)	2.29	The registered person is required to ensure that all meals are served at the correct temperature and are of a suitable quality and offer patients choice.	Immediate and on-going.

## 5. Next Steps

5.1 The registered provider is required to send an action plan to HIW addressing all the regulatory areas identified within this report within the timescales identified within the above table of requirements. It is acknowledged that the registered provider has already begun addressing some of the areas following our feedback session and subsequent discussions.