

Mental Health/ Learning Disability Inspection

(Unannounced)

Llanarth Court Hospital:

Wards: Awen, Howell,
Iddon, Osbern, Teilo,
Treowen, Deri &
Woodlands

11-15 May 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)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 Llanarth Court Hospital on the evening of the 11 May and all day on the 12, 13, 14 and 15 May 2015.

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 secure² ward that accommodates a maximum of sixteen (16) female adults aged between 18 and 65 years detained under the Mental Health Act 1983³, who are diagnosed with a mental illness and/or a treatable personality disorder⁴ 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 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.

² 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.

³ 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.

⁴ 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.

- Osbern ward is a low 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 secure⁵ 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.

During the five day inspection, we reviewed all the 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 three members of HIW staff, including one HIW staff member shadowing the visit.

⁵ 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.

4. Summary

Our inspection at Llanarth Court hospital took place across all seven wards. We found scope for improvement but were also pleased with a number of positive findings.

HIW noted the majority of staff engaged positively with the inspection process and we were pleased to note staffing levels had improved since our previous inspection visit in June 2014.

We observed the improvements to the environment on Teilo ward that were required following our visit in June 2014, however there were some wards that still required a refurbishment and maintenance. In particular, a thorough cleaning of all windows, especially on Deri and Osbern wards because of the debris and dirt that had built up between the window pane and perspex screen was required. In addition, all of the kitchen/drink making facilities on the medium secure wards were dirty and required a thorough clean. Awen ward would also benefit from redecoration because the ward was looking tired and the walls were marked.

Our review of patient care plans highlighted issues regarding inadequate recording of fluid intake and rapid tranquilization, no evidence of assessment of dietary needs, lack of discharge planning and unmet needs not documented. We also observed upon entering a locked clinic room, the drugs cupboard open and unlocked.

However, we did note that clinical checks/audits on Iddon ward were comprehensive, specifically the annual drug assessment and evaluation of safe practice.

Staff told us of effective multi disciplinary team (MDT) working where disciplines felt their opinion was valued and supported. Patients received a good level of psychological intervention and psychology had been proactive with regards to new initiatives, including Compassion Focus Therapy⁶ and Dialectical Behaviour Therapy⁷ (DBT) for Awen ward.

⁶ Compassion-focused therapy - is an integrated therapy that draws from social, developmental, evolutionary and Buddhist psychology, and neuroscience. It also draws on many other therapeutic models that have developed interventions for specific types of mental health problems. For more information visit: <http://apt.rcpsych.org/content/15/3/199>

⁷ Dialectical behaviour therapy (DBT) is a psychological therapy designed to help people change patterns of behaviour that are not effective, such as self-harm, suicidal thinking and substance abuse. This approach works towards helping people increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess which coping skills to apply in the sequence of events, thoughts, feelings and behaviours that lead to the undesired behaviour.

There were good and effective systems in place in terms for the monitoring and implementation of the Mental Health Act 1983.

Despite the wide range of well maintained facilities to support the facilitation of therapies and activities, interviews with patients and examination of records indicated that patients were not having planned activities due to a lack of staff. This appeared to be a particular issue on Iddon ward. There were also limited opportunities for patients to have paid work and an increase in opportunities in this area would benefit the patient group.

It was pleasing to note the provision of accredited courses in literacy, numeracy and IT, as well as the number of patient forums in place which enabled patients to have a voice into hospital matters.

Feedback from a significant number of patients indicated concerns regarding the food served at the hospital. Portion size, only cereals for supper and the continued option of chicken on every menu needs to be reviewed.

We identified a number of decisions that appeared arbitrary. On some wards blanket approaches were in place such as patients had to be upstairs at a certain time of night, limited access to drinks at night and smoking times. A review of arbitrary decision making processes must be undertaken and decisions made must be on the basis of individual patient needs.

A comprehensive programme of mandatory training was in place for staff with the majority of training achieving over 70% compliance. There was a significant number of staff requiring training in safeguarding which was at 55% compliance and we identified from discussions with a number of staff a lack of knowledge and awareness regarding Deprivation of Liberty Safeguards (DoLS). These areas require addressing to enable staff to have comprehensive skills and knowledge in order to provide appropriate care for patients.

There were good systems in place for dealing with complaints, however some of the complaints we reviewed had no evidence or further information on file to provide evidence that the complaints were dealt with appropriately. All complaints must be robustly investigated and appropriately documented.

5. Findings

Core Standards

Ward environment

Awen ward is a two story ward, with all patient accommodation downstairs and staff facilities and meeting rooms upstairs. Two corridors have eight single en-suite rooms each. The patient bedrooms were spacious and provided sufficient space and storage for patients belongings.

The nurse's station overlooked an open plan area in which patient lockers and coats were stored. There were hot and cold drink making facilities and a few chairs available. The space here was large and we did observe patients and staff playing table tennis.

The ward had a number of distinct rooms, including a TV lounge, quiet/meeting rooms, intensive care suite (ICS), art and crafts room as well as the dining room. The ward was clean and provided sufficient space for the patient group, however there were some areas that required redecoration due to the high usage of the areas and walls were extremely marked and paint work chipped.

Patients had access to an outside space which had a designated place for smoking.

Deri ward was arranged on two floors, with 11 bedrooms and bathrooms upstairs and the main patient areas downstairs. The downstairs ward was small and felt cramped for 11 patients. The main lounge had chairs for 11 patients and the dining room had enough chairs and tables for the patient group. There was a quiet room, but when it was opened for one patient, others wanted to use it.

There were cigarette ends outside the main door and also around the garden area. During the night visit we saw some rubbish on the floors and cups left out. There was dirt around the window frames and generally some areas felt a little dirty and stark.

Staff reported that there was not enough room for all that was going on, including interviews and therapies. However, patients did have direct access to the stable block, where many of the activities and therapies took place.

We identified practices on the ward that were prescriptive and included patients only being able to access their bedrooms at set times. Patients had to be downstairs on weekdays at 08:15hrs and all patients had to be upstairs at

21:00hrs at night. Smoking stopped at 19:20hrs each weekday evening and early morning and late night drinks were limited in number and at set times.

Osbern ward was arranged on two floors with patient bedrooms, bathroom and TV lounge upstairs. On the ground floor there was an Intensive Care Suite (ICS) which could and had been used by other wards. There was a pleasant dining room with enough chairs and tables for the patients and open access to hot and cold drinks.

The lounge area was small and cramped with a TV and DVD player and 10 chairs and no newspapers or books were seen. A therapy room was available which also had a TV and an arts and craft room, in which a patient was making a model car.

Off the main lounge was a small phone room. A poster with a contact number for Independent Mental Health Advocacy (IMHA) was displayed next to the phone. A visitors room, clinic and WCs were also available.

The ward environment was clean and the bathrooms were exceptionally clean. However there was a maintenance issue that required attention and that was the dirt we observed between window panes and the perspex screen. In addition, we observed the difficulty patients had opening their bedroom windows. These areas need addressing as a matter of urgency.

The small garden was well maintained and there was a smoking shelter available. Patients could access the garden when they wanted, however the last cigarette break was at 19:15hrs.

Osbern ward also had the same restrictive practices in place as was observed on Deri ward, whereby access to bedrooms was at certain times. However there was a TV lounge upstairs for patients to use and socialize if they wanted.

Howell ward was generally clean and well maintained apart from the drink making and kitchen facilities, which at the time of our visit were very dirty, with litter, coffee and tea spillages and no hand towels available.

All patients had their own bedrooms which they could lock and they could also personalize with pictures/posters. The bedrooms provided sufficient storage for patients belongings.

Patients had access to a garden area which was pleasant, clean and conducive to spending time outside. There were designated areas for smoking.

A notice board was visible which had advocacy information displayed and rooms were available for patients to meet with family and friends. A telephone was also available for patients to use.

Woodlands bungalow was bright, airy and homely. The lounge contained a TV and games console, a bookcase provided storage for a large DVD collection and a magazine rack with a collection of magazines was also available. There were pictures on the walls and other furnishings such as a flower arrangement that provided a homely feeling. However, no information regarding advocacy could be found.

Woodlands had an open plan kitchen/diner which was clean and tidy. Two tables and eight chairs were available for patients to use. The dining area displayed artwork on the walls made by patients and the kitchen window overlooked the neat, private garden.

Iddon ward had a dirty drinks area in which the bins were full. A door was damaged and off its hinges following an incident approximately two or three days before our visit. The door requires immediate attention and re-fixing.

At the time of our visit, the door to the ward office would not close without someone pushing it closed. The door staff told us had been like this for some time and it is important that this is looked at to ensure the safety of staff and patients as well as the confidentiality of patient information.

We observed a large build up of dirt and debris behind the perspex guard on the windows and requires cleaning urgently.

A garden area was available for patients which had smoking facilities. The ward had addressed the issue of cigarette ends on the patio floor by a patient building wooden ashtrays which were secured to tables.

Treowen ward had a large open plan lounge area, however some of the seating was ripped and some chairs had no padding. A number of notice boards were displayed containing information on advocacy, activities, complaints, timetable for cigarette breaks, bus timetable, haircut information and ward quality matters results from December – February 2015. A pool table, water cooler and book shelf with some books was also available in the open plan lounge area.

A separate TV lounge was available for patient use, with a TV and six chairs. The chairs were arranged around the outside of the walls and appeared grubby in appearance.

The games room had a games console, book shelf with board games and patient lockers. Every patient had their own key to their locker and could store personal items safely.

The dining room had five tables and 15 chairs available and we were told that two sittings for mealtimes takes place. A basket of fruit and bowls of cereals were available and a fridge containing sandwiches for staff was available.

The ward provided a visitors room, laundry room and ICS suite. The environment was generally bright, spacious and well maintained apart from the chairs which were ripped and had no padding. Mugs were observed left around the lounge area, some were empty and some with liquid left which gave the impression that the ward was untidy. Some carpets were observed with stains and the patients payphone was not working and hadn't been for at least two days. These areas require attention.

It was pleasing to note the improvement and redecoration, including new flooring on Teilo ward following our previous visit in June 2014. However, during our visit a patient found some roof tiles that had fallen and this needs to be addressed to ensure the safety of all patients and staff. At the time of our visit, three different style chairs were being trailed by patients in the open plan lounge in view of changing the seating which was well worn.

Teilo ward provided two visitor rooms and one conference room. A therapy corridor homed rooms for group therapy, education and arts and crafts. A quiet lounge and a games/TV room was also available for patients to use. Pictures and notice board were displayed, including information on the barbering service and recovery star, however no advocacy information could be found.

The dining room was large, bright and airy and provided sufficient seating for patients and staff to dine together.

Discussions with Housekeeping highlighted that Teilo ward patients had 24 hour access to their bedrooms and this had caused problems for housekeepers. Two patients were displaying aggressive behavior and as a result, housekeeping staff had to go off the ward, therefore unable to complete their duties. It was pleasing to note that management were going to address this issue and lock off room access for a limited time to enable staff to clean patient bedrooms.

Requirements

A maintenance programme needs to be put in place to address the areas that require attention, specifically:

- redecoration on Awen ward;
- the replacement of the broken door on Iddon ward
- the fixing of the ward office door on Iddon ward to ensure it closes appropriately;
- a thorough cleaning of windows to remove dirt and debris from between the window pane and perspex screen. Garden areas need to be cleaned and cigarette ends removed. Kitchen/drink making facility areas require a thorough cleaning;
- replacement of roof tiles on Teilo ward;
- any ripped, unpadded and dirty seating to be replaced, and
- repair/replace windows that patients had difficulty opening.

The restrictive practices observed on Deri and Osbern wards need to be reviewed to ensure the practices in place are beneficial for the patient group.

A review of advocacy information is required to ensure areas with limited or no information have comprehensive advocacy information available.

Safety

All staff on the wards had personal alarms and when any visitor entered a ward they were asked to complete the visitor book. All wards had an assigned security nurse who would ensure safety alarms and visitors were appropriately signed-in and given, where appropriate alarms.

A few patients from Iddon, Awen and Teilo wards expressed concerns about their safety, specifically that they had been assaulted by other patients and noise issues, such as shouting and slamming doors which made them feel unsafe.

Some staff expressed concerns over safety and questioned whether there may be complacency at ward level because of an incident on Iddon ward and in addition the availability of items to self harm on Awen ward. Some staff also raised concerns that on wards such as Deri and Osbern, there had been times when the environment was challenging due to some patient personalities on the ward and the lack of space these wards had compared to

other wards. Therefore staff had to de-escalate situations as quickly as possible because of the lack of space on these wards.

Requirements

A review of practices across all wards is required to ensure staff remain vigilant and appropriate and robust risk assessments address the issues identified within this report.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a regular basis and all disciplines are represented including Psychology, Occupational Therapy, Medical staff and Nurses. Staff told us that MDT meetings are collaborative, professional views and opinions from all disciplines are sought and staff felt respected by each other.

Privacy and dignity

The majority of patients we spoke to confirmed they felt their privacy and dignity was respected throughout the hospital. Almost all of the patients we spoke to said that when they were admitted they were shown around the ward and a member of staff explained what was going to happen. All patients had their own bedroom and were able to lock the door from the inside.

All patients had access to a pay phone in order to keep touch with family and friends, some patients were able to use the ward phones to make and receive calls.

All patients said they were able to meet with their named nurse in private and there were also rooms available for patients to meet with family and friends in private.

Patient therapies and activities

Llanarth Court had a wide range of well maintained facilities to support the facilitation of therapies and activities. Every ward had a full time occupational therapist (OT) and occupational therapist assistant (OTA), except Deri ward which had part time provision. Every patient admitted to the hospital was assessed by an OT and following an assessment patients were provided with an individual timetable that included various therapeutic activities as well as ward-based activities. Timetables were reviewed and subsequently changed every 12 weeks.

The facilities available off the wards included a horticultural and craft centre which facilitated various workshops for patients, with access to green houses and large garden areas. The stable block was well equipped and contained a gym which was open daily. The sports hall was large enough for 5-a-side football and badminton games. Two newly refurbished kitchens were well equipped for patients to undertake cooking sessions and an arts and craft room was available as was a swimming pool and social club. The social club was newly decorated and had a juke box, table tennis and pool tables, dart board, air hockey, projector for films, library, shop and education room with reference books and computers. All of these facilities had timetabled access and could be booked for one to one sessions.

It was pleasing to note that provision of accredited courses by Open College Network (OCN) in literacy, numeracy and IT were offered to patients. Many patients benefited from and had a keen interest in horticulture and it would therefore be advantageous to find a way to offer accreditation in horticulture.

We observed on some wards that patients were involved in art and craft, board and/or computer games, reading books/newspapers, model making, playing cards and watching TV. We observed patients taking part in a quiz and some patients did say that if they were restricted to their ward that the activities offered were not enough to keep them occupied to prevent boredom.

There were very few opportunities for paid work, however with the establishment of the café, this may provide some opportunities for patients.

Psychology services were available for patients across the hospital with at least one psychologist for each ward. New patients were assessed within their first three months at the hospital and interventions for patients then began. Patients generally received one, one-to-one session per week and attend group sessions if appropriate. Group sessions included substance awareness and misuse, thinking skills, anger management, mindfulness and compassion focus therapy (CFT).

Psychology told us they were open to introducing and delivering different therapies. They had been instrumental with regards to the 12 week timetable and new initiatives including the CFT that had been recently introduced. Psychology work with nursing staff to deliver psychological therapies for patients and they manage staff stress levels via staff resilience training and reflective practice sessions.

Staff and patients told us that a physical healthcare nurse was available as well as access to GP services. A dentist would visit the hospital every two weeks, however staff will make appointments for patients if there is an emergency.

At the time of our visit there was no OT cover during weekends, however staff said when required, staff will work weekends. Staff told us weekends were more relaxed with patients having more bedroom access and staff would run and arrange activities on weekends for patients if they wanted them.

Patients did tell us that due to a lack of staff on Iddon ward, their prescribed half hour walks, four times a day in some cases were not taking place. Patients said they were lucky to have one walk on some days. Staff confirmed this issue stating they also feel frustrated when they cannot deliver the activities due to staff shortages.

An advocate was available to support patients at Llanarth Court and patients stated that access to the service was good. Staff spoke highly of the service that was provided for the patients. There was some confusion from staff regarding the independency of the advocate. This confusion resulted because the advocate was regular to the hospital and has an office in the main office building. It was clarified that the advocate was independent, attending many patient meetings and forums as well as individual requests.

During our visit, we were unable to find contact information on three wards for IMHA services. Despite the current arrangements which we had positive feedback on, it should not be underestimated the importance of patients being able to contact an IMHA should they wish.

The presence of other services to support patients including a social worker, vicar and Pets at Therapy were all noteworthy areas of practice.

Requirements

Opportunities need to be introduced for patients to undertake paid work.

A review of staffing levels, particularly on Iddon ward is required to ensure patient activities are not cancelled because of staff shortages.

Recommendation

Consideration needs to be given to extend the provision of accredited courses for patients, in particular for horticulture.

Food and nutrition

Patients at Llanarth Court receive four meals per day, including breakfast which is served from 08:30, lunch at 12:30, tea at 17:00 and supper served later in the evening. Catering staff prepare and serve up to 400 meals per day and this function was overseen by the Catering Manager and Head Chef. All food was prepared and cooked in the main kitchen from which two wards were served. The remaining wards were served from six satellite kitchens

from which the food was transported from the main kitchen to these satellites kitchens via catering trolleys.

The menus were on a six week rotation basis, however catering staff confirmed that there was some flexibility to change this if weather dictates a need. Discussions with staff and patients confirmed that a choice of food was available and menus obtained from our visit confirmed this. A lunch menu from Awen ward provided four choices for patients. There was a baked potato with a choice of four fillings. Four main meal options were available including salads, omelette or fruit platter and a choice of sandwiches or baguettes with various fillings. A tea menu from Iddon ward highlighted the food options as baked potatoes plus fillings, sandwiches and baguettes. The main meal options were chicken served with vegetables, potatoes or salad, bacon steak with potatoes and vegetables or baked ratatouille tart. The menu offered one dessert choice.

Staff told us that patients with specific/special diets were catered for, including vegan, Hari Krishna, gluten intolerant and Halal diets. The hospital had at least 10 diabetic patients and the Head Chef will meet with patients who have issues about their diet and discuss what is suitable from the menu. A soft diet menu had also been put in place for a patient who had all their teeth removed.

At the time of our visit there was no dietician in post, however, a new appointment had been made.

Patient feedback regarding food was mixed; with the majority of patients we spoke to saying they did not enjoy the meals served. The main concerns patients told us about were portion sizes were not big enough, the continual option of chicken on every menu and only cereals for supper. Patients said that sandwiches used to be provided for supper, but they have stopped and now it is only a bowl of cereal. The catering staff told us that they were told to stop providing sandwiches at supper time. An assessment of the portion sizes, cereal only for supper and continuing option of chicken on every menu needs reviewing to ensure variety and adequate portion sizes are provided.

There was sufficient fresh fruit provided to each ward for patients to eat and drinks and snacks were available outside of meal times. Patients could buy and store their own food.

Monthly catering committee meetings were in place in which patient representatives from each ward can discuss concerns. Minutes capture the discussions, however there was no evidence to show the outcomes from the previous meetings.

Some staff expressed concerns regarding patients having take-away meals and no control over patient snacking. However there were plans in place, but

no specific date set, for staff on each ward including the catering staff to have nutrition training to be able to educate patients about healthy eating.

We observed a tea time meal being served on Teilo ward and noted the available choice of food for patients. The portions appeared to be adequate and the food looked quite appetizing, however, patients were disgruntled and complained about the portion size and cold chips.

Discussions with catering staff highlighted their commitment to providing patients and staff with good quality food, choice and variety.

Requirements

A review of portion sizes, cereals at supper time and the continued option of chicken on every menu is required to ensure patients have sufficient food and variety.

Any outcomes from previous monthly catering committee meetings need to be documented to evidence progress with the areas identified.

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.

All the files reviewed contained essential information regarding an employee's employment including references, interview notes, job description, application form, offer letter, Disclosure and Barring Service (DBS) and pre-employment statement of medical fitness. All professional registrations were checked on-line by HR and a system was in place to record this information. HR performs monthly checks to ensure all professional registrations remain current and up to date.

We noted and endorse the good practice adopted by Llanarth Court hospital 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.

An appraisal system was in place and some staff we spoke to had received an appraisal within the last 12 months.

The majority of staff we spoke to confirmed they received managerial supervision on a monthly basis which was documented. Clinical supervision was reported to take place as and when required. We were told that some staff view clinical supervision as 'off-loading weaknesses' and therefore were not keen to receive it. These perceptions are negative and raises concerns

regarding the culture on some wards, and how staff without clinical supervision support and promote better practice to promote standards of care.

A comprehensive mandatory training programme was in place for all staff and statistics showed that compliance rates for training were 70% and above, apart from Safe Guarding Vulnerable Adults which was at 55% compliance. The staff files we reviewed highlighted that six out of the 10 employees did not have up to date training in this area. It is essential that all staff receive training in safe guarding vulnerable adults to ensure staff have up to date knowledge.

The organisation had invested in an e-learning system which was due to go live in June 2015. The new system will enable staff to undertake some courses in their own time, including at home if necessary. Additional computers were being set up for staff to use on site at Llanarth Court hospital in order for staff to complete on-line training.

There were a number of staff we spoke to who had not received and did not know anything regarding Deprivation of Liberty Safeguards (DoLS). This lack of knowledge was a concern and it is an area that needs to be addressed to ensure all staff are aware of DoLS.

A review of complaints highlighted that the system in place was comprehensive. The complaints log captured an overview of all complaints and all the complaints reviewed had letters on file regarding an outcome.

Two informal complaints had no evidence or further information on file to provide evidence that the complaints were dealt with appropriately. One complaint stated that the charge nurse spoke to the staff concerned but the file had no evidence of this. The other complaint stated the charge nurse investigated the allegation, however, there was nothing on file to confirm this had taken place. It is important that any action undertaken is recorded and placed on file to evidence the complete procedure prior to the outcome.

We noted the Complaint Outcome posters as an area of noteworthy practice. The complaints officer produces posters which were put up in each ward highlighting common complaints and the outcome. As a result all patients are kept up to date with hospital issues that are causing patients concern.

In addition, a number of forums were in place to enable patient views and concerns to be discussed and documented. A patient representative from each ward attends the Patients Council meetings on a monthly basis. The patients bring to the meeting issues specific to their ward. The meetings are recorded and are attended by a number of senior staff from Llanarth Court. A Catering Committee was also in place in which patient representatives from each ward discuss concerns and issues collected from their peers regarding

food. The discussions are documented and the meetings are attended by a number of Llanarth Court staff as well as the advocate.

It was pleasing to note the improvement made following our visit in June 2014 to the information obtained for agency staff. We reviewed two agency staff passports and they contained information including a current DBS check, references, application form, induction information and training certificates. We were told that Llanarth Court had recruited a lot more bank staff which will significantly reduce their usage of agency staff, however if agency staff are required staff were aware of the information they require from agencies to ensure their suitability.

Requirements

All (applicable) staff require clinical supervision to ensure staff can support and promote better practice and standards across the hospital.

All staff to receive training in Safe Guarding Vulnerable Adults to ensure staff have up to date knowledge and skills.

Training in Deprivation of Liberty Safeguards (DoLS) needs to be introduced to ensure staff are aware of their responsibilities in this area.

All informal complaints need to have on file comprehensive information and evidence to demonstrate the reason for the outcome.

Application of the Mental Health Act

We reviewed the statutory detention documents of 11 of the detained patients being cared for on seven of the wards at the time of our visit. The following noteworthy issues were identified:

- The files reviewed had an index sheet on the front which made it easy to navigate
- Section 17 leave was computerized and it was reviewed as part of MDT with the patients input logged as part of the process which we noted as good practice.
- PATHNAV that was the patients care pathway was a way of getting patient views more documented and involved in decision making
- CO2 and CO3 was available on wards
- Legal status and other information was on the contained Care Notes computer system
- CO2 forms were on the computer system
- Direct access to legal advice when needed
- Admission checklist in MHA files

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation for three patients on Iddon ward and identified the following observations:

- The seclusion records for one patient did not reflect the amount of fluids given to the patient and those documented were inadequate
- Rapid tranquilization was given on two occasions and the observations recorded in terms of frequency was not in line with the hospitals guidelines for the use of rapid tranquilisation
- There was no evidence of assessment of dietary needs using an evidence based tool and there was little evidence of management of weight
- One of the files reviewed had a lack of discharge planning
- There were unmet needs not documented on all three files we reviewed

Requirement

Care plans need to be reviewed and updated to ensure fluid records accurately reflect the amount given; records are completed in line with guidelines; assessments of dietary needs are available; discharge plans are in place and unmet needs are documented.

6. Next Steps

Llanarth Court 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 Llanarth Court 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: Partnerships in Care

Hospital: Llanarth Court

Date of Inspection: 11 – 15 May 2015

Recommendation	Regulation	Action	Responsible Officer	Timescale
<p>A maintenance programme needs to be put in place to address the areas that require attention, specifically:</p> <ul style="list-style-type: none">• redecoration on Awen ward;• the replacement of the broken door on Iddon ward• the fixing of the ward	26 (2) (a) (b)			

<p>office door on Iddon ward to ensure it closes appropriately;</p> <ul style="list-style-type: none"> • a thorough cleaning of windows to remove dirt and debris from between the window pane and perspex screen. Garden areas need to be cleaned and cigarette ends removed. Kitchen/drink making facility areas require a thorough cleaning; • replacement of roof tiles on Teilo ward; • any ripped, unpadded and dirty seating to be replaced, and • repair/replace windows that patients had difficulty opening 				
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<p>The restrictive practices observed on Deri and Osbern wards need to be reviewed to ensure the practices in place are beneficial for the patient group.</p>	<p>15 (1) (a) (b) (c) & 19 (1) (a) (b)</p>			
<p>A review of advocacy information is required to ensure areas with limited or no information have comprehensive advocacy information available.</p>	<p>15 (1) (a) (b)</p>			
<p>A review of practices across all wards is required to ensure staff remain vigilant and appropriate and robust risk assessments address the issues identified within this report.</p>	<p>15 (1) (b) & 19 (1) (b)</p>			

Opportunities for paid work for patients needs to be introduced.	15 (1) (a) (b) (c)			
A review of staffing levels, particularly on Iddon ward is required to ensure patient activities are not cancelled because of staff shortages.	20 (1) (a)			
A review of portion sizes, cereals at supper time and the continued option of chicken on every menu is required to ensure patients have sufficient food and variety.	15 (9) (b)			
Any outcomes from previous monthly catering committee meetings need to be	15 (1) (c)			

documented to evidence progress with the areas identified.				
All (applicable) staff require clinical supervision to ensure staff can support and promote better practice and standards across the hospital.	20 (2) (a)			
All staff to receive training in Safe Guarding Vulnerable Adults to ensure staff have up to date knowledge and skills.	20 (1) (a) & (2) (a)			
Training in Deprivation of Liberty Safeguards (DoLS) needs to be introduced to ensure staff are aware of their responsibilities in this area.	20 (1) (a) & (2) (a)			

<p>All informal complaints need to have on file comprehensive information and evidence to demonstrate the reason for the outcome.</p>	<p>24 (2) & (5)</p>			
<p>Care plans need to be reviewed and updated to ensure fluid records accurately reflect the amount given; records are completed in line with guidelines; assessments of dietary needs are available; discharge plans are in place and unmet needs are documented.</p>	<p>15 (1) (a) (b) (c)</p>			
<p>Recommendation</p> <p>Consideration needs to be given to extend the provision of accredited courses for patients, in particular for horticulture.</p>				