Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health Act Monitoring Inspection (Unannounced)

Cwm Taf University Health Board; **Pinewood House**

11 August 2015

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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Contents

1. Introduction

Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales. Since April 2009 HIW has monitored the use of the Mental Health Act 1983 on behalf of Welsh Ministers.

Our Mental Health Act Monitoring inspections cover both independent hospitals and mental health services offered 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 we ensure 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 2005 and Deprivation of Liberty Safeguards (DoLS)
- 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
- 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
- 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:

- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Observation of the environment
- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff
- Examination of care documentation including the multi–disciplinary team documentation
- Scrutiny of recreational and social activities
- Consideration of the quality of food.

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

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health Act Monitoring inspection to Pinewood House, Treorchy on 11 August 2015.

Pinewood House is an adult mental health service providing a rehabilitation service for persons of age 18 and over. Pinewood House comprises of 15 single bedrooms across three floors: Aspen, Rowan and Willow, all five bedded single gender floors, along with a self-contained flat which can accommodate one patient. Whilst the unit had a total of 16 beds the service will only provide care for up to 14 patients.

During the day we visited the unit reviewing patient records, spoke with patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer and one member of HIW staff.

4. Summary

Pinewood House is a mental health rehabilitation service that is provided by the health board. It was well maintained throughout and equipped with appropriate facilities, furniture and fixtures for the patient group. There were a number of areas that staff would like to redevelop at Pinewood House to provide further rehabilitation facilities for the patients.

Pinewood House is appropriately located for patients to easily access services within the community as part of their rehabilitation pathway.

There was a calm and relaxed atmosphere throughout our visit. Patients told us that they felt safe and well cared for at the hospital. Patients said staff were helpful and upon reviewing patient documentation it was evident that patients, family and carers were involved in patients' care.

We reviewed a sample of statutory documentation and found that they were compliant with the Mental Health Act (the Act). However, there were a number of areas of record keeping that could be improved in line with good practice.

5. Findings

Core Standards

Ward Environment

On the day of the inspection entry to the ward was secured to prevent unauthorised access to Pinewood House. The ward displays information explaining to those patients who are able to leave the ward of how to do so if they wished.

On the day of our unannounced inspection Pinewood House appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout. The communal areas of Pinewood House were well furnished and fixtures and fittings were appropriate to the patient group. There were pictures, photographs and patient information displayed around Pinewood House.

We were informed that there can be significant noise from the street heard within rooms located at the front of Pinewood House, particularly on Friday and Saturday nights. Staff had explored methods of reducing the disturbance to patients when located in these areas; however it was felt that the health board need to review the window glazing to reduce the external noise that was audible.

Patients had direct access to an enclosed garden area. The garden area was unkempt; we were informed by staff that a proposal to redevelop the garden area had been submitted to the health board; however at the time of our inspection a decision had not been reached.

Patients were able to smoke in the garden area if they wished; a suitable wall-mounted lighter unit was installed along with a shelter.

Pinewood House had an additional large room that staff stated they wished to refurbish to develop further rehabilitation facilities at Pinewood House. However, the room would require additional safety features such as wall-mounted alarms and access fobs before being able to be used by patients.

Recommendations

The health board must review the windows at the front of Pinewood House to reduce the external noise that was audible within the hospital.

The health board must redevelop the garden area to provide a therapeutic environment for patients.

The health board must install appropriate safety features to the currently unused room at Pinewood House so that the area can be refurbished to provide further rehabilitation facilities within Pinewood House.

Safety

The patients that we spoke to said they felt safe at Pinewood House. Hospital staff were able to access the health board's Observation Policy on ward and via the health board's computer system. Staff stated that if required, observation levels were increased to reflect the risk posed by behaviours of any patients.

Staff at Pinewood House use de-escalation and redirecting techniques to manage any patients' behaviours that challenge. We observed staff interacting with patients in a dignified and caring manner.

Staff at Pinewood House do not carrying personal alarms, wall mounted alarm buttons were installed throughout the establishment.

The multi-disciplinary team

The core numbers of staff for the Hospital were two registered nurses and three nursing assistants during the days and one registered nurse and two nursing assistants during the nights. The staff on each shift was mixed gender. At the time of our inspection the health board were recruiting into one registered nurse post.

When required, Pinewood House use health board bank staff, usually the ward will use staff that work regularly at Pinewood House.

Pinewood House had therapeutic input from psychologists, occupational therapists, and an activity co-ordinator. There were two consultants who work within the health board who covered two geographical areas; multi-disciplinary ward rounds were held weekly.

Staff spoke of strong collaborative and supportive teamwork at Pinewood House.

There were a number of patients at the hospital that were regarded as Delayed Transfer of Care (DTOC). We were informed that the ward manager and senior members of health board staff hold regular DTOC meetings to review the individual cases and where possible expedite a solution. We were informed that often the DTOC were caused by identifying a suitable community placement for the patients.

Privacy and dignity

Patients on Aspen, Rowen and Willow had individual bedrooms. Unfortunately due to the physical restrictions of Pinewood house the bedrooms were unable to be en-suite. Patients had adequate storage in their bedrooms and were able to personalise their own room. Patients were able to lock their bedroom doors from the inside which staff could over-ride if required. However, not all patients were able to have a key to their bedroom door because keys had been previously been lost and staff had been unable to replace them.

Each floor had toilet, bath and shower facilities available for the patients. We were informed that providing patients with supportive shower care on Aspen can be difficult because the shower unit was small and had a fixed wall-mounted shower head.

Each bedroom door had controllable viewing panels. However, the anti-ligature control knob was positioned on the outside of the door which meant that the patient was unable to control the viewing panel from within their room. The health board should review the adjustable viewing panels to see whether the anti-ligature control knob can be located within the patient bedroom and the staff use the key operated control knob to open and close the viewing panel. This would also prevent non-staff members opening the viewing panel.

Each floor of Pinewood House had a kitchen which had laundry facilities so that patients were able to do their laundry and ironing with staff assistance.

The self-contained flat comprised of a single bedroom, bathroom and a kitchen area. The flat was within Pinewood House building but was only accessible to the patient residing in the flat and Pinewood House staff.

Patients were able to access their mobile phone; however a risk-based assessment is undertaken to determine if patients have restricted access. There was also a payphone available for patient use.

Throughout the inspection we observed staff interacting with patients in a caring and respectful manner. Patients that we spoke with said that staff were helpful and that they felt that they were treated kindly.

Recommendation

The health board must ensure that the shower facilities on Aspen allow for staff, where required, to assist patients.

Patient therapies and activities

Pinewood House was located in Treorchy town centre which allows patients to easily access shops and other services as part of their rehabilitation programme. We observed a number of patients utilising their leave from the hospital throughout the inspection visit.

There was a weekly programme of group activities for patient to participate in. Patients and staff held a planning meeting every morning to discuss what activities were planned for the day and what patients wished to do. The planning meetings allowed for staff to allocate time to facilitate or change activities to meet the wishes of the patient group.

The hospital also had access to a hospital vehicle, that is shared with the health board's other rehabilitation ward at Ysbyty George Thomas also in Treorchy, so that staff could facilitate taking patients to the local shops and on community trips further afield.

Pinewood House had input from an occupational therapist that provided a service between the two rehabilitation wards at Pinewood House and Ysbyty George Thomas. Pinewood House had an activity coordinator who worked fulltime, working shifts across the week so that they could undertake their role during the day, evenings and weekends. When the activity coordinator was not working a nominated healthcare support worker oversees the activities.

Pinewood House also provided a Drug and Alcohol Relapse Education programme for patients.

General healthcare

Patients' physical health and well-being was assessed on admission and monitored on a regular basis by doctors who attend Pinewood House.

As part of patients' rehabilitation care patients are registered with local community GP services and dentists.

Patients access local hairdressers and barbers in the community.

Food and nutrition

Pinewood House provided patients with a choice of breakfast options. Patients could be provided with the ingredients to prepare their own lunch. Patients were also able to utilise leave to purchase ingredients for preparing their own meals. There was also an evening menu that patients could chose meals.

Where required, staff at Pinewood House could make referrals to the health board's dietician and speech and language therapy (SALT) service.

Patients were able to access a range of snacks outside mealtimes and fresh fruit and drinks were readily available.

Application of the Mental Health Act

There were 13 patients being cared for at Pinewood House, all aged 18 or over. A number of patients were detained under the Mental Health Act at the time of our inspection.

We reviewed a sample of the statutory documentation and found that they were compliant with the Act. However, there were a number of areas of record keeping that could be improved in line with good practice.

Patient Detention

Reviewing the statutory documentation, for each of the detentions under Section 2, Admission for assessment[1], or Section 3, Admission for treatment[2], at-least one of the doctors was Section 12 approved[3] and at-least one of the doctors had a previous acquaintance with the patient[4].

In each case, the statutory documentation stated why detention under the Act was the most appropriate way of providing care. For the detention under Section 3 the statutory documentation stated that the appropriate medical treatment was available at Pinewood House.

On assessment of the patients for detention under Section 2 and Section 3 the Approved Mental Health Professional[5] (AMHP) involved for each case had identified and contacted the patient's nearest relatives[6]. Copies of AMHP reports were kept with the individual patient's detention.

No patients had been subject to Section 4 emergency application[7] or Section 5 holding powers[8].

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[1] Section 2 - admission for assessment, patient detained under the Mental Health Act
[2] Section 3 - admission for treatment, patient detained under the Mental Health Act
[3] A doctor who has been approved by the Welsh Ministers (or the Secretary of State) under the Act as having special experience in the diagnosis or treatment of mental disorder. In practice, Local Health
Boards take these decisions on behalf of the Welsh Ministers.
[4] Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.
[5] A professional with training in the use of the Act, approved by a local social services authority to carry out a number of functions under the Act.
[6] A person defined by section 26 of the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative
[7] An application for detention for assessment of mental disorder made with only one supporting medical recommendation in cases of urgent necessity.
[8] The powers in Section 5 of the Act which allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.

Ongoing detention

Where a patient had been subject to the renewal of detention the correct prescribed forms had been completed within the required timescales. The statutory documentation stated why detention under the Act was still the most appropriate way of providing care for the patient.

Appealing against detention

Patients had been informed of their right to appeal against their detention; it was evident that if patients wished to appeal to the Mental Health Review Tribunals that the process was followed. There was a record of Hospital Mangers' Hearings being undertaken as required to review patient's detention.

Section 132 provision of information[9]

There was clear evidence that patients were provided with regular information about their detention and their rights under the Act. Where necessary, where patients refused to engage with staff or were unable to understand the information, staff would regularly attempt to provide the information to patients.

Representatives of the Independent Mental Health Advocacy (IMHA) service attend Pinewood House.

Consent to treatment

Patient subject to Consent to Treatment provisions of Section 58[10] of the Act were correctly documented and authorised. A copy of the consent to treatment certificates were kept with the patients' Medication Administration Record (MAR Chart) where applicable.

Section 17 leave of absence

All Section 17 leave[11] authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed. Not all expired leave forms on patients' files were clearly marked as no longer valid. It is good practice to ensure expired leave forms are marked as no longer valid.

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[9] Section 132 of the Mental Health Act 1983 places a responsibility upon the hospital managers to take all practicable steps to ensure that all detained patients are given information about their rights.

[10] A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for mental disorder for detained patients after an initial three-month period

[11] Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

The Section 17 leave authorisation forms were accompanied by risk assessments that detailed the risks, likelihood and impact.

Recommendation

The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.

Restricted patients

Where patients were detained under Part 3 of the Act*, Patients Concerned in Criminal Proceedings or Under Sentence*, copies of the documentation relating to their detention were available within their files.

6. Next Steps

The health board 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 Pinewood House 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 Act Monitoring process.

Appendix A

Mental Health Act Monitoring: **Improvement Plan**

Health Board: **Cwm Taf University Health Board**

Setting: **Pinewood House**

Date of Inspection: **11 August 2015**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Core Standards				
7	The health board must review the windows at the front of Pinewood House to reduce the external noise that was audible within the hospital.	Risk assessment completed and submission for capital investment required.	Mark Abraham & Paul Davies	Risk assessment to be reviewed by 9 September 2015. Capital program reviewed 3 monthly.

7	The health board must redevelop the garden area to provide a therapeutic environment for patients.	Risk assessment completed and escalated to the Directorate Risk Register. Capital investment required.	Mark Abraham & Paul Davies	Risk assessment to be reviewed by 9 September 2015. Capital program reviewed 3 monthly.
8	The health board must install appropriate safety features to the currently unused room at Pinewood House so that the area can be refurbished to provide further rehabilitation facilities within Pinewood House.	Risk assessment completed and any improvements will require capital investment.	Mark Abraham & Paul Davies	Risk assessment to be reviewed by 9 September 2015. Capital program reviewed 3 monthly.
9	The health board must ensure that the shower facilities on Aspen allow for staff, where required, to assist patients.	Estates to replace fixed shower head with replace with flexible shower hose.	Mark Abraham & Paul Davies	To be completed by November 2015

Application of the Mental Health Act				
14	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	Expired Section 17 forms to be crossed by nominated responsible clinician. Matter to be raised at Rehabilitation Clinical Governance meeting	Mark Abraham & Mark Winston	7 October 2015