

**Mental Health Act
Monitoring Inspection
(Unannounced)**
Abertawe Bro Morgannwg
University Health Board:
Llwyneryr Hospital

15 April 2015

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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 their 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 Act monitoring 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 Act monitoring 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 Llwyneryr Assessment and Treatment Unit, Swansea on 15 April 2015.

Llwyneryr Assessment and Treatment Unit is a Learning Disability hospital consisting of an eight bedded ward providing care for patients with a dual diagnosis of learning disabilities and mental health. Llwyneryr Assessment and Treatment Unit is part of Abertawe Bro Morgannwg University Health Board.

During the inspection we reviewed patient records, interviewed patients and staff, reviewed the environment of care and observed staff-patient interactions. The inspection team comprised of one Mental Health Act Reviewer and one member of HIW staff.

4. Summary

Llwyneryr Assessment and Treatment Unit is a purpose built Learning Disability hospital. There was a calm and relaxed atmosphere throughout our visit. Whilst there were areas of the unit that required maintenance at the time of our inspection, the environment was undergoing refurbishment and decoration, which we were informed would address these deficiencies.

The unit was equipped with appropriate furniture for the patient group, however, improvements could be made to make the environment more specialised in terms of the needs of the patient group, such as, further development of the sensory therapy treatment available to patients.

Patients told us that they felt safe and well cared for at the hospital. Patients also 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 it was compliant with the Act. Whilst Section 17 Leave¹ of absence was authorised in line with the Act, we feel that there is room for improvement in this area in line with good practice.

We were concerned to hear that the post of Mental Health Act Administrator, responsible for Llwyneryr Hospital, remains vacant following the departure of the previous post holder.

¹ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

5. Findings

Core Standards

Ward Environment

On the day of the inspection the entrance was secured by a number code lock to stop unauthorised entry. The door was not locked from the inside; patients were able to exit the ward using the lock-release button. If the door was required to be locked, based on clinical decision to prevent individual patients leaving the ward, then this was recorded in the locked-door log. The frequency of this was monitored by the health board. In the event that the door is locked, the ward displays information explaining to those patients who are able to leave the ward of how to do so if they wished.

At the time of our unannounced inspection the ward was undergoing maintenance and redecoration. The unit appeared clean, generally clear of clutter and free from any unpleasant or clinical odours.

However, we did note that there were a number of areas of damage around the ward caused by some patients' behaviours; this was most noticeable around bedroom door frames. We were informed that maintenance requisitions to repair these areas had been submitted and were part of the current programme of maintenance being undertaken at the time of the visit.

The walls in the communal areas appeared bare, however, we were informed that due to the ongoing redecoration work, pictures had been removed and the ward was waiting for the maintenance team to remount the pictures on to the walls.

Patients had direct access from the communal lounge to a large enclosed garden area. Patients were able to smoke within this area but we noted that part of the cigarette debris bin was missing and therefore was not being used; this requires replacing.

Recommendation

The health board must confirm that maintenance to the ward has been completed.

The health board must confirm that pictures and paintings removed for redecoration have been remounted.

The health board must confirm that the cigarette debris bin has been replaced.

Safety

The patients that we spoke to said they felt safe at Llwyneryr Hospital. Hospital staff are able to access the health board's Observation Policy on ward and via the health board's computer system. The hospital's fixtures and fittings were anti-ligature throughout the patient areas. Staff stated that if required, observation levels are increased to reflect the risk posed by behaviours of any patients.

All staff working at the hospital were Positive Behaviour Management (PBM) Trained. We observed staff de-escalating and redirecting patients in a dignified and caring manner. The hospital does not use seclusion².

On the day of the inspection staff were not carrying personal alarms. We were informed that alarms are available and if the clinical risk deems it necessary that alarms were issued to staff.

The multi-disciplinary team

The core nursing establishment for the hospital is two registered nurses and three nursing assistants during the day and one registered nurse and one nursing assistant during the night. We were told that there is always at least one male member of staff on shift.

All registered nurses working at Llwyneryr Hospital are Learning Disability trained. Staff said that the staffing levels and skill mix were appropriate for the current patient group; we felt that staffing was adequate on the day of the inspection. We were informed that there was one nurse vacancy at the hospital that the health board was currently in the process of recruiting to.

Llwyneryr Hospital does not use health board bank staff or agency staff. Staffing rotas were covered from the current establishment of staff at the hospital who were familiar with the patient group. If there is a short fall, the hospital uses staff from within the health board's Learning Disability directorate. If the hospital requires short notice staffing assistance the hospital is able to utilise staff from the neighbouring Learning Disability unit Dan y Deri.

There are weekly multi-disciplinary ward rounds and monthly Multi-Disciplinary Team Meetings; these can be more frequent if the patient care requires them to be. Upon reviewing patients' notes it was pleasing to see patients' families, carers and advocates being involved with their views being considered in Multi-Disciplinary Team Meetings.

² The supervised confinement of a patient in a room, which may be locked

Privacy and dignity

Patients have individual bedrooms and these are not en-suite. However, there are toilets and bathrooms on each of the bedroom corridors. Patients were able to personalise their own bedrooms. We did notice due to the behaviours of some patients, fixtures and fittings in their rooms were damaged or missing. We noted that some cupboard doors and curtains were also not in place.

One of the bathrooms at the hospital was not being used due to a damaged floor; this had been reported and was awaiting maintenance to repair. Staff raised their concerns that it can be difficult to assist patients with limited mobility due to the layout of the bathrooms. We were informed that the bath hoist was only able to be used with one of the baths, as the other baths are too wide.

The ward also had a specialist chair for assisting patients to shower. However, it had been decided to no longer use this specialist chair due to an incident with the same model at a setting outside of the health board. The chair was still being stored at the hospital and an alternative had not been provided which limited the use of a shower for some patients.

Throughout the inspection, we observed staff interacting with patients in a caring and respectful manner. Patients that we spoke to said that staff were helpful and kind.

It was pleasing to note that there were on-ward laundry facilities, and patients were able to do their laundry and ironing with staff assistance as part of maintaining or developing patient skills. However, if patients were unable to do their laundry staff would do this on the patient's behalf. This needs to be monitored by the health board to ensure that nursing staff time is not diverted away from patient care by undertaking patients' laundry. Patients had slots on a weekly timetable to ensure that they were able to do their laundry. Each patient had their own laundry basket for their rooms and their own section in the laundry room to ensure that items of clothing were not misplaced.

Recommendation

The health board must review the furniture, fixtures and fittings within patients' bedrooms to ensure that they are repaired or replaced as necessary.

The health board must review the layout of the bathrooms to ensure they are appropriate for patients who use mobility aids and/or require assistance.

The health board must review the availability of a specialist chair for assisting patients to shower.

Patient therapies and activities

Patients have individual activity and therapy plans and were able to choose what activities and therapies they wish to do each day along with a set of core activities related to their specific requirements and capabilities. The hospital had an Activity Room, and there was Art Therapy input one morning a week.

It was pleasing to note that the hospital had developed a soft room with cushioned flooring to meet the behaviours of one specific patient. Staff confirmed that they are looking to further develop the room with soft walling and furniture.

The hospital had started using mobile sensory equipment within one of the communal rooms which patients enjoy. This is part of a therapeutic activity that the hospital would like to develop further to benefit the patient group.

We were also informed that the recently decommissioned smoking room was to be redeveloped in to a small lounge and relaxation area. This will benefit the patients as it would give them an additional area away from the main communal lounge.

Due to the location of Llwyneryr Hospital patients had easy access to local amenities such as shops and a nearby park. The hospital also has a designated vehicle so that staff could facilitate taking patients on community trips further afield, such as local beaches. Where appropriate, patients were also able to leave the hospital with family and/or carers.

Recommendation

The health board should provide an update on the development of the soft room.

The health board should provide an update on the development of sensory therapeutic activities.

The health board should provide an update on the redevelopment of the decommissioned smoking room.

General healthcare

Patients' physical health needs are provided for by doctors at Llwyneryr Hospital. We were informed by staff that if required, patients access Morriston Hospital for any condition that can not be treated at Llwyneryr Hospital. Staff

said they had a very good working relationship with the Accident & Emergency department at Moriston Hospital and that staff there have a good understanding of the needs of patients from Llwyneryr Hospital.

We were also informed that the hospital has good working relationships with the phlebotomy service and staff can refer patients to chiropody services when required.

Patients access a community dentist who specialises in working with people who have a learning disability. We were informed that if it was not deemed practicable to take the patient to a community dental practice then the dentist would visit the patient at the hospital.

Patients access local hairdressers and barbers in the community who are familiar with the patient group.

Food and nutrition

There are appropriate catering facilities at the hospital, with the hospital kitchen providing the meals from the chill cook supply. Patients choose their meals from the hospital menu; in addition staff are able to be flexible with patients' requests. Staff are also able to provide alternative meals from a supply of food kept in the hospital kitchen. The hospital operates a protective mealtime policy.

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

The hospital had input from dietician services based at Princess of Wales Hospital to assess and monitor patients. The hospital also had regular contact with the health board's SALT (speech and language therapy) service.

We did note that the kitchen area was very warm, we were informed that the kitchen's air-conditioning unit was out-of-order, this requires repair or replacing.

Recommendation

The health board must ensure that the air-conditioning unit for the kitchen is functioning appropriately.

Application of the Mental Health Act

There were six patients being cared for at Llwyneryr Hospital, all between the ages of 18 and 65. A number of the patients were detained under the Mental Health Act at the time of our inspection. We reviewed a sample of statutory documentation and found that they were compliant with the Act.

We are concerned to hear that since the post of Mental Health Act Administrator responsible for Llwyneryr Hospital became vacant, this specialised post has not been permanently recruited to.

Recommendation

The health board are requested to update HIW on the arrangements for providing Mental Health Act Administrator support to Llwyneryr Hospital.

Patient Detention

The documentation reviewed showed for each of the detentions at least one of the doctors was Section 12 approved³ and at-least one of the doctors had a previous acquaintance⁴ with the patient.

We noted on the Section 3⁵ detention papers for one patient, the doctor, the patient's Responsible Clinician, had indicated that they had not had a previous acquaintance with the patient. However, it was established the doctor did have previous acquaintance with the patient. The health board must remind its responsible clinicians, where applicable, they should indicate on the detention papers that they are Section 12 approved and have a previous acquaintance with the patient.

In all cases, 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 Llwyneryr Hospital.

On assessment of the patients for Section 2 detention⁶, the Approved Mental Health Professional⁷ (AMHP) had not always identified the individual patient's

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 Section 3 - admission for treatment, patient detained under the Mental Health Act

⁶ Section 2 - admission for assessment, patient detained under the Mental Health Act

⁷ 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

nearest relative⁸ and contacted them. Where this had not been done there was no detail available on the HO2⁹ detention paper as to why the AMHP was unable to identify each of the individual patient's nearest relative.

On assessment of the patients for Section 3 detention, the AMHP involved for each of the individual patients had identified the patient's nearest relatives and contacted them.

No patients had been subject to Section 4 emergency application¹⁰ or Section 5 holding powers¹¹.

Ongoing detention

When 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 Hospital Managers' Hearings and Mental Health Review Tribunals that the processes were followed.

Section 132 provision of information

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.

An Independent Mental Health Advocate¹² (IMHA) from the designated independent mental health advocacy service attends Llwyneryr Hospital. Patients were able to choose if they preferred to speak to a male or female representative.

⁸ 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

⁹ 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

¹⁰ An application for detention for assessment of mental disorder made with only one supporting medical recommendation in cases of urgent necessity.

¹¹ 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.

¹² An advocate independent of the team involved in patient care available to offer support to patients under arrangements which are specifically required to be made under the Act.

Consent to treatment

Patient subject to Consent to Treatment provisions of Section 58¹³ 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. Where a Second Opinion Appointed Doctor¹⁴ (SOAD) had been required to authorise consent to treatment certificate, a record of this process was entered in to the patient's notes.

Where patients were receiving their medication covertly, we reviewed the documentation and rationale for this. It was evident that this was a multi-disciplinary decision with involvement of the patients' families. Decisions to proceed with covert medication were regularly reviewed, and subsequently cease once the patients were consenting to take their medication.

Patients we spoke to showed an understanding of the medication that they were taking, any side-effects and the reasons why they were taking it.

Section 17 leave of absence

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician. However, not all leave authorisation forms had a time-limit or review date. We also noted that patients' files contained expired leave forms which were not clearly marked as no longer valid. It is good practice to ensure expired leave forms are marked as no longer valid.

It was evident that family and carers had been provided with copies of leave authorisation forms when applicable. It was recorded in patients' notes how well leave went and any issues or concerns that occurred during the leave period.

The hospital had identified potential risks whilst patients are on leave, what the triggers to the risks are and what actions staff are to take if these occur. However, there was little information regarding the likelihood of these risks occurring.

Recommendation

The health board must ensure that all Section 17 leave authorisation forms have a time-limit or review date included.

¹³ 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

¹⁴ An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorders should be given without the patient's consent.

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

The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring.

Restricted patients

No patients were detained under Part 3 of the Act, *Patients Concerned in Criminal Proceedings or Under Sentence*.

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 Llwyneryr 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 Act Monitoring process.

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Appendix A

Mental Health Act Monitoring:

Improvement Plan

Health Board:

Abertawe Bro Morgannwg University Health Board

Hospital:

Llwyneryr Hospital

Date of Inspection:

15 April 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Core Standards				
	The health board must confirm that maintenance to the ward has been completed.	Majority of the work programme is complete. The one outstanding area is the new window blinds, which are being progressed.	Unit manager - KE	May 2015
	The health board must confirm that pictures and paintings removed for redecoration have been remounted.	Completed	Unit manager - KE	End May 2015

	The health board must confirm that the cigarette debris bin has been replaced.	Order placed 06 May 2015; HIW to be informed when in place.	Unit manager - KE	May 2015
	The health board must review the furniture, fixtures and fittings within patients' bedrooms to ensure that they are repaired or replaced as necessary.	There is a monthly planning system to ensure furniture is replaced or repaired. Quarterly meetings with estates team monitors progress with fixtures and fittings.	Directorate manger, Lead managers Lead manager - SH	May 2015 June 2015
	The health board must review the layout of the bathrooms to ensure they are appropriate for patients who use of mobility aids and/or require assistance.	Meeting with Occupational Therapy, estates team and unit management to review the layout has been arranged.	Unit manager - KE Lead manager - SH	End June 2015
	The health board must review the availability of a specialist chair for assisting patients to shower.	Old chair has been condemned and removed, new chair on order.	Unit manager - KE	June 2015

	The health board should provide an update on the development of the soft room.	Soft room is to meet the specific needs of one service user, a review of the room against his needs will take place by the Multi Disciplinary Team; HIW to be updated.	Unit Manager - KE	June 2015
	The health board should provide an update on the development of sensory therapeutic activities.	Liaison with Multi Disciplinary team to identify appropriate equipment. Equipment is then to be ordered.	Unit manager - KE Unit manager - KE	June 2015 July 2015
	The health board should provide an update on the redevelopment of the decommissioned smoking room.	Liaison with Multi Disciplinary team to identify appropriate equipment. Equipment is then to be ordered.	Unit manager - KE Unit manager - KE	June 2015 July 2015
	The health board must ensure that the air-conditioning unit for the kitchen is functioning appropriately.	Air condition unit repaired 11 May 2015 Liaise with housekeeping to ensure systems are in place to maintain kitchen areas.	Lead manager - SH Lead Manager - SH	July 2015 July 2015

Application of the Mental Health Act				
	The health board must ensure that all Section 17 leave authorisation forms have a time-limit or review date included.	Identified in internal audit of Mental Health Act paperwork. Re-audit of Mental Health Act paperwork audit to confirm completion of actions	Lead Manager - DG Mental Health Act Administrator Lead manger - DG	May 2015 November 2015
	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	Reminders sent to Doctors and Managers 6 May 2015 Identified in internal audit of Mental Health Act paperwork. Re-audit of Mental Health Act paperwork audit to confirm completion of actions	Lead Manager - DG Mental Health Act Administrator Lead manger - DG	May 2015 November 2015
	The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring	Recruitment already underway with interviews to take place 12 May 2015	Directorate Manager	July 2015