

Mental Health Act Monitoring Inspection (Unannounced)

Abertawe Bro Morgannwg

University Health Board:

Hafod-y-Wennol Assessment and Treatment Unit

28 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 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 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 standard of care patients receive.

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health Act Monitoring inspection to Hafod-y-Wennol Assessment and Treatment Unit, Hensol on 28 April 2015.

Hafod-y-Wennol 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. Hafod-y-Wennol 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 review team comprised of one Mental Health Act Reviewer and one member of HIW staff.

4. Summary

Hafod-y-Wennol Assessment and Treatment Unit is a purpose built Learning Disability hospital, there was a calm and relaxed atmosphere throughout our visit.

The unit was generally well maintained and was equipped with appropriate furniture for the patient group.

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 the Mental Health Code of Practice for Wales.

We were concerned to hear that since the Mental Health Act Administrator post became vacant; this specialised post has not been permanently recruited to.

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. Based on clinical decision to prevent a number of the detained patients leaving the ward unauthorised, the ward door was required to be locked from the inside, this is recorded in the locked-door log; the frequency of this is monitored by the health board. The ward displays information explaining to those patients who are able to leave the ward of how to do so if they wished. When the door is not locked patients are able to exit the ward using the door lock-release button.

On the day of our unannounced inspection the ward appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout. On the whole the communal areas were well furnished with furniture, fixtures and fittings appropriate to the patient group.

The ward had a quiet room off the main lounge that patients were able to access. The room was equipped with a television, DVD player and CD player, along with table and chairs to undertake activities. The settees in the quiet room looked worn and in need of replacing, we were informed by staff that new furniture had been recently ordered but not yet received.

There was another quiet room just off the ward which can be used for patients to meet with family members or other visitors. There was also a computer in the room that patients could use.

Patients had direct access from the communal lounge to a large enclosed garden area that was well maintained. There was a patio area with benches and tables; we were informed that when the weather suits that the ward provide activities in the garden area.

Hafod-y-Wennol had a smoking room; however it was currently not being regularly used by the patient group. Within the room there was the pay telephone that patients used; whilst the room affords patients privacy whilst making telephone calls, the telephone is inappropriately located in the smoking room. Patients were also able to smoke in the garden area; however there was no specific shelter provided or any where to dispose of cigarette debris.

Recommendation

The health board must confirm when the new furniture will be available in the quiet room .

The health board must ensure that the pay telephone is in a suitable location and not located within the smoking room.

The health board should consider providing a smoking shelter and an appropriate bin for cigarette debris.

Safety

The patients that we spoke to said they felt safe at Hafod-y-Wennol. 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 were increased to reflect the risk posed by behaviours of any patients.

All staff working at the hospital were Positive Behaviour Management¹ (PBM) Trained. We observed staff de-escalating and redirecting patients in a dignified and caring manner. The hospital does not use Seclusion.

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 are issued to staff.

The multi-disciplinary team

The core numbers of staff for the hospital was two registered nurses and three nursing assistants during the day and one registered nurse and one nursing assistant during the night.

All registered nurses working at Hafod-y-Wennol were Learning Disability trained. Staff said that the staffing levels and skill mix were appropriate for the current patient group. We were informed that the health board were currently in the process of recruiting to a nurse vacancy at the hospital.

Hafod-y-Wennol does not use health board bank staff or agency staff. Staffing rotas were covered from the current pool 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.

¹ Positive Behavioural Management is an approach used to understand what maintains an individual's challenging behaviour and how to interact with the individual to reduce their challenging behaviours.

There were twice weekly multi-disciplinary ward rounds. Multi-disciplinary team meetings were held weekly to monthly depending on the patient's care and review needs. 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.

Privacy and dignity

Patients had individual bedrooms; however these were not en-suite. There were toilets and bathrooms on each of the bedroom corridors. Patients were able to personalise their own bedrooms.

Patients were able to lock their bedroom doors which staff could over-ride if required. Patients had appropriate privacy measure on their bedroom windows however the additional integrated blinds within Bedroom 1 and adjoining bathroom were broken and require replacing.

The flooring in one of the ward bathrooms had started to become uneven, we were informed that this was under review by the health board and has been an ongoing issue since the construction of the unit.

The layout of the bathrooms was suitable to assist patients if required. The unit had a bath hoist and a specialist shower chair that could be used to assist patients.

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 by staff.

It was pleasing to note that there were on-site laundry facilities, and patients were able to do their laundry with staff assistance. 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. The location of the laundry facilities were off-ward and staff felt that the location of the laundry room would be more suited to a room that was directly accessible on the ward.

Recommendation

The health board must ensure that appropriate privacy measures are in place on windows where the integrated blinds are no longer working.

The health board should consider the location of the laundry facilities to a suitable room that is directly accessible on the ward.

Patient therapies and activities

Patients had 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.

Hafod-y-Wennol is set in a rural location which enables patients to enjoy the surrounding countryside. The hospital also had a designated vehicle so that staff could facilitate taking patients to the local shops and on community trips further afield. Where appropriate, patients were also able to leave the hospital with family and/or carers.

General healthcare

Patients' physical health needs were provided for by doctors at Hafod-y-Wennol. Patients generally stay registered with their own physical health services such as GP surgeries and dentists. However, patients also had access a community dentist if required and staff can refer patients to chiropody services.

Patients accessed local hairdressers and barbers in the community, a nursing assistant also provided patients with a haircut if patients wished.

Food and nutrition

There were 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 were able to be flexible with patients' requests. 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 Glan Rhyd Hospital to assess and monitor patients. The hospital also had regular contact with the health board's SALT (speech and language therapy) service.

Application of the Mental Health Act

There were five patients being cared for at Hafod-y-Wennol, all over the ages of 18. 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.

We were concerned to hear that since the post of Mental Health Act Administrator responsible for Hafod-y-Wennol became vacant, this specialised post had not been permanently recruited to. However, we were informed the recruitment process was being undertaken.

Recommendation

The health board are requested to update HIW on the recruitment to the Mental Health Act Administrator post.

Patient Detention

Reviewing the statutory documentation, for each of the detentions under Section 2, Admission for assessment², or Section 3, Admission for treatment³, at-least one of the doctors was Section 12 approved⁴ and at-least one of the doctors had a previous acquaintance with the patient⁵.

Not in every case did the sectioning doctor explicitly state, on the statutory documentation, the reasons why informal admission to hospital was not an appropriate way of providing care. In these cases it was stated that treatment would not be available in the community and make reference to the patient's lack of capacity to decide to remain in hospital. However, it would be appropriate for the doctor to state on the detention paper the conclusion that an informal admission to hospital was not appropriate.

For detentions under Section 3 the statutory documentation stated that the appropriate medical treatment was available at Hafod-y-Wennol.

On assessment of the patients for detention under Section 2 the Approved Mental Health Professional⁶ (AMHP) involved for each case had identified the

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

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

⁴ 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.

⁵ Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.

⁶ 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.

patient's nearest relative⁷. However, not in every case did the AMHP indicated on the HO2 statutory documentation⁸ whether or not they had contacted the patient's nearest relative⁹, this omission should have been identified by the Mental Health Act administration team.

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

Section 4 – Admission for assessment in cases of emergency¹⁰

Where patients were initially detained under Section 4 of the Act the medical recommendation was provided by a practitioner who had previous acquaintance with the patient as set out in Section 4(3).

However, whilst the records stated that the admission was urgent and it was unsafe to wait for a second Medical Recommendation because a delay would cause a detriment in the patient's health as set out in Section 4(2). There was little information recorded by the AMHP to evidence what attempts were made to secure a second Medical recommendation as set out in the Code of Practice paragraph 5.8. The applicant for each of the detentions had seen the individual patient within the previous 24 hours as set out in Section 4(5).

A second Medical Recommendation was secured within 72 hours to detain the patient under Section 2 of the Act, provided by a Section 12 doctor. They stated that the patient was suffering from a mental disorder and that it was in the interest of the patient's safety, and that the informal admission was not appropriate. The AMHP informed the patient's Nearest Relative that the patient had been detained under Section 2 as set out in the Code of Practice paragraph 5.9.

Section 5 – Application in respect of patient already in hospital¹¹

Where patients were initially detained under Section 5(2) of the Act and it was clear that each patient was an inpatient at the time of use. Each of the patient's application was applied by their Responsible Clinician or by their Responsible Clinician's deputy as set out in Section 5(3). In all cases a

⁷ 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

⁸ Statutory documentation completed by the AMHP on application for detention

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

second Medical Recommendation was secured within 72 hours to detain the patient under Section 2 of the Act.

However, not in every case was a record made in the patient's case notes by the doctor that they applied Section 5(2) as set out in the Code of Practice paragraph 8.15.

Recommendation

The health board must ensure that application of Section 5(2) are recorded in the patient's notes.

Ongoing detention

Where patients 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.

On reviewing the documentation for the Hospital Managers' Hearing for the a patient whose detention had been renewed under Section 20 of the Act, it was noted that the Hospital Managers' Hearing had been held three months after the renewal of detention and not before the current period of detention, as set out in the Code of Practice paragraph 27.11.

Recommendation

The health board should ensure that Hospital Managers' Hearings are held before the current period of detention elapses.

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 engaged 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 Hafod-y-Wennol.

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 and Section 62¹⁴, Urgent treatment, authorisations were kept with the patients' Medication Administration Record (MAR Chart) where applicable.

However, in some cases there were out-of-date Consent to Treatment certificates and Section 62 authorisations kept with the MAR Chart; this could cause confusion for administering nurses. It would be advisable to only keep copies of current Consent to Treatment certificates and Section 62 authorisations with the MAR Charts.

Where a Second Opinion Appointed Doctor¹⁵ (SOAD) had been required to authorise a consent to treatment certificate there was a record of this being required in the patient's notes. However, patients' notes did not always contain a record of the SOAD discussions with the Statutory Consultees as per code of practice paragraph 18.23.

Recommendation

The health board should ensure that only current consent to treatment certificates and Section 62 authorisations should be kept with the MAR Charts.

The health board should ensure that all consultees make a record of their consultation with the SOAD and that this is kept in the patient's notes

Section 17 leave¹⁶ of absence

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician including a time-limit or review date completed. We noted that in the patients' files that expired leave forms were not clearly marked as

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.

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 Section 62 allows for urgent treatment to be given to a patient in specific circumstances

¹⁵ 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.

¹⁶ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

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.

Whilst 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, 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.

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 Hafod-y-Wennol 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:

Abertawe Bro Morgannwg University Health Board

Hospital:

Hafod-y-Wennol

Date of Inspection:

28 April 2015

| Page Number | Recommendation | Health Board Action | Responsible Officer | Timescale |
|-----------------------|--|---|---------------------|-----------|
| Core Standards | | | | |
| 7 | The health board must confirm when the new furniture will be available in the quiet room . | This has been submitted for funding through the Capital Programme. Awaiting confirmation. | Vanessa Bowkett | |
| 7 | The health board must ensure that the pay telephone is in a suitable location and not located within the smoking room. | Confirmed that the telephone is available in the quiet room and alternative arrangement will be made for smoking. | Denise Broomfield | |

| | | | | |
|---|---|---|-------------------|-----------|
| 7 | The health board should consider providing a smoking shelter and an appropriate bin for cigarette debris. | Confirmed that the telephone is available in the quiet room and alternative arrangement will be made for smoking. | Denise Broomfield | |
| 8 | The health board must ensure that appropriate privacy measures are in place on windows where the integrated blinds are no longer working. | Blinds to be replaced | Estates Manager | July 2015 |
| 8 | The health board should consider the location of the laundry facilities to a suitable room that is directly accessible on the ward. | This recommendation has been given full consideration however no suitable alternative is available. | | Complete |

| Application of the Mental Health Act | | | | |
|---|---|---|--|-----------|
| 10 | The health board are requested to update HIW on the recruitment to the Mental Health Act Administrator post. | The post has been recruited to with a start date in June 2015. | | June 2015 |
| 10 | The health board must ensure that application of Section 5(2) are recorded in the patient's notes. Code of Practice for Wales paragraph 8.15 | Completed Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | Complete |
| 12 | The health board should ensure that Hospital Managers' Hearings are held before the current period of detention elapses. Code of Practice for Wales paragraph 27.11 | Completed Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | Complete |
| 13 | The health board should ensure that only current | Completed | | Complete |

| | | | | |
|----|---|---|--|----------|
| | consent to treatment certificates and Section 62 authorisations should be kept with the Medication Administration Record (MAR Chart). | Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | |
| 13 | The health board should ensure that all consultees make a record of their consultation with the SOAD and that this is kept in the patient's notes. Code of Practice for Wales paragraph 18.23 | Completed Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | Complete |
| 14 | The health board must ensure that all Section 17 leave authorisation forms have a time-limit or review date included. | Completed Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | Complete |
| | The health board should ensure that all expired Section | Completed Notification sent to consultants and | | Complete |

| | | | | |
|----|---|---|--|----------|
| | 17 leave authorisation forms are clearly marked as no longer valid. | managers, to be monitored by updated Mental Health Act audit. | | |
| 14 | The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring. | Completed Notification sent to consultants and managers, to be monitored by updated Mental Health Act audit. | | Complete |