

Mental Health/ Learning Disability Inspection (Unannounced)

**Ludlow Street Healthcare
Group: Heatherwood Court**

2 – 4 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the regulator of independent healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

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
- Implementation of Deprivation of Liberty Safeguards (DOLS).

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.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Heatherwood Court, Pontypridd on the evening of the 2 June 2015 and all day on the 3 and 4 June 2015.

Heatherwood Court was first registered with HIW in December 2007 and is currently registered to accommodate 47 patients within four separate wards.

Chepstow was a 12 bedded single gender low secure ward, male at the time of our inspection. Caerphilly and Chepstow were 12 bedded single gender low secure wards, both female at the time of our inspection. Caernarvon was a 12 bedded single gender locked rehabilitation ward, female at the time of our inspection. All wards are registered as single gender and can change between male and female depending on the current patient group requirements.

Heatherwood Court provides a service for persons with a diagnosis of mental illness who may be liable to be detained under the Mental Health Act 1983.

During the three day inspection, we reviewed all four 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 Peer Reviewer, one Lay Reviewer and one member of HIW staff.

4. Summary

Our inspection to Heatherwood Court in June 2015 highlighted many areas of noteworthy practice in operation. However, due to the nature of the service that Heatherwood Court provides there were a number of challenges to staff in managing the risks posed by the patient group.

There was a robust process for recording and monitoring incidents in place at Heatherwood Court. This was used as part of the review of the suitability of placements. When required the hospital seek to place patients to more appropriate placements. The Registered Manager confirmed that securing appropriate placements could be a lengthy process due to the lack of available placements for some patient's needs.

The complaints process was well organised and in the vast majority of cases complaints were dealt with within the organisation's complaints policy's timescales. However the process was paper based and it would be improved if an electronic system was introduced.

The staff we met with spoke positively about working at Heatherwood Court and of the good team spirit. In addition, staff spoke positively about induction, training and supervision opportunities available to staff.

Communication and relationships throughout the hospital were well developed and staff reported a democratic environment in which they felt valued and their opinions respected.

Heatherwood Court had a designated activities and therapies block, known as The Hub. The Hub provided a wide range of activities and therapies suitable for the patient group. However, a number of patients did raise their concerns that they did not feel the activities and therapies on offer were appropriate to them. We request that the registered provider looks in to the provision of activities and therapies at Heatherwood Court.

5. Findings

Core Standards

Ward environment

Chepstow Ward

Chepstow Ward was a male low-secure ward which had 12 single bedrooms. Patients' bedrooms were not ensuite; however there were communal lavatories and shower facilities on the ward.

On Chepstow Ward there was a lounge and a dining room, both of which were of appropriate size. There was a quiet room for patients where patients could relax along with an additional room with a television and games console.

The ward appeared clean and well maintained and it had recently been redecorated which had provided the ward with a bright and fresh feel. There were pictures displayed around the ward along with information posters and leaflets for patients.

Patients had access to an enclosed secure garden area that was well maintained and within the garden area facilities were provided for those patients who wished to smoke. Patients were able to access the garden for up to 30 minute periods every hour.

Cardigan Ward

Cardigan Ward was a female low-secure ward which had 12 single bedrooms. Patients' bedrooms were not ensuite; however there were communal lavatories and shower facilities on the ward.

On Cardigan Ward there was a lounge and a dining room, both of which were of appropriate size. The furniture in the dining room had become damaged and worn; new furniture was on order but had not been delivered at the time of our inspection. We were also informed that patients on the ward were involved in creating furnishing for the ward, including curtains for the dining room, as part of their activities programme.

There was a quiet room for patients where patients could relax along with an activities room for ward based art and craft activities.

The ward appeared clean and well maintained however the ward office door closed heavily resulting in a loud noise each time which was disruptive to staff and patients. There were pictures displayed around the ward along with information posters and leaflets for patients.

Patients had access to an enclosed secure garden area that was well maintained and within the garden area facilities were provided for those patients who wished to smoke. Patients were able to access the garden for 30 minute periods every hour.

Caerphilly Ward

Caerphilly Ward was a female low-secure ward which had 12 single bedrooms. Patients' bedrooms were not ensuite; however there were communal lavatories and shower facilities on the ward.

On Caerphilly Ward there was a lounge and a dining room, both of which were of appropriate size. There was a quiet room for patients where patients could relax along with an activities room for ward based art and craft activities.

The ward appeared clean and well maintained. There were pictures displayed around the ward along with information posters and leaflets for patients.

Patients had access to an enclosed secure garden area that was well maintained and within the garden area facilities were provided for those patients who wished to smoke. Patients were able to access the garden for up to 30 minute periods every hour.

Caernarvon Ward

Caernarvon Ward was a female locked rehabilitation ward which had 11 single bedrooms. Patients' bedrooms were not ensuite; however there were communal lavatories and shower facilities on the ward.

On Caernarvon Ward there was a lounge and a dining room, both of which were of appropriate size. There was a quiet room for patients where patients could relax along with an additional activities room for ward based art and craft activities.

The ward appeared clean and well maintained, it had recently been redecorated which had provided the ward with a bright and fresh feel. There were pictures displayed around the ward along with information posters and leaflets for patients.

Patients had access to an enclosed secure garden area that was well maintained and within the garden area facilities were provided for those patients who wished to smoke. Patients were able to access the garden for up to 30 minute periods every hour.

Requirements

The Registered Provider must ensure that damaged dining furniture on Cardigan Ward is replaced.

The Registered Provider must ensure that there are dining room curtains on Cardigan Ward.

The Registered Provider must ensure that the closing mechanism for the Cardigan Ward's office door is adjusted to ensure the door closes without disturbing staff and patients.

The Registered Provider must redecorate Cardigan and Caerphilly to enhance the appearance of the wards is required.

Safety

It was noted that all staff on the wards had safety alarms which in the case of an emergency would raise a warning to others. A number of patients required enhanced observation² levels due to the risks they pose due to their mental health conditions.

During our inspection we noted that the staffing levels were adequate for the number of patients on the wards and managing the risks posed by patients, this included those staff on patient enhanced observations. However, due to the challenges and needs posed by the patient groups, particularly on the low secure wards, ward staff throughout the hospital were constantly very busy undertaking their roles. We observed, and it was commented on by a number of patients, that staff were helpful but often busy and therefore staff had to prioritise patients' requests which could cause frustration for some patients.

Due to the nature of the service provided at Heatherwood Court a number of the patients pose a risk of challenging and associated behaviours. We discussed with senior staff the admission assessment process, and it was confirmed that the patient admission assessment is undertaken by clinical members based at Heatherwood Court. The assessments consider whether the individual patient's needs could be met at the hospital, along with whether the admission would be appropriate for the patient mix at the hospital.

The Registered Manager confirmed that the suitability of individual patient's placements at Heatherwood Court was continuously monitored. When required the hospital seek to move patients on to more appropriate

² Enhanced observation is an intervention that is used both for the short-term management of disturbed/violent behaviour and to prevent self-harm; which could require the increase of regular checks or constant observation by staff on a patient. Further NICE guidance can be found here <https://www.nice.org.uk/guidance/cg25/chapter/1-Guidance#observation-and-engagement>

placements, whether less or more secure based on the individual patient's needs. The Registered Manager confirmed that securing appropriate placements could be a lengthy process due to the lack of available placements for some of the patient's needs.

A number of patients raised their concerns about the patient mix on the wards and stated that some incidents were caused by patients not getting along with fellow patients, particularly on Cardigan and Caerphilly, the two female low secure wards. Staff confirmed that they manage the risk of incidents by monitoring individual patient's risks, which are recorded in patients' care plans, and setting appropriate observation levels for patients.

Serious Incidents

Heatherwood Court, as part of Ludlow Street Healthcare, had in place a Serious Incident Policy applicable to all employees, including agency staff. The policy is based on the National Patient Safety Agency (NPSA) framework for Reporting and Learning from Serious Incidents Requiring Investigation and the NHS Wales Guidance on the Reporting and Handling of Serious Incidents and Other Patient Related Concerns/No Surprises.

We reviewed the Incident and Safeguarding Policy and Reporting system at Heatherwood Court. Any incident was recorded on an electronic system and the incident was scored based on a number of elements. The outcome score identifies which escalation process to follow, including referral to the Local Authority Safeguarding Team. The referral forms and scoring were monitored on a regular basis by senior staff and were also monitored via the monthly Clinical Governance meetings. These meetings include monitoring of details such as the number of incidents, details of which patients were involved in patient-patient incidents, patients involved in physical interventions, the breakdown of type of incident and on which ward incidents occurred. In addition, patient trips and falls were monitored through the Clinical Governance Meetings.

A random sample of four serious incident records were tested to ensure completeness and compliance with the Serious Incident Policy. No issues were identified and all records maintained on the electronic system were found to record accurate information and actions in terms of:

- The nature of the incident was noted in detail in the record log,
- the inclusion of a clear and detailed description of the events leading up to the incident,
- and appropriate action undertaken post incident.

All incidents were individually referenced and linked into the FACE system allowing for the interrogation of data including unique referencing, actions taken and associated dates. Furthermore relevant management and clinical staff were linked to an email system notifying them of each incident, details of the incident, staff involved and whether a review was required or had been undertaken.

Complaints Management

Heatherwood Court, part of Ludlow Street Healthcare, as an independent healthcare provider operates its own Complaints Policy. The policy outlines the procedure in which both informal and formal complaints are handled; the roles of the complaints manager and investigation officers; and the investigation process leading to outcomes.

A random sample of five complaints were examined during our inspection to ensure completeness and compliance with the Complaints Policy. In examining the efficiency and effectiveness of complaints handling we tested whether:

- The complaint was noted in detail within the record log,
- there was a clear and detailed description of the complaint,
- whether an investigation was undertaken,
- whether an independent person followed up the complaint,
- whether the response was timely and the outcome recorded,
- and whether appropriate action was taken regarding the complaint and its outcome.

Unlike the hospital's Serious Incidents system, complaints were predominantly handled via a paper based method of logging, recording and action, predominantly overseen by one member of staff. Standard complaints templates were completed to provide a description which was then scanned to the appropriate section of Heatherwood Courts own computer system with the provision of a unique reference.

An independent person was then assigned to investigate the complaint. The independent person was not associated with the ward the complaint applied to. Actions were undertaken in line with the organisation's Complaints Policy

timeframes³, and records of correspondence were held on a complaint's file. Testing of the random sample identified several issues: Incomplete forms, for example absent staff names, signatures and dates, Information not always included within the relevant section of complaints forms, Complaints Log not sufficiently complete in terms of date allocation, date holding letters sent, actions taken and outcome/closure; and a delay in handling of a patient complaint by the Investigation officer resulting in a response outside of the timeframe guidance. A patient had submitted a complaint and a timely holding letter was issued on 16 April 2015. However, a formal response outlining the investigation undertaking and subsequent recommendations was not issued to the complainant until 3 June 2015. Despite its lateness, the letter of response was informative and clear in terms of the investigation undertaken and outcomes.

When taking into consideration the high volume of patient complaints to manage, there were numerous examples of good practice. For example, the vast majority of complaints were handled within a timely manner with responses detailed, courteous and clear in terms of investigation outcomes. In addition, ward inspections identified that patients displays included information for how patients could raise concerns and make complaints. There was also information displayed in regards to advocacy services such as that provided by an Independent Mental Health Advocacy (IMHA) service.

Complaints handling could be further improved if a system similar to that in use for Serious Incidents was implemented. A live system would assist with the capture, sharing and prioritisation of information by ensuring that information is correctly detailed, dated, allocated and signed off. Such a system would also ensure the sharing of responsibility amongst staff and ensure all complaints handled in a timely manner. We recommend that the Registered Provider should consider the implementation of an electronic system in which to manage complaints, similar to that currently used to manage Serious Incidents.

Requirement

The Registered Provider must review the patient mix on Cardigan and Caerphilly and ensure that staffing levels and skill mix reflect the clinical needs of the wards.

³ Complaint directly sent to complaints manager on the same day (or next working day if presented on a weekend or bank holiday). Acknowledgement to the complainant within two working days. The organisation aims to respond to all complaints within 14 days unless an extension has been agreed with the complainant.

The multi-disciplinary team

All the staff we spoke with commented positively on the multi disciplinary team (MDT) working. Each day a Morning Meeting is held which includes representatives of the MDT. It was positive to note that the MDT include occupational therapists based at Heatherwood Court and, input from physiotherapy, speech and language therapy, dietetics service and a social worker that works across a number of Ludlow Street Healthcare settings. This has a beneficial input for the patient group at Heatherwood Court.

Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt respected and valued by each other. We observed one Morning Meeting and it was evident that discussions were patient focused and concentrated on patients' ongoing care and recovery. We could see that patients' families were part of the care planning process and involved in various aspects of care.

Heatherwood Court had input from three consultant psychiatrists, two full-time including the Medical Director and one part-time, along with a full-time associate specialist.

Some of the registered nurses at Heatherwood Court have specialist general health lead roles for the hospital. As well as registered mental health nurses, each ward has at least one registered learning disability nurse which provides additional expertise to the skill-mix of the ward staff.

At the time of our inspection there were four nurse vacancies that were not appointed to, we were informed that the provider were in the process of recruiting to vacant posts. We were informed that when required the hospital use bank and agency staff. Where agency cover is provided we were informed that this was typically covered by regular agency staff that know the service and patient group. However, a number of patients raised their concerns about the usage of agency staff and their ability and knowledge to care for the patient group; this was raised particularly on Cardigan and Caerphilly, the female low secure wards. The agency staff we spoke to during our inspection were confident and knowledgeable about the patient group being cared for at the hospital.

It was positive to note that Heatherwood Court provides student nurse placements to the local universities.

The majority of the staff we spoke to at Heatherwood Court were very positive about working at the hospital and felt part of a good team. We reviewed the most recent staff survey which provided positive results.

Patients at Heatherwood Court are able to access a GP Service that provides a clinic at the hospital. A local optician service attends the hospital when required. Patients access a community dentist, however we were informed by staff that the hospital were pursuing an option for a community dental service to attend Heatherwood Court.

A pharmacy audit was regularly undertaken by an external and independent pharmacy service.

Requirements

The Registered Provider must provide an update on the nursing post vacancies at Heatherwood Court.

The Registered Provider must review the agency staff used at Heatherwood Court to assure themselves that the agency staff are appropriately skilled to care for the patient group at the hospital.

The Registered Provider must provide an update on the provision of a community dental service attending Heatherwood Court.

Patient therapies and activities

Heatherwood Court had a well developed designated Activity Block, known as the Hub. The Hub provided social activities and therapies on the Heatherwood Court site. The Hub contained a Games Room, which included a pool table and football table, Woodwork Room, a Café, which was run by patients and opened in the morning and lunchtimes, a patients' shop, a cinema and a gymnasium. The Hub also contained an Occupational Therapy Kitchen and a Life-Skills Room for developing domestic skills for independent or supported living. Within The Hub there was also a Multi-faith Room, a Therapy Room, a Dialectical Behaviour Therapy⁴ (DBT) Room, an Arts Room, a Meeting Room and an Education Room which included computers that patients could access under supervision.

Activities were a mix of individual and group sessions both on and off Heatherwood Court site. Staff and patients spoke positively about the range of activities and therapies on offer. Activities were wide ranging and suitable to the patient group. It was positive to note that some of the education

⁴ Dialectical behaviour therapy (DBT) is a therapy designed to help people change patterns of behaviour that are not helpful, 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 to help avoid undesired reactions. DBT assumes that people are doing the best they can but are either lacking the skills or influenced by positive or negative reinforcement that interfere with their ability to function appropriately.

activities were accredited so that patients could work towards recognised qualifications.

Occupational therapy worked with patients and new admissions to provide personalised activity plans. An interest list was used to capture a person's likes and dislikes and their strengths and weaknesses. This information helped formulate a timetable specifically for each patient which co-ordinated with ward and hospital activity plans.

Some Patients raised concerns that they were not interested in the range of activities on offer and often felt bored whilst at the hospital. Whilst the hospital offers a wide range of activities some patients felt that the activities on offer did not meet their level of capabilities, either practically or educationally. Some patients stated that they would like to cook for themselves more often, however they stated that they were told that Occupational Therapy kitchens were for patients who wanted to learn basic culinary skills.

Staff record on the electronic activity planner whether patients engaged with activities. However, on reviewing the electronic system it appeared that these were not always completed by staff. Therefore, looking at the electronic planner it was not evident whether the patient engaged in the activity or not. Whilst we acknowledge that some patients will not engage with activities, where a patient had not engaged in an activity it was not always clear on reviewing the patient's notes what efforts staff made to encourage the patient to partake or the reason why the patient had declined.

Each ward has a meeting every morning, we sat in on a number of these and observed patients and staff interacting well and the views of patients being respected and considered. There were monthly "4 Wards" hospital meetings which two Patient Representatives from each ward attended.

Heatherwood Court ran an initiative called "Cuppa with a Copper" where a police officer from the local service attends Heatherwood Court and meets with patients. Staff reported this was well received by the patients that attend the sessions and helps build links between the patients and the Police, particularly if patients have had previous involvement with the Police.

Requirements

The Registered Provider must review the activities and therapies available to patients at Heatherwood Court and the appropriate interests of the patient group to address any provision deficiencies.

The Registered Provider must ensure that staff record whether patients attend or decline activities and therapies along with what efforts staff

made to encourage patients to partake in the activities and why the patient declined.

Privacy and dignity

All patients had their own bedroom on gender specific wards. Patients were able to lock their own bedrooms from the inside which staff could over-ride if required. Patients had adequate space in their bedrooms to store their belongings. Patients were risk assessed to determine whether they could have their own bedroom key.

Patients could make phone calls in private. The hospital allowed patients to use the wards' telephones; patients could also request to use their own mobile phones, which staff stored securely, to make telephone calls. Patients could also use the visitors' room to meet with family, friends and other visitors in private. Patients were also able to use the computers in the Education Room of The Hub to talk to family and friends via Skype.

Throughout the inspection we observed patients' privacy being maintained and patients were being treated with dignity and respect. During our inspection we witnessed one member of the nursing team on providing a patient over the telephone, who had contacted the ward when they were out on leave, with reassurance, support and advice in a professional and caring manner.

Training

A system of supervision was in place for all staff that was cascaded through the staffing structure. Supervision takes place every six to eight weeks and staff said that the Supervision sessions were meaningful. Each ward records and logs dates of the last supervision which enables the organisation to maintain an oversight of this process and ensure staff were receiving regular supervision. However, on reviewing supervision at Heatherwood Court there appeared to be inconsistencies on how each of the wards were undertaking and recording Supervision. It would be advisable for a review of Supervision at the hospital was undertaken by the organisation to ensure that the process is consistent across the wards.

We were also informed that every morning the hospital holds informal supervision, which allows for staff to bring their thoughts and discuss scenarios as part of reflective practice.

The induction process and ongoing training was commented upon favourably by staff, and staff received annual appraisals. Staff confirmed that the

organisation uses a mix of e-learning packages and class room style for its training. Staff told us that the registered provider is supportive regarding training and development for staff, including training for physical health along with mandatory and mental health training.

Requirement

The Registered Provider must review supervision at Heatherwood Court to ensure that the process is consistent across the Hospital.

Food and nutrition

Food was provided from an onsite kitchen, patients gave mixed views on the quality and range of meal options, some patients also stated that they felt that there was a limited choice for vegetarians. However, other patients stated that the meals provided were good.

Reviewing the menus we could see that there was a range of options available to patients, in addition some patients were able to prepare their own meals within the Occupational Therapy Kitchen.

Patients had the option to dine with fellow patients or have meals by themselves, which allowed for patients to have individual choice about how to have their meals. However, we observed a number of mealtimes and it was disappointing to note that dining tables were not prepared with tablecloths, napkins, etc. so that meals were presented well, to create a dining experience that was part of the therapeutic care.

A number of patients complained that on occasions when the food arrives on the ward it is not adequately warm enough or that items or meals are not delivered.

Patients were able to access snacks and drinks out side of mealtimes, each patient had secure storage on their wards to store their own items.

Requirements

The Registered Provider must ensure that ward staff collate any concerns raised by patients regarding the provision of food at Heatherwood Court and undertake and audit of the concerns raised.

The Registered Provider must ensure that mealtimes at Heatherwood Court are provided as part of the therapeutic care.

Application of the Mental Health Act

We reviewed a total of six sets of mental health documentation kept within patients' files on two of the four wards; this was well maintained and systematically filed. This allows for ward staff to easily verify legal status and review information on patients.

Patient Detention

For each of the detentions under Section 2, *Admission for assessment*⁵, or Section 3, *Admission for treatment*⁶, at least one of the doctors providing the recommendation was Section 12 approved. The statutory documentation stated why detention under the Act was the most appropriate way of providing care.

Where a patient had previously a Community Treatment Order⁷ (CTO) their CTO the conditions of leave had been varied correctly. Where a patient had been recalled to hospital and the CTO revoked. The statutory documentation had been completed correctly and reasons stated why detention in hospital under Section 3 of the Act was the most appropriate way of providing care.

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.

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 Hospital Managers' Hearings and Mental Health Review Tribunals that the processes were followed. Hearings were held within the correct detention periods.

Section 132 provision of information

⁵ Section 2 - admission for assessment, patient detained under the Mental Health Act

⁶ Section 3 - admission for treatment, patient detained under the Mental Health Act

⁷ Written authorisation on a prescribed form for the discharge of a patient from detention in a hospital on to a supervised community treatment.

There was clear evidence that patients were provided with regular information about their detention and their rights under the Act. When 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 Advocate⁸ (IMHA) from the designated independent mental health advocacy service attend Heatherwood Court. Patients spoke positively about the service provided.

Consent to treatment

Patient subject to Consent to Treatment provisions of Section 58⁹ 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 Doctor (SOAD) had been required to authorise consent to treatment certificate, a record of this process was entered in to the patient's notes.

Section 17 leave¹⁰ of absence

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed. Reviewing patients' notes it Section 17 leave authorisation forms were risk assessed.

It was evident that there was an option for patients, family and carers had been provided with copies of leave authorisation forms, and it was indicated when this had occurred. It was recorded in patients' notes how well leave went and any issues or concerns that occurred during the leave period.

⁸ 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.

⁹ 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

¹⁰ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

Monitoring the Mental Health Measure

We reviewed eight sets of patient care and treatment planning documentation at Heatherwood Court.

It was noted that the patients had two sets of Care Planning files, one specific to physical health. However, it was noted that there was a duplication of care planning documentation across both files, which for some patients, did not have the most up-to-date versions of documentation in both care planning files.

Some care plans had a review pro-forma which showed when a care plan had been reviewed and whether an update was required or not, however other care plans did not. Therefore, it was unclear in some cases whether a care plan had been reviewed monthly, as stated on the care plan, when the last signature on the care plan was older. Other care plans had the pro-forma which evidenced that a care plan had been reviewed and no update required.

Only 11 of the 47 patients at Heatherwood Court were subject to the Mental Health (Wales) Measure 2010, the remaining patients were commissioned from English NHS. It was observed when reviewing patients from England that because the Care and Treatment Plan is not implemented for these patients that there were inconsistencies in format between the care plans. The organisation, in consultation with the English Commissioners, should consider replicating, as much as possible, the Care and Treatment Plans for English patients so that staff have a consistent model of care planning at Heatherwood Court.

Requirements

The Registered Provider must ensure that care planning documentation does not include duplicated information and up-to-date.

The Registered Provider must ensure that a record of review and update is clear on care planning documentation.

6. Next Steps

Heatherwood Court 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 Heatherwood Court 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
Registered Provider: Ludlow Street Healthcare Group
Practice: Heatherwood Court
Date of Inspection: 2, 3 & 4 June 2015

Page Number	Recommendation	Regulation	Provider Action	Responsible Officer	Timescale
9	The Registered Provider must ensure that damaged dining furniture on Cardigan Ward is replaced.	26(2)(b)	The furniture which had been ordered has now been delivered and fully replaced the damaged items.	Registered Manager	Completed
9	The Registered Provider must ensure that there are dining room curtains on Cardigan Ward.	26(2)(b)	Curtains have been ordered and awaiting delivery. Will be re-fitted by the end of July.	Registered Manager	31 July 2015

9	The Registered Provider must ensure that the closing mechanism for the Cardigan Ward's office door is adjusted to ensure the door closes without disturbing staff and patients.	26(2)(b)	The door mechanisms have been reviewed and the problem solved.	Registered Manager	Completed
9	The Registered Provider must redecorate Cardigan and Caerphilly to enhance the appearance of the wards is required.	26(2)(b)	Our decorators have prioritised this work and will be complete by the end of August.	General Manager	31 August 2015
9	The Registered Provider must review the patient mix on Cardigan Ward and Caerphilly Ward and ensure that staffing levels and skill mix reflect the clinical needs of the wards.	19(1)(b) 20(1)(a)	Each patient is reviewed by MDT monthly. Patient mix is to be considered formally at admission and this will be recorded in minutes. The managers keep staffing levels and skill mix for the units under review and staff changes to reflect need are regularly undertaken.	Registered Manager Clinical Manager	Ongoing

14	The Registered Provider must provide an update on the nursing post vacancies at Heatherwood Court.	20(1)(a)	We continue to have a small number of nurse vacancies. We have placed considerable time and resource into recruitment activity, and benefit from two full time bank nurses which ameliorates the vacancies. A formal recruitment strategy is being prepared.	Registered Manager HR Manager	Ongoing
14	The Registered Provider must review the agency staff used at Heatherwood Court to assure themselves that the agency staff are appropriately skilled to care for the patient group at the hospital.	21(1)(c)	All agency staff employed are subject to verification of qualifications, skills and DBS status using a passport system. This is provided by the agencies prior to engagement of the staff. We endeavour to use a small number of agency staff who are familiar with the site and the patient group.	Registered Manger	Complete and ongoing

14	The Registered Provider must provide an update on the provision of a community dental service attending Heatherwood Court.	15(1)(a)(b)	Patients currently utilise the local dental services successfully. The Clinical Lead continues to make attempts to contact the Head of the Community Dental Service at Cwm Taf LHB, however a response has not as yet been received and will be followed up.	Clinical Lead	30 September 2015
15	The Registered Provider must review the activities and therapies available to patients at Heatherwood Court and the appropriate interests of the patient group to address any provision deficiencies.	15(1)(a)(b)(c)	A review is currently underway. This includes a survey questionnaire which patients are currently providing feedback in relation to the activities. This is being led by the Clinical Manager in conjunction with the nursing and therapies staff teams.	Registered Manager	31 August 2015

15	The Registered Provider must ensure that staff record whether patients attend or decline activities and therapies along with what efforts staff made to encourage patients to partake in the activities and why the patient declined.	15(1)(a)(b)(c)	<p>A new recording system has now become available; this had made recording much faster and more users friendly.</p> <p>Patient attendance, or not, at activities or therapies is recorded using electronic calendar on the new Care Partner system. The individual electronic calendar allows recording of full, partial or non-attendance and staff will enter reasons for partial or non-attendance. Group activities are recorded on a separate spreadsheet with comments relating to attendance.</p>	Unit Managers	Completed and on-going
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			Activity/therapy records are audited by local Care Partner champions and any shortfalls identified and highlighted to Unit Managers.		
15	The Registered Provider must review supervision at Heatherwood Court to ensure that the process is consistent across the wards.	20(2)(a)	A review is being conducted in conjunction with the Unit Managers at Heatherwood. An agreed pro-forma will be produced at the end of this process which will be the single model for all of the nursing teams.	Operations Manager Clinical Lead	30 September 2015
17	The Registered Provider must ensure that ward staff collate any concerns raised by patients regarding the provision of food at Heatherwood Court and undertake and audit of the concerns raised.	15(9)(b)	Following meetings via the patients' "4Wards meeting", attended by the Head Chef, each unit has been provided with a food comments book. This is available to all patients at all times. These will be reviewed and audited	General Manager Head Chef	Completed

			<p>weekly by the Head Chef and the General Manager. All issues will be addressed at the regular 4 Wards meetings and additionally at a specific 4Wards Catering Meeting to be held on a quarterly basis. All menus are constantly reviewed with the patients to establish the level of like/dislike for specific dishes</p> <p>An electronic complaints register has been developed. This includes all categories of Complaints as per the NHS Wales Framework definitions.</p>		
17	The Registered Provider must ensure that mealtimes at Heatherwood Court are provided as part of the therapeutic care.	15(1)(a)	One member of staff will be allocated per unit per mealtime in order to provide a consistent staff presence and to ensure	General Manager Unit Managers	30 September 2015

			the experience is therapeutic, positive and complies with health and safety and food hygiene procedures. This staff member will be able to eat with patients, free of charge, if they wish to do so. All available staff will be expected to contribute positively to a therapeutic mealtime experience		
20	The Registered Provider must ensure that care planning documentation does not include duplicated information and up-to-date.	23(3)(a)	The care plans are audited by the Unit Manager at least once a month and at monthly MDT. All audit actions are identified and allocated to the appropriate person with a time frame for completion and re-audit will take place after completion date.	Unit Managers	30 September 2015

			There is an element of duplication in order to meet expectations of NHS Wales under health promotion and other care plans.		
20	The Registered Provider must ensure that a record of review and update is clear on care planning documentation.	23(3)(a)	MDT minutes evidence review of care plans; actions required and completed which will also be evidenced in care plan documentation.	Unit Managers	30 September 2015