Healthcare Inspectorate Wales

Arolygiaeth Gofal Iechyd Cymru

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Mental Health Act Monitoring Inspection Unannounced

Cwm Taf University Health Board: Ty Llidiard, Child and Adolescent

12 May 2015

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Contents

1. Introduction

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

Our mental health 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:

- 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 Ty Llidiard, Bridgend on 12 May 2015.

Ty Llidiard is a Child and Adolescent Mental Health Service providing in-patient care for young persons under the age of 18. Ty Llidiard comprises of two wards, 14 bedded Seren Ward and five bedded Enfys Ward. Whilst the unit had a total of 19 beds it is only commissioned for 15 beds. Ty Llidiard opened in July 2011.

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

4. Summary

Ty Llidiard is a purpose built Child and Adolescent Mental Health Service, there was a calm and relaxed atmosphere throughout our visit.

The unit was generally well maintained however there was a water leak in the sports hall that has caused significate damage and requires rectifying.

Ty Llidiard was equipped with appropriate furniture for the patient group. However, the unit were waiting for furniture to be positioned appropriately on Seren Ward.

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.

5. Findings

Core Standards

Ty Llidiard is a purpose built Child and Adolescent Mental Health Service. There was a calm and relaxed atmosphere throughout our inspection and patients told us that they felt safe and well cared for at the hospital.

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 was recorded in the locked-door log; the frequency of this was 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 was not locked patients were able to exit the ward using the door lock-release button.

On the day of our unannounced inspection Ty Llidiard appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout. The reception area of Ty Llidiard was welcoming and displayed a large ‘Discharge Tree’ which was a picture with messages of support on the tree’s braches to newly admitted patients from patients who were previously cared for at Ty Llidiard.

The communal areas on Enfys Ward were well furnished with furniture, fixtures and fittings appropriate to the patient group. However, whilst Seren Ward had received furniture that was move suitable to the potential patient behaviours, this had not been positioned in appropriate places. The furniture requires the Estate Department to position the furniture due to the weight of the items of furniture.

Ty Llidiard had a sports hall for patients to use, however there was a water leak that had caused significant damage and requires rectifying.

Patients had direct access from the communal areas to enclosed garden areas that were well maintained. We were informed that when the weather suits that the ward provide activities in the garden area.

Recommendation

The health board must ensure that the furniture on Seren Ward is positioned appropriately on the ward.

The health board must ensure that the water leak is fixed and the associated damaged caused rectified.

Safety

The patients that we spoke to said they felt safe at Ty Llidiard. Hospital staff were 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 Restrictive Physical Intervention (RPI) Trained. We observed staff de-escalating and redirecting patients in a dignified and caring manner.

Patients were admitted and cared for on Enfys Ward, however if they require a higher level of support then patients were cared for on Seren Ward. When patients were being cared for on Seren Ward, where possible, patients will be encouraged to engage with activities and mealtimes on Enfys Ward. There was a seclusion room on Seren Ward which would only used once all other methods of de-escalation have been attempted. The health board has confirmed that the seclusion room has been used one occasion, for a very brief duration, and the health board's seclusion policy was adhered to.

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

The multi-disciplinary team

The core numbers of staff for the Hospital were two registered nurses and four nursing assistants during the days and two registered nurses and three nursing assistants during the nights. Staffing numbers were increased when required to meet the needs of the patient group.

At the time of our inspection the health board were recruiting to three Band 5 nursing posts. We were informed that for some of the posts that the health board recruit to at Ty Llidiard that a number of patients of the hospital have been involved in the recruitment process. Staff commentated that this was a positive initiative.

When required, Ty Llidiard use health board bank staff, or if this is not possible, then they use agency staff. We were informed that in first instance the ward will attempt to use staff from the Bank or Agency have previous knowledge of the patient group.

Ty Llidiard had therapeutic input from psychologists, occupational therapists, an art therapist, a psychotherapist and a family therapist. There were two full time consultants; multi-disciplinary ward rounds were held weekly.

We were informed that staff access and completion of mandatory training was good, however staff felt that receiving dialectical behaviour therapy (DBT) would be beneficial for the staff in caring for the patient group.

Recommendation

The health board should consider providing relevant staff at Ty Llidiard with dialectical behaviour therapy (DBT) training.

Privacy and dignity

Patients had individual en-suite bedrooms with shower facilities. Patients had adequate storage in their bedrooms and were able to personalise their own room. Each bedroom door had the name of whose room it was on the outside. Patients were able to lock their bedroom door which staff could over-ride if required.

Staff at Ty Llidiard were able to request specialist equipment if any patients require assistance with personal care.

It was pleasing to note that there were on-site laundry facilities, and patients were able to do their laundry with staff assistance, otherwise 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 were able to access their mobile phones during the evenings within the communal areas and when on community leave.

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.

Patient therapies and activities

Ty Llidiard provides patients of school age with education input. There was one head teacher and one support teacher; there was input to Ty Llidiard from other regular teachers to provide lessons for individual subjects.

Outside of school hours patients have individual activity and therapy plans and were able to choose what activities and therapies they wish to do each day.

For patients to engage in social activities at Ty Llidiard, patients had access to a games room and a music room, along with a cinema room that was used for planned community film nights.

There was an occupational therapy kitchen at Ty Llidiard that patients can access for individual and group sessions.

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 their family or unescorted.

General healthcare

Patients' physical health and well-being was assessed in detail on admission and monitored on a regular basis by a doctor at Ty Llidiard.

Patients who required a programme of physical health care had comprehensive care plans in place focused on meeting their specific needs; often involving professionals from other healthcare services.

We examined the patient's care plans, risk assessments and other records. It was evident that where patients were diagnosed with eating disorders and particularly complex needs their documentation identified the individual needs which the MDT, in collaboration with other specialist medical services, were attempting to address.

Patients generally stay registered with their own physical health services such as GP surgeries and dentists. However, patients can be referred to a local community dentist.

Patients access local hairdressers and barbers in the community.

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.

Ty Llidiard had input from dietician and speech and language therapy (SALT) service. Specialist dietary menus were in place for patients with eating disorders which reflected nutritional information which was linked to the individual patient's activities for that day. When required, staff provided one-to-one support for patients during mealtimes.

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

Application of the Mental Health Act

There were 14 patients being cared for at Ty Llidiard, all under 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. However, there were a number of areas of record keeping that could be improved in line with good practice.

Patient Detention

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

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

On assessment of the patients for detention under Section 2 and Section 3 the Approved Mental Health Professional[5] (AMHP) involved for each case had identified and contacted the patient's nearest relatives[6]. However, not all copies of AMHP reports were kept with the individual patient's detention documentation which is common practice.

Recommendation

The health board should ensure that copies of AMHP reports are available in individual patient's notes.

[1] Section 2 - admission for assessment, patient detained under the Mental Health Act
[2] Section 3 - admission for treatment, patient detained under the Mental Health Act
[3] A doctor who has been approved by the Welsh Ministers (or the Secretary of State) under the Act as having special experience in the diagnosis or treatment of mental disorder. In practice, Local Health
Boards take these decisions on behalf of the Welsh Ministers.
[4] Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.
[5] A professional with training in the use of the Act, approved by a local social services authority to carry out a number of functions under the Act.
[6] A person defined by section 26 of the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative

Section 5 – Application in respect of patient already in hospital[7]

Where patients had been initially detained under Section 5(4)[8] of the Act it was clear that the patient was an inpatient at the time of use and Section 5(2)[9] was applied within the six hour.

Where patients had been initially detained under Section 5(2) of the Act it was clear that each patient was an inpatient at the time of use. In all cases a second Medical Recommendation was secured within 72 hours time limit to detain the patient under Section 2 or Section 3 of the Act.

It was clear from reviewing the individual patient's notes why Section 5(2) or Section 5(4) was required at the time of use and the change of patient legal status was recorded.

It was noted that in one case that Section 5(2) was required to be applied when the duration of Section 2 had expired and staff had not been able to arrange an application of Section 3 within the required timescales. It was noted that this was an exceptional circumstance and that the use of Section 5(2) was required to prevent the patient leaving the hospital.

Recommendation

The health board should ensure that detention expiry dates are regularly audited to ensure that statutory documentation is completed within required timescales.

Ongoing detention

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

Transfer of patient between hospitals

Where patients had been transferred between hospitals under Section 19, *Regulations as to transfer of patients,* of the Act. It was noted that all statutory documentation had been completed in full and within required timescales.

[7] 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
[8] Section 5 applied by a nurse
[9] Section 5 applied by a registered medical practitioner or approved clinician

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.

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.

Representatives of the Independent Mental Health Advocacy (IMHA) service attend Ty Llidiard.

Consent to treatment

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

Section 17 leave of absence

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

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

Recommendation

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

Restricted patients

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

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

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

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 Ty Llidiard will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going Mental Health Act Monitoring process

Appendix A

Mental Health Act Monitoring: **Improvement Plan**

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

Setting: **Ty Llidiard**

Date of Inspection: **12 May 2015**

Page Number	Requirement/Recommendation	Health Board Action	Responsible Officer	Timescale
Core Standards				
7	The health board must ensure that the furniture on Seren Ward is positioned appropriately on the ward.	All furniture now correctly positioned	Locality Manager	Completed
8	The health board must ensure that the water leak is fixed and the associated damaged caused rectified.	Issue raised with Abertawe Bro Morgannwg University Health Board (ABMUHB) on many occasions, recent meeting with Cwm Taf University Health Board (CTUHB) ADO and ABMUHB Estates.	ADO Locality Manager	September 2015

		ABMUHB have rectified leak, however the flooring now needs replacing, and there is other outstanding work. Estates are in the process of addressing.		
9	The health board should consider providing relevant staff at Ty Llidiard with dialectical behaviour therapy (DBT) training.	The recently appointed Psychologist will lead on providing training for relevant staff on DBT therapeutic approaches within Ty Llidiard. Psychologist will be taking up this post form 13th July 2015.	Psychologist	December 2015
Application of the Mental Health Act				
12	The health board should ensure that copies of AMHP reports are available in individual patient's notes.	Band 6 Nurses are responsible for auditing case-notes of those they act as Senior Staff Nurse to on a weekly basis. Include this into the unit's weekly case-note audit.	Ward Manager SSN's Qualified nursing staff	Completed
13	The health board should ensure that detention expiry dates are regularly audited to ensure that statutory documentation is completed within required	Band 6 Nurses are responsible for auditing case-notes of those they act as Senior Staff Nurse to on a weekly basis. Include this into the unit's weekly	Ward Manager SSN's Qualified nursing staff	Completed

	timescales.	case-note audit and identify on weekly ward-round reports.		
14	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	Band 6 Nurses are responsible for auditing case-notes of those they act as Senior Staff Nurse to on a weekly basis. Include this into the unit's weekly case-note audit.	Ward Manager SSN's Qualified nursing staff	Completed