

**Mental Health Act  
Monitoring Inspection  
(Unannounced)**

Abertawe Bro Morgannwg  
University Health Board:  
Rowan House,  
Assessment & Treatment  
Unit

13 July 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1. Introduction.....	2
2. Methodology.....	3
3. Context and description of service .....	4
4. Summary .....	5
5. Findings.....	6
Core Standards .....	6
Application of the Mental Health Act.....	12
6. Next Steps.....	16
Appendix A .....	17

## 1. Introduction

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

Our Mental Health Act Monitoring inspections cover both independent hospitals and mental health services offered by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits we ensure that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring their compliance with the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's Mental Health Act monitoring inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- Supported to be as independent as possible
- Allowed and encouraged to make choices
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints
- Supported to maintain relationships with family and friends where they wish to do so.

## 2. Methodology

The inspection model HIW uses to deliver the Mental Health Act monitoring inspections includes:

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

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

### 3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health Act Monitoring inspection to Rowan House, Cardiff on 13 July 2015.

Rowan House 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. Rowan House is the only inpatient service located on the former Ely Hospital site and is part of Abertawe Bro Morgannwg University Health Board providing services to patients predominantly from Cardiff and the Vale of Glamorgan.

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

## 4. Summary

Rowan House is a purpose built Learning Disability hospital however it required areas of redecoration and modernisation. There was a calm and relaxed atmosphere throughout our visit.

Rowan House was equipped with appropriate furniture for the patient group, however, improvements could be made to the bedrooms to enhance patient experience and make the environment more homely.

Patients told us that they felt safe and well cared for at the hospital. Patients and family members also said staff were helpful. Upon reviewing patient documentation, it was evident that patients, family and carers were involved in patients' care.

We reviewed a sample of statutory documentation and found that it was compliant with the Act. Whilst Section 17 Leave<sup>1</sup> of absence was authorised in line with the Act, we feel that there is room for improvement in this area in line with the Mental Health Act Code of Practice for Wales.

---

<sup>1</sup> Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

## 5. Findings

### *Core Standards*

#### **Ward environment**

On the day of the inspection the entrance was secured by a number code lock to stop unauthorised entry. 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 and 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.

The unit appeared clean, generally clear of clutter and free from any unpleasant or clinical odours. The furnishings were appropriate for the patient group and there were pictures displayed around the ward. However, the ward was in need of redecoration and modernisation as carpets, walls and bedroom doors appeared worn or in need of updating. We noted on recent inspections that the health board's other two Learning Disability Admission and Treatment units have a more modern appearance that was lacking from Rowan House.

Rowan House had a large communal area that included the lounge, dining area and a further large space for activities. The layout allowed for good observations around the ward.

Patients had direct access from the communal lounge to two large enclosed garden areas. One of the garden areas was unlocked and patients could access this area freely. However, this garden was rather bare as a patient had recently removed all the flowers, plants and some tree branches from the garden. We were informed that there were no immediate plans to redevelop this garden area in case another similar incident occurred. The other garden area was pleasantly maintained but patients could only access this area with staff as the door was locked to prevent a similar incident occurring.

We are concerned that not redeveloping the one garden area and limiting access to the other garden was impacting on other patients as a means of managing one patient's risks.

Patients were able to smoke within the garden area and there were suitable fixtures in place to facilitate this.

#### ***Requirements***

***The health board must ensure the environment of care reflects a modern learning disability assessment and treatment unit.***



***The health board must make alternative arrangements for managing the risks of the one patient that do not directly impact on the other patients.***

### **Privacy and dignity**

There were two corridors of bedrooms, one corridor with three bedrooms and the other with five bedrooms. Patients had individual bedrooms; however these were not en-suite. There are toilets and bathrooms on each of the bedroom corridors. Where patient gender mix allowed staff would designate the corridors male and female.

Bedroom doors appeared old and only one bedroom door had a viewing panel. The viewing panel was not controllable but was frosted in appearance to provide privacy for the patient within the room. We would consider neither the bedroom doors nor the viewing panel to be what was expected in a modern hospital and should be reviewed by the health board.

Patients could lock their bedroom doors from the inside which staff could override if necessary. Patients were risk-assessed to have access to their bedroom key if appropriate. Patients had adequate storage for personal items in their bedrooms which included a lockable cupboard.

In the patient bedrooms we observed there was little personalisation by patients. There was no area on the wall for patients to display pictures or photographs than directly on to the wall. We were informed that pictures and photos often fall from the walls if they are put up, it would be beneficial if patient bedrooms had a secure display board that patients could use.

Patients were encouraged to undertake daily living skills to maintain and develop skills including making and changing their beds along with doing their laundry. However, we noted in a few bedrooms that clean bedding had been provided to patients but there was no appropriate place for this to be stored within the bedrooms until the patient made their bed, it had been placed upon the window-sill. This health board should consider an appropriate method of temporarily storing clean bedding when provided to patients within their bedrooms.

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

There were bathing and shower facilities available for patients to use. There were no mobility aids available to assist patients, but we were informed that if patients require assistance with mobility that they were cared for at alternative Learning Disability setting within the health board. We feel this should be reviewed so that the health board can be assured that patients that require assistance with mobility have equity in the provision of care within their services.

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

### **Requirements**

***The health board must ensure that bedroom doors provide privacy for patients and allow staff to observe a patient during the night without disturbing the patient's sleep.***

***The health board must provide patients with a solution to displaying pictures and photographs securely on the walls within their bedrooms.***

***The health board must provide appropriate method of temporarily storing clean bedding within patient's bedrooms.***

***The health board must confirm the arrangements for patients that require assistance with mobility accessing leaning disability assessment and treatment service within Cardiff and the Vale area.***

### **Safety**

The patients that we spoke to said they felt safe at Rowan House. Hospital staff were able to access the health board's Observation Policy on ward and via the health board's computer system.

Not all hospital's fixtures and fittings were anti-ligature and this could pose a risk to patients. Staff stated that if required, observation levels were increased to reflect the risk posed by behaviours of patients. However, we feel the health board should review the environment of Rowan House to reduce the number of ligature points throughout.

All staff working at the hospital were Positive Behaviour Management<sup>2</sup> (PBM) Trained. We observed staff de-escalating and redirecting patients in a dignified and caring manner. The hospital does not use seclusion<sup>3</sup>. The use

---

<sup>2</sup> 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.

<sup>3</sup> The supervised confinement of a patient in a room, which may be locked

and type of PBM was monitored and this was fed in to the training programme to ensure that staff were receiving PBM training appropriate to what was required for working at Rowan House.

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

### ***Requirement***

***The health board must review the fixtures and fittings to reduce the potential ligature points within Rowan House.***

### **The multi-disciplinary team**

The core nursing establishment for the hospital was two registered nurses and two nursing assistants during the day and one registered nurse and one nursing assistant during the night.

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

Rowan House does not use health board bank staff or agency staff. Staffing rotas were covered from the current establishment of staff at the hospital who were familiar with the patient group. If there is a short fall, the hospital uses staff from within the health board's Learning Disability directorate.

Rowan House had three consultants split geographically across the Cardiff and Vale area, one consultant was based on the ward which was beneficial for the patients and staff team. There were weekly multi-disciplinary ward rounds and Multi-Disciplinary Team Meetings.

Rowan House had input from occupational therapy and art therapy. Staff could make referrals to psychology, dietician, speech and language therapy along with physical health services such as physiotherapy, podiatry and dentistry. Staff spoke of good links with the community teams and continuing to engaging with patients once they have been discharged from Rowan House. Staff also spoke of positive links with the mental health services run by Cardiff and Vale University Health Board, including the electroconvulsive therapy<sup>4</sup> (ECT) department.

---

<sup>4</sup> A form of medical treatment for mental disorder in which seizures are induced by passing electricity through the brain of an anaesthetised patient.

### ***Requirement***

***The health board must provide an update on the recruitment to the nurse vacancy at Rowan House.***

### **Patient therapies and activities**

Patients have individual activity and therapy plans and were able to choose what activities and therapies they wish to do each day along with a set of core activities related to their specific requirements and capabilities.

Rowan House staff work with the patients' community placement staff to continue the individual patient's community programmes once the patient has settled on the ward. Due to Rowan House staffing limitations they would be unable to continue all patients' community programmes without the assistance of staff from the community placements. Staff have a designated mini-bus which allows for the ward to facilitate group community trips.

Rowan House has input from an occupational therapist who leads ward based activities. The occupational therapist was not solely dedicated to Rowan House, which limited their availability. However, staff at Rowan House undertake activities on the ward including activities celebrating festivities such as Christmas and Halloween.

Due to the location of Rowan House patients had easy access to local amenities such as shops.

### ***Requirement***

***The health board must review the occupational therapy input to Rowan House.***

### **General healthcare**

Patients' physical health needs are provided for by doctors at Rowan House. We were informed by staff that if required, patients access the general hospital for any condition that can not be treated at Rowan House.

Patients maintain their own GP and dental service otherwise they are referred to a community dentist that had a very good working relationship with Rowan House. We were informed that if it was not deemed practicable to take the patient to a community dental practice then the dentist would visit the patient at the hospital.

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

## **Food and nutrition**

There 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 which was available in pictorial format if required by patients. In addition staff were able to be flexible with patients' requests. The hospital operated 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 when required from dietician service and speech and language therapy (SALT) service.

## ***Application of the Mental Health Act***

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

### **Patient Detention**

The documentation reviewed showed for each of the detentions at least one of the doctors was Section 12 approved<sup>5</sup> and at least one of the doctors had a previous acquaintance<sup>6</sup> with the patient.

For detentions under Section 3<sup>7</sup> the statutory documentation stated that the appropriate medical treatment was available at Rowan House.

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.

On assessment of the patients for Section 2<sup>8</sup> and Section 3 detentions, the AMHP involved for each of the individual patients had identified the patient's nearest relatives and contacted them. However, a copy of the AMHP assessment was not always on the patient's file.

No patients had been subject to Section 4 emergency application<sup>9</sup> or Section 5 holding powers<sup>10</sup>.

### ***Requirement***

***The health board should ensure a copy of AMHP assessments are maintained on patients' files.***

---

<sup>5</sup> 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.

<sup>6</sup> Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.

<sup>7</sup> Section 3 - admission for treatment, patient detained under the Mental Health Act

<sup>8</sup> Section 2 - admission for assessment, patient detained under the Mental Health Act

<sup>9</sup> An application for detention for assessment of mental disorder made with only one supporting medical recommendation in cases of urgent necessity.

<sup>10</sup> The powers in Section 5 of the Act which allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.

### **Ongoing detention**

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

### **Appealing against detention**

Patients had been informed of their right to appeal against their detention; it was evident that if patients wished to appeal to the Hospital Managers' Hearings and Mental Health Review Tribunals that the processes were followed.

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 after the renewal of detention and not before the current period of detention, as set out in the Code of Practice paragraph 27.11.

### ***Requirement***

***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 engage with staff, or were unable to understand the information, staff would regularly attempt to provide the information to patients.

An Independent Mental Health Advocate<sup>11</sup> (IMHA) from the designated independent mental health advocacy service attends Rowan House.

### **Consent to treatment**

Patient subject to Consent to Treatment provisions of Section 58<sup>12</sup> of the Act were correctly documented and authorised. A copy of the consent to treatment certificates were kept with the patients' Medication Administration

---

<sup>11</sup> 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.

<sup>12</sup> 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.

Record (MAR Chart) where applicable. Where a Second Opinion Appointed Doctor<sup>13</sup> (SOAD) had been required to authorise consent to treatment certificate, a record of this process was entered in to the patient's notes. However, not in every case had the statutory consultee<sup>14</sup> documented their discussion with the SOAD in the patient's records, as set out in the Code of Practice, paragraph 18.23.

### ***Requirement***

***The health board should ensure that statutory consultees make a record of their discussion with the SOAD, which is then placed in the patient's notes.***

### **Section 17 leave of absence**

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician. However, the conditions of leave on some Section 17 leave authorisation forms were vague and did not give clear directions to where the patient was able to have leave to.

We noted that patients' files contained expired leave forms which were not clearly marked as no longer valid. It is good practice to ensure expired leave forms are marked as no longer valid.

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

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

### ***Requirements***

***The health board must ensure that section 17 leave authorisation forms appropriately state the conditions of leave.***

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

---

<sup>13</sup> 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.

<sup>14</sup> SOADs are required to consult two people before issuing certificates approving treatment. One of the statutory consultees must be a nurse; the other may not be either a nurse or a doctor. Both must have been professionally concerned with the patient's medical treatment.



***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 Rowan House will be addressed, including timescales.

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

.

## Appendix A

**Mental Health Act Monitoring:** Improvement Plan  
**Health Board:** Abertawe Bro Morgannwg University Health Board  
**Hospital:** Rowan House  
**Date of Inspection:** 13 July 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Core Standards</b>				
6	The health board must ensure the environment of care reflects a modern learning disability assessment and treatment unit.	A full review of the estate is to be undertaken with an action plan to be developed.	Estates Manager	September 2015
7	The health board must make alternative arrangements for managing the risks of the one patient that do not directly impact on the other patients.	Risk management plan reviewed by the multi-disciplinary team.	Unit Manager	17 August 2015

8	The health board must ensure that bedroom doors provide privacy for patients and allow staff to observe a patient during the night without disturbing the patient's sleep.	The review of the environment by estates team to include the bedroom door observation panels.	Estates	September 2015
8	The health board must provide patients with a solution to displaying pictures and photographs securely on the walls within their bedrooms.	Pictures purchased and secured to walls.  Estates review to include identifying appropriate solution.	Unit Manager  Estates	August 2015 Completed  September 2015
8	The health board must confirm the arrangements for patients that require assistance with mobility accessing leaning disability assessment and treatment service within Cardiff and the Vale area.	Accessible provision is available in the two other assessment and treatment units. Patients requiring assistance with mobility are admitted to one of those units.	n/a	n/a
8	The health board must provide an update on the recruitment to the nurse vacancy at Rowan House.	Staff nurse recruited		Complete

10	The health board must review the occupational therapy input to Rowan House.	Activity levels of patients, staff skills in providing activities and occupational therapy input to be reviewed by operational managers.	Lead Manager	September 2015
<b>Application of the Mental Health Act</b>				
12	The health board should ensure a copy of AMHP assessments are maintained on patients' files.	Agreed with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015
13	The health board should ensure that Hospital Managers' Hearings are held before the current period of detention elapses.	Agreed, system to be put in place with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015
14	The health board should ensure that statutory consultees make a record of their discussion with the SOAD, which is then placed in the patient's notes.	Agreed, system to be put in place with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015
14	The health board must ensure that section 17 leave authorisation forms appropriately state the conditions of leave.	Agreed, system to be put in place with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015

14	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	Agreed, system to be put in place with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015
15	The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring	Agreed, system to be put in place with immediate effect. Files to be audited.	Mental Health Act Administrator.	October 2015