

Mental Health Act Monitoring Inspection (unannounced)

**Abertawe Bro Morgannwg
University Health Board:
Cefn yr Afon**

18 August 2015

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1. Introduction

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

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

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

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

The focus of HIW's mental health and learning disability 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 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 at Cefn yr Afon, Bridgend on 18 August 2015.

Cefn yr Afon is an adult mental health service providing a rehabilitation service for persons of age 18 and over. Cefn yr Afon comprises of three houses: Ty Ogwr, seven beds; Ty Garw, four beds; and Ty Llynfi, seven beds.

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

4. Summary

Cefn yr Afon is a mental health rehabilitation service that is provided by Abertawe Bro Morgannwg University Health Board. It was generally well maintained throughout and equipped with appropriate facilities, furniture and fixtures for the patient group. However, there were a number of ongoing maintenance and facilities issues that we have recommended need addressing.

Staff were keen to develop the service further which would prove beneficial for the patients being cared for at Cefn yr Afon.

Cefn yr Afon is appropriately located for patients to easily access services within the community as part of their rehabilitation pathway.

There was a calm and relaxed atmosphere throughout our visit. Patients told us that they felt safe and well cared for at the hospital and that 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 they were compliant with the Mental Health Act (the Act). However, copies of statutory forms were not always available in the individual patient's records.

5. Findings

Core Standards

Ward Environment

When we arrived at Cefn yr Afon to start the inspection entry to the ward was secured to prevent unauthorised access. Information was displayed explaining to those patients who are able to leave the ward of how to do so if they wished.

On the day of our unannounced inspection Cefn yr Afon appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout.

Cefn yr Afon comprises of three connected houses: Ty Ogwr, Ty Garw and Ty Llynfi. Each of the houses had a communal lounge, kitchen and dining room. Overall the communal areas of Cefn yr Afon were well furnished and fixtures & fittings were appropriate to the patient group. However, in one of the communal lounges the settee was damaged and a number of seats were worn and heavily stained; these required replacing. There were pictures, photographs and patient information displayed around Cefn yr Afon.

From each of the houses patients had direct access to a large garden area. The garden area was well maintained, patients had planted vegetables in one area of the garden and the greenhouse. There were a number of benches in the garden area where patients and relatives could sit. However, staff said that the garden could benefit from more benches and tables which would allow for patients to enjoy the area further. The garden also lacked any covering to provide shade for patients.

Patients were able to smoke in the garden area if they wished; however there was no shelter provided to protect patients in the rain.

Staff advised that there was an ongoing issue with the toilets blocking throughout Cefn yr Afon due to sewerage problems. Whilst we were made aware that the health board was managing the issue, the problem needs to be resolved to prevent it impacting on the patient experience at Cefn yr Afon.

We were also informed that Cefn yr Afon no longer has a steam cleaner for use on the bathroom floors which has impacted on the efficiency and effectiveness of cleaning in these areas.

The clinic room for Cefn yr Afon was small and had no access to water. In addition the clinic contained building services such as the computer server and the electricity control box. This limited the space in the clinic and on

occasions significantly increased the temperature of the room which resulted in uncomfortable working conditions for staff and compromised their ability to provide care for patients. We were informed that the Cefn yr Afon manager had brought these issues to the attention of senior staff within the health board; however at the time of our inspection a resolution had not been agreed.

Recommendations

The health board must replace the damaged and worn lounge furniture.

The health board must consider the provision of additional garden furniture.

The health board must consider the provision of shade in the garden.

The health board must consider the provision of a smoking shelter.

The health board must ensure that the sewage problem is rectified.

The health board must ensure that bathroom floors can be efficiently and effectively cleaned.

The health board must ensure there is an appropriate clinic room at Cefn yr Afon.

Safety

The patients that we spoke to said they felt safe at Cefn yr Afon. Hospital staff were able to access the health board's Observation Policy on the ward and via the health board's computer system. Staff stated that if required, observation levels were increased to reflect the risk posed by behaviours of any patients.

Staff at Cefn yr Afon were trained in using de-escalation and redirecting techniques to manage any challenging behaviour exhibited by patients.

Staff at Cefn yr Afon did not carry personal alarms; whilst personal alarms were available these were inadequate for the setting. If alarms were sounded they could not be heard throughout Cefn yr Afon. Therefore the system requires to be changed to ensure the safety of patients and staff.

Recommendation

The health board must ensure that there is an appropriate alarm system installed at Cefn yr Afon.

The multi-disciplinary team

The core numbers of staff for the Hospital were two registered nurses and two nursing assistants during the day and two registered nurses and one nursing assistant during the night.

Cefn yr Afon had an Occupational Therapist and an activities co-ordinator. Staff rotas were flexible to accommodate the staffing requirements for planned patient activities.

There was therapeutic input from a psychologist, psychology assistant and a student placement.

When required, Cefn yr Afon use health board bank staff. Usually the ward will use staff that work regularly at Cefn yr Afon and therefore familiar with the setting and the patient group.

Cefn yr Afon had a consultant, part of the health board's forensic and rehabilitation service, who attended the ward once a week. Patients were allocated into four groups and individual patient's multi-disciplinary team meetings were held monthly, with the opportunity for additional meetings when required.

Staff spoke of strong collaborative and supportive teamwork at Cefn yr Afon with good opportunities for training and development. Staff spoke of a strong will within the nursing team to develop the service provided at Cefn yr Afon with clinical initiatives. Members of the team had been a finalist for a 2015 Bevan Prize for Health and Wellbeing award.

Privacy and dignity

Patients on at Cefn yr Afon had individual en-suite bedrooms with toilet and shower facilities. Patients had adequate storage in their bedrooms and were able to personalise their own room. Patients were able to lock their bedroom doors from the inside which staff could over-ride if required. Patients were risk-assessed to determine whether they could have their own bedroom key.

Each house had bath facilities available for the patients. There were laundry facilities for each house so that patients were able to do their own laundry and ironing with staff assistance.

Patients were able to access their mobile phones. Patients were expected to use their phones in their own bedrooms as opposed to communal areas.

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.

Patient therapies and activities

Cefn yr Afon is located just outside Bridgend town centre which allows patients to easily access shops and other services as part of their rehabilitation programme. We observed a number of patients utilising their leave from the hospital throughout the inspection visit.

Patients had individual activity programmes based on their individual needs, interests and recovery focus. All planned activities were recorded by the nursing team and a member of staff was allocated to provide assistance and support to the patient where required. The staff rota was flexible to allow for patients to be supported during the day, evening and at weekends.

There was a hospital vehicle so that staff could facilitate taking patients to the local shops and on community trips further afield. Patients were encouraged to use local public transport as part of their rehabilitation programme. Patients undertook community activities based on their individual interests which included playing and watching football, working at a local stables and various education courses.

Staff felt that Cefn yr Afon would benefit from the provision of Wi-Fi connected via the health board's secure network. Staff stated that this would allow access to the internet and allow for staff and patients to use online programmes and sites as part of individual patient's care and rehabilitation.

Recommendation

The health board should consider the provision of Wi-Fi at Cefn yr Afon.

General healthcare

The physical health of patients was monitored by the nursing team at Cefn yr Afon. Patients accessed community GP/out-of-hours services and were referred, where necessary, to other physical health services. Patients were registered with local dentists and used local hairdressers and barbers in the community.

Food and nutrition

Each house had its own kitchen for patients to make their own food. Patients were assessed for whether they could cook their meals independently, with staff assistance or whether they needed to have their meals provided. Patients were also able to use leave to purchase ingredients for preparing their own meals.

As part of the patients' meal preparation staff had undertaken initiatives to educate patients about healthy eating. Both the staff and the patients spoke positively about this initiative.

Where required, staff at Cefn yr Afon could make referrals to the health board's dietician and speech and language therapy (SALT) service.

Patients were able to access a range of snacks outside mealtimes and fresh fruit and drinks were readily available. However, staff stated that each kitchen would benefit from a water cooler so that patients could readily access fresh cold water as the water from the taps was not always cold enough.

Recommendation

The health board must consider the provision of water coolers for the kitchens at Cefn yr Afon.

Application of the Mental Health Act

There were 17 patients being cared for at Cefn yr Afon, all aged 18 or over. 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, not all copies of statutory documents were available in the patient records. Copies of detention papers should be maintained in the current volume of patient's records so that staff can assure themselves of the legal status of the patient.

Recommendation

The health board must ensure that copies of detention papers are kept in the current volume of an individual patient's record.

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 approved³. However, not in every case had at-least one of the doctors had a previous acquaintance with the patient⁴. Whilst this is not a requirement under the Act⁵, only where practicable, the reason(s) why the Approved Mental Health Professional⁶ (AMHP) could not get a recommendation from a medical practitioner who had previous acquaintance with the patient should be stated on the HO2 detention paper⁷, this had not happened.

In each case, the statutory documentation stated why detention under the Act was the most appropriate way of providing care.

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 Section 12(2) states that where practicable at least one medical recommendation should be given by a registered medical practitioner who has had a previous acquaintance with the patient.

⁶ A professional with training in the use of the Act, approved by a local social services authority to carry out a number of functions under the Act.

⁷ Detention paper completed by the AMHP for section 2 detention.

On assessment of the patients for detention under Section 2 and Section 3 the AMHP involved for each case had stated whether they had identified and contacted the patient's nearest relatives⁸.

Section 4 – Admission for assessment in cases of emergency⁹

Where patients were initially detained under Section 4 of the Act the medical recommendation was not always provided by a practitioner who had previous acquaintance with the patient. Whilst this is not a requirement under the Act¹⁰, only where practicable, the reason(s) why AMHP could not get a recommendation from a medical practitioner who had previous acquaintance with the patient should be stated on the H1O detention paper¹¹, this had not happened.

When this occurred, in each case, the records stated that the admission was urgent and it was unsafe to wait for a second Medical Recommendation because a delay would cause a detriment in the patient's health as set out in Section 4(2) of the Act.

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

Section 5 – Application in respect of patient already in hospital¹²

Where patients were initially detained under Section 5(2) of the Act it was clear that each patient was an inpatient at the time of use. Each patient application was applied by their Responsible Clinician or by their Responsible Clinician's deputy as set out in Section 5(3). In all cases a second Medical Recommendation was secured within 72 hours to detain the patient under Section 2 of the Act.

⁸ A person defined by section 26 of the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative

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

¹⁰ Section 4(3) states that where practicable the medical recommendation should be given by a registered medical practitioner who has had a previous acquaintance with the patient.

¹¹ Detention paper completed by the AMHP for section 4 detention.

¹² 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.

Copies of AMHP reports were not always kept with the individual patient's detention papers. It is good practice to keep copies of AMHP reports with the detention papers.

Recommendation

The health board must ensure that copies of AMHP reports are kept with the individual patient's detention papers.

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.

Appealing against detention

We saw evidence that 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 appropriate process was followed. There was a record of Hospital Managers' Hearings being undertaken, as required, to review patient's detention.

Section 132 provision of information¹³

There was clear evidence that patients were provided with regular information about their detention and their rights under the Act. Where patients refused to engage with staff or were unable to understand the information, staff would regularly attempt to provide the information to patients.

Consent to treatment

Patients subject to Consent to Treatment provisions of Section 58¹⁴ of the Act were correctly documented and authorised. A copy of the consent to treatment certificates were kept with the patient's Medication Administration Record (MAR Chart) where applicable.

Section 17 leave of absence

¹³ Section 132 of the Mental Health Act 1983 places a responsibility upon the hospital managers to take all practicable steps to ensure that all detained patients are given information about their rights.

¹⁴ 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

All Section 17 leave¹⁵ authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed. All expired leave forms on patient files were clearly marked as no longer valid.

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

Restricted patients

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.

¹⁵ 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 Cefn yr Afon 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/ Learning Disability: Improvement Plan
Health Board: Abertawe Bro Morgannwg University Health Board
Setting: Cefn yr Afon
Date of Inspection: 18 August 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Core Standards				
8	The health board must replace the damaged and worn lounge furniture.	In regards to the furniture that is worn, a review of all communal lounge seating has been undertaken by the Unit Manager. As a consequence, those items that are unable to be effectively cleaned by colleagues from the Hotel Services Department will be replaced.	Kath Hart, Unit Manager	A selection of chairs, to include two and three seater sofas, are to be procured via agreed charitable funds. An estimated delivery date for these items in 30

				November 2015.
8	The health board must consider the provision of additional garden furniture.	The Unit Manager has advised that they will select appropriate furniture for inclusion in the garden area of the unit. This will include benches and tables, together with accessories such as parasols to provide shade in the height of summer and create a pleasant, enclosed ambiance around the seating area.	Kath Hart, Unit Manager	To be pursued via charitable funds. An estimated delivery date for these items in 30 November 2015.
8	The health board must consider the provision of shade in the garden.	Colleagues from the Health Board's Estates Department attended the unit on 1 October 2015 to review the option of canopy shading in the garden area. As part of these proposals, a sun resisting overhang was suggested which could be incorporated within the existing ledger board frame attached to the side of the unit.	David Swetman, Estates Manager Kath Hart, Unit Manager	Two ledger board sections near the back-doors of the unit have been identified, so as to not to affect the drainage and access to the middle roof guttering. Contractor has attended and we are awaiting quotation.

				Weather permitting; early December 2015 has been identified.
8	The health board must consider the provision of a smoking shelter.	The provision of a smoking shelter would be incorporated within the above design and would be attached to the existing walls.	David Swetman, Estates Manager Kath Hart, Unit Manager	Weather permitting; early December 2015 has been identified.
8	The health board must ensure that the sewage problem is rectified.	In terms of the sewerage issues outside of the unit, interim measures are in place whereby a member of the estates team attends on a daily basis to manually pump the system clear. The Estates Manger however has advised that a new service and control panel pump has now been ordered to resolve the matter.	David Swetman, Estates Manager	Estates colleagues have advised that supply and installation of the new pump is scheduled prior to the end of October 2015.
8	The health board must ensure that bathroom floors can be efficiently and effectively cleaned.	The Hotel Services Coordinator has advised that specialised cleaning of the bathroom floor areas has now been reintroduced into the cleaning schedule.	Gareth Brown, Support Services Manager	Complete, but ongoing.

8	<p>The health board must ensure there is an appropriate clinic room at Cefn yr Afon.</p>	<p>The Unit has an existing treatment room which is located on the 1st floor. This room however is also utilised as the main computer hub for the unit, with no hand washing facilities. Whilst the design of the unit is aimed at encouraging patients towards independent living, and where able, self medication, this is not always practicable, with an increased need to utilise the room for phlebotomy, etc. based on patient need. Previous options to explore this provision have been conducted by colleagues from the Estates Department, who advised that due to the current template of the unit, they were unable to identify the installation of appropriate hand washing facilities in the room.</p> <p>A capital submission has therefore been submitted to explore proposals to upgrade the existing staff room area on the 1st floor into a dedicated treatment room, incorporating an appropriate handwash basin to HML specifications and adequate storage</p>		<p>Colleagues from the Health Board's Capital Department have attended the unit on 14 October 2015. A further visit is scheduled for the end of October with a plumbing contractor to review the waste outlets.</p> <p>Review date on progress scheduled for early November via the local monthly Facilities Meetings.</p>
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		units for it to operate correctly as a treatment room.		
8	The health board must ensure that there is an appropriate alarm system installed at Cefn yr Afon.	The Unit Manger has advised that a process has now been introduced that will provide additional safety system for staff. Whereas previous problems presented with the personal staff alarms not being audible throughout the unit, this has been rectified with the installation of the fire door guards, which now create an open environment for staff to attract attention if required. Moreover additional telephone handsets have been provided for each of the units; with a speed dial facility with the main office area and neighbouring units should support be required. The Unit Manager has also highlighted that a protocol on a more safe system of working is being drafted, in order to prevent isolation.	Kath Hart, Unit Manager	Complete
10	The health board should consider the provision of Wi-Fi at Cefn yr Afon.	Following discussions with the health board's IT Department, a capital programme initial project proposal has been completed so that it is	Lee Evans, Assistant General Manager	For review early November 2015 via the monthly Locality Facilities

		considered that this framework for digital technology will help improve patients' experience and outcomes with more efficient services and better utilise staff working practice and supports shared decision making.		Meetings.
11	The health board must consider the provision of water coolers for the kitchens at Cefn yr Afon.	Following a site review by Princes Gate Cool Water Ltd, three desktop mains fed water filtration units have been identified as suitable for installation within the unit.	Kath Hart, Unit Manager Lee Evans, Assistant General Manager	To be pursued via charitable funds. For review early November 2015 via the monthly Locality Facilities Meetings.
Application of the Mental Health Act				
12	The health board must ensure that copies of detention papers are kept in the current volume of an individual patient's record.	This is to be reinforced via the Unit Manger. The detention papers have now been correctly filed in the current volume of the individual patient's record. A Unit Ward Clerk has been appointed who will be assisting with this process and will be monitoring good record keeping.	Kath Hart, Unit Manager	Complete, but ongoing.

14	The health board must ensure that copies of AMHP reports are kept with the individual patient's detention papers.	This is to be reinforced via the Unit Manger. Colleagues from unscheduled care will also be reminded of their responsibilities in this area. Section 4 and Section 5(2) AMHP papers on to the H10 forms will be regularly reviewed via Ward Clerk. This will form part of a review of the legal part of the file with involvement from the Mental Health Act Department.	Kath Hart, unit Manager	Complete, but ongoing.
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