

**Mental Health /
Learning Disability
Inspection
(Unannounced)**

**Llanarth Court Hospital:
Wards: Awen, Deri, Howell,
Iddon, Osbern, Teilo,
Treowen & Woodlands**

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1. Introduction

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

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.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

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

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Llanarth Court Hospital on the evening of the 1 August 2016 and all day on the 2, 3, 4 and 5 August 2016.

Llanarth Court hospital was first registered in December 1992 and is currently registered for one hundred and fourteen (114) patients and one (1) emergency bed across seven wards and one rehabilitation bungalow. Each of the seven wards accommodates patients with particular needs within a secure environment:

- Awen Ward - A medium secure service for a maximum 16 (sixteen) female adults aged between 18 (eighteen) and 65 (sixty-five) years who are diagnosed with a mental illness or have a treatable personality disorder or a combination of the both.
- Deri Ward - A low secure service to provide assessment for a maximum of 11 (eleven) male adults over the age of 18 (eighteen) years.
- Howell Ward - A medium secure service to provide assessment, treatment and short-term rehabilitation for a maximum 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer from a mental disorder.
- Iddon Ward - A medium secure service to provide assessment and short-term rehabilitation for a maximum of 17 (seventeen) male adults over the age of 18 (eighteen) years who suffer with a mental disorder.
- Osbern Ward - A low secure service to provide assessment, treatment and rehabilitation for a maximum 11 (eleven) male adults over the age of 18 (eighteen) years suffering from a mental disorder.

- Teilo Ward - A low secure service to provide rehabilitation for a maximum 20 (twenty) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder.

- Treowen Ward - A low secure service to provide rehabilitation for a maximum 19 (nineteen) male adults over the age of 18 (eighteen) years who require rehabilitation for a mental disorder. This includes 1 (one) bed that is to be kept available to accommodate a patient from Aderyn Independent Hospital (Near Pontypool) in the event that they require emergency intensive care and treatment during their rehabilitation due to a relapse of their mental disorder.

- Woodlands Bungalow - An open service to provide rehabilitation for a maximum 4 (four) female adults over the age of 18 (eighteen) years who require a period of open rehabilitation as an agreed care pathway.

During the five day inspection, we reviewed all the 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, two lay reviewer and two members of HIW staff, including one HIW staff member shadowing the visit.

4. Summary

Our inspection at Llanarth Court hospital took place across all seven wards and the Woodlands bungalow. Overall, we found evidence that the service provided person centred care that was safe and effective.

This is what we found the service did well:

- The electronic patient record system PathNav was comprehensive, accessible and patient orientated and goal focused.
- Evidence of established ward-based multi-disciplinary teams that provided patient centred care.
- Physical health assessment, monitoring and recording was comprehensive.
- Mental Health Act and Mental Health Measure documentation was comprehensive and compliant with the relevant legislation.
- There was a wide range of activities available to patients both within the ward areas and around the hospital site.
- Each of the seven wards had their own designated vehicle so that patients could access the community.
- High completion rates of staff mandatory training.

This is what the service is required to improve:

- Maintenance of electrical infrastructure at the hospital, this required immediate assurance from the Registered Provider.
- Development of individualised patient risk management and the removal of institutionalised practices on some wards.
- A review and clarity around patient behavioural management approaches with the removal of perceived punitive practices.
- A review of the catering provision to ensure there is sufficient patient options, particularly for evening meals and healthy lunch options.
- Ensuring up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.

5. Findings

Core Standards

Ward environment

All wards at Llanarth Court were single gender and each patient had their own individual bedroom. Patients could personalise their bedrooms and these provided sufficient storage for individual patient's belongings. Patients were able to lock their bedrooms which staff could over-ride if required.

Howell (17 male medium secure beds), Iddon (17 male medium secure beds) and Deri (11 male low secure beds), Osbern (11 male low secure beds) wards were part of one block of wards. All these wards had patient areas over two floors. All patient bedrooms were upstairs with the bathroom, shower and toilet facilities. The patient bedrooms on these four wards were not en-suite. The downstairs areas off these wards consisted of the main patient lounges, dining rooms and smaller rooms for patient meetings, therapies and visitors along with additional toilets.

Teilo (20 male low secure beds), Treowen (18 male low secure beds) and Awen (16 female low secure beds) were all stand alone wards. All patient areas on Awen, Teilo and Treowen were located on the ground floors of the two wards. The patient bedrooms on these wards were en-suite, with bathroom and additional toilet facilities. The ward also consisted of the main patient lounges, dining rooms and smaller rooms for patient meetings, therapies and visitors.

Woodlands bungalow (4 female rehabilitation beds) provided step-down accommodation for patients from Awen Ward. The bungalow had individual bedrooms (not en-suite) and bathrooms, showers, toilets available within the bungalow. The bungalow also had a lounge area and an open plan patient kitchen-dining area. The bungalow had access to a private garden area.

We observed that the downstairs lounge areas on Deri and Osbern were small and felt cramped, where the other wards had larger downstairs space and more additional rooms for patients.

Overall we found the environment, furniture and fixtures at Llanarth Court Hospital to be well maintained and suitable for the patient groups. However, it was of serious concern that following an Electrical Installation Condition Report undertaken on 27 January 2016 by an external contractor there were a number of areas in the report recorded as "unsatisfactory". We identified that there were outstanding actions to repair the faults identified in this Electrical Installation Condition inspection.

Due to the nature of this concern we raised this with the registered provider as a matter of urgency during the inspection. Following the inspection we issued an Immediate Assurance letter to the registered provider stating that these outstanding issues required urgent work due to the risk to the safety of patients, staff and visitors at Llanarth Court Hospital. The Registered Provider has responded stating that their Estates Department has initiated a plan of works to carry out required actions. Due to nature of work requiring mains electric to be turned off this will take place over weekends to minimise disruption to operations. We have been informed the completion date for this work will be 30 September 2016.

Regular fire drills were carried out at Llanarth Court. However, reviewing the documentation around the fire safety tests it was not documented to which wards and members of staff were involved with the drill. It's essential that all staff have up-to-date involvement in fire drills for the safety of patients, staff and visitors. Following our inspection the Registered Provider sought clarification from South Wales Fire & Rescue Service who advised that national guidance (CLG fire safety risk assessment for Healthcare premises) mentions that fire drills should be carried out at least annually or as determined by the provider's fire risk assessment. However it is best practice for each member of staff to participate in two fire drills a year particularly healthcare premises.

Requirement

The Registered Provider must ensure that fire drills are completed to the required regulations and advice provided by South Wales Fire & Rescue Service.

We also noticed that on Howell there was a leak in the ceiling of a communal area which was above a television, despite the safety risk for patients and staff on the ward, the television was still being used. The problem had not been addressed and only a towel was in place to attempt to prevent the water reaching the television.

Requirements

The Registered Provider must ensure that all maintenance requests which can potentially impact on safety are immediately actioned.

The Registered Provider must ensure confirm that the leak in the ceiling of a communal area of Howell ward has been rectified.

It was pleasing to note that the registered provider had invested in improving the ward environments. This was very evident on Teilo where in addition to the new lounge flooring that was installed prior to our inspection in 2015; the ward was brightly decorated and picturesque paintings on the walls. This

included to large waterfall features on the walls leading to the high ceilings in the lounge area.

During our previous inspection it was noted that there was large build up of dirt and debris behind the Perspex guard on the windows, it was pleasing to note that during this inspection we did not identify the same issue.

Despite the investment in furniture for communal areas by the provider we noted that some of the furniture was worn and required attention or replacing from the continuous use by the patient group. Whilst these were minor damages to the furniture the registered provider should ensure that the furniture does not deteriorate any further as it will increase the potential risk to patient safety.

Requirement

The Registered Provider must ensure that there are regular environmental checks completed and ensure that damaged furniture is addressed immediately.

We noticed that not all hand cleansing gel dispensers located on the entrances to the ward contained cleansing gel; some remained empty throughout our inspection. Hand cleansing gel needs to be readily available to prevent the spread of infections that could impact on the health of patients, staff and visitors.

Requirement

The Registered Provider must ensure that hand cleansing gel is readily available in the designated dispensers.

Each ward had their own secure garden area that patients could access. Llanarth Court Hospital runs a competition between each of the wards for the best garden area; the patients and staff members take responsibility for their own gardens. It was noted that some of the garden areas were very attractive and well maintained, these provided patients with an outside space to enjoy.

Patients were also able to access outside spaces to smoke, on some of the wards smoking times were restricted to set periods in the ward gardens or when patients were on unescorted leave from the ward.

We noted that throughout the hospital there was information for patients and relatives. However, there was a lack of consistency of what and how it was displayed on the wards; including information on the statutory Independent Mental Health Advocacy (IMHA) service. This meant that patients on some wards were not provided with all the information that patients on different wards were. Also some information was out-of-date with the incorrect ward

managers named; out-of-date information was viewed on the wards and patient and relative documentation held in hospital reception.

Requirement

The Registered Provider must ensure there is a process in place so that up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.

Patients at the hospital could either have a bank account that was held within the hospital and access their money during office hours or have a bank within the community. A community bank account provided patients with life skills and preparation for discharge from hospital. However, a number of staff raised their concerns that at times patients were unable to access the community which meant they could not access their money. This could be for a number of reasons such as, illness, or if a patient was unable to access their community due to their leave being suspended because of risks, or the patient had utilized all their leave. It was suggested that having a cash machine available at the hospital could alleviate these problems. We recommend that the Registered Provider explores the option of installing a cash machine at Llanarth Court Hospital.

Safety

All staff on the wards had personal alarms and when any visitor entered a ward they were asked to complete the visitor book. All wards had an assigned security nurse who would ensure safety alarms and visitors were appropriately signed-in and given, where appropriate alarms. The wards have a list of prohibited items displayed before entry to the ward and there are lockers available to store any items that can not be taken on to the ward, i.e. mobile phones, lighters, flammable liquids, etc.

As part of the hospital's strategy for managing inappropriate patient physical behaviour, each ward (apart from Woodlands bungalow) had an Intensive Care Suite (ICS), Awen had two. The use of ICS was the final stage in managing patient behaviour, and could be used for patient Seclusion². When required, a patient would go to the ICS.

The Registered Provider had a policy in place for the use of ICS and Seclusion, when used patients could be in ICS for a brief period of time (e.g. a few minutes) or for prolonged periods of days or weeks. It was positive to note that the use of ICS had decreased over recent months and was not being used as regularly as we had observed on previous inspections.

² The supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.

During our inspection we spoke to a number of patients who had used an ICS. One patient had been in ICS and had found the experience difficult being isolated from other patients with nothing to do apart from watch television. The patient was unhappy that there were no activities provided nor that they were unable to be escorted by staff to the garden area to smoke. Whilst there need to be restrictions around patients who are being cared for in ICS, there was little documented to provide sufficient evidence of all the restrictions in place for this patient. Restrictions that are imposed on patients should be based on individual risk and not a blanket approach.

Requirement

The Registered Provider must ensure that Intensive Care Suite (ICS) is used in the least restrictive manner across the hospital and restrictions are based on the individual patient's risks.

Another patient, on a different ward, commented on how they had requested staff to enter the ICS so that the patient could self-manage their behaviours before they escalated. The patient was aware of their typical behaviours and understood that if they accessed the ICS away from others that they would not be able to damage property or injure another patient. The patient spoke of how this was a beneficial experience and was pleased that staff were able to support them manage their behaviour in an unrestrictive manner.

We noted from reviewing the previous six months of incident records that where the patient had been restrained on the floor, 10 of the 35 where the patient was recorded to be in the prone position (facedown). From our discussions with staff the reason for the use of prone restraint was to administer intra-muscular (IM) medication, typically in to the buttock area and therefore staff deemed this to be the most appropriate way to undertaken this.

What was unclear from reading patient documentation was whether this was planned and considered on an individual patient and incident basis or whether this had become the norm through staff practice. National Institute for Health and Care Excellence (NICE) [guidelines](#)³ state that prone restraint should be undertaken as a last resort and for the minimum amount of time possible. This is due to the risks to the safety of the patient in prone restraint that has been evidenced through research. Patient documentation reviewed did not prescribe or guide staff on the form of restraint to use, nor evidence patient involvement in developing management plans for managing the patient's behaviours. Whilst patient's views may not be forthcoming prior to a restraint; attempts to discuss the restraint with the patient should be undertaken at a suitable time following the incident to attempt to gain the patients views and consider these if a situation arises in future.

³ <https://www.nice.org.uk/guidance/NG10/chapter/1-recommendations> paragraph 1.4.24

Requirements

The Registered Provider must ensure the proposed plan of physical intervention is documented within the patient's care plan.

The Registered Provider must ensure that staff document their discussions, or attempts, with patients to include the patient's views on the any future physical interventions.

During our inspection there was a planned patient admission that we observed to be poorly organised. Despite detailed pre-admission documentation being completed, this was not available to ward staff to familiarise themselves with the patient, the patient's risks, behaviours or care plan. Ward staff were unclear about basic and essential information such as the patient's name and which section of the Mental Health Act the patient was being detained under. The lack of detailed information being known by ward staff regarding a patient being admitted is a risk to the safety of staff and patients on the ward. We escalated this to the Registered Manager at the time of the inspection to ensure that ward staff had appropriate information about the patient being admitted to the ward.

Requirements

The Registered Provider must ensure that ward staff have the required documentation available to familiarise themselves with ward admissions.

The patient was willing to speak to us about his admission and had stated that they felt welcomed to the ward and that the staff were friendly. However, the patient stated that they were searched prior to entering the within the entrance air-lock of the ward, rather than in a reception room that would have provided the patient with privacy. Staff reported to us that the search had been in a private room and not the airlock; this contradicted what the patient stated. Whilst it was difficult to establish what had occurred on this occasion, the Registered Provider must ensure that all patient searches are undertaken in a private area and not an air-lock where staff, patients or visitors could enter whilst a search is being undertaken impacting on patient privacy and dignity.

Requirement

The Registered Provider to ensure that staff undertake all patient searches in a private area.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a regular basis

and all disciplines are represented including Psychology, Occupational Therapy, Social Workers, Medical staff and Nurses.

Staff told us that MDT meetings were collaborative and the professional views and opinions from all disciplines were sought and staff felt respected by each other. During our inspection we observed a ward round and other MDT meetings. It was evident that these meetings were patient focused and MDT members spoke of patients in a respectful manner considering their wishes, dislikes and risks in care planning decisions.

Psychology services were available for patients across the hospital with at least one psychologist for each ward. There was a good network between psychologists at Llanarth Court with ward based psychologists meet once a week to exchange ideas and thoughts on treatments and practices. Psychology told us they were open to introducing and delivering different therapies. Psychology work with nursing staff to deliver psychological therapies for patients and they helped manage staff stress levels via staff resilience training and reflective practice sessions.

New patients were assessed by the psychology service within their first three months at the hospital and interventions for patients then began. Patients generally received one, one-to-one session per week and attend group sessions if appropriate. Group sessions included substance awareness and misuse, thinking skills, anger management, mindfulness and compassion focus therapy (CFT).

To assist with monitoring the physical health of patients there was a Practice Nurse role undertaken by a staff member who was a dual registered mental health and general nurse. The practice nurse was supported by two assistants. The hospital also had access to a GP who held clinics for patients at the hospital. Staff and patients told us that physical health of patients was a high priority at the hospital and the practice nurse and assistants were very pro-active. A dentist would visit the hospital every two weeks and staff would make appointments for patients if there was an emergency.

We noted that in some of the clinic / treatment rooms that the emergency equipment was not always kept up-to-date or operational. This equipment is essential for patient safety.

Requirement

The Registered Provider must ensure that all emergency equipment is up-to-date and operational and if not a replacement provided.

An independent advocate was available to support patients at Llanarth Court and patients stated that access to the service was good. Staff spoke highly of

the service that was provided for the patients; the advocate would meet with individual patients on request and attended patient meetings and forums. Patients also had access to the statutory Independent Mental Health Advocacy (IMHA) service. This service would be on a referral basis, patients could contact the service themselves or staff members would refer on the patient's behalf.

Staff Records and Training

During our previous inspections we have found staff files to be well maintained with all relevant information on the recruitment and selection process, including professional qualifications check where required. During this inspection we did not priorities staff records because of previous inspection findings. It was confirmed the Llanarth Court continue the good practice to regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a person's integrity and character.

An appraisal system was in place and some staff we spoke to had received an appraisal within the last 12 months.

The majority of staff we spoke to confirmed they received managerial supervision on a monthly basis which was documented. Clinical supervision was documented to take place as and when required. The staff we spoke to stated that all levels of management, within the hospital, were approachable and supportive; therefore staff we spoke to felt that they could discuss issues with others openly and honestly.

A comprehensive mandatory training programme was in place for all staff. The Registered Provider had invested in an e-learning system which had been implemented following our previous inspection. The new system enabled staff to undertake some courses in their own time, including at home if necessary. The training completion statistics we reviewed showed that compliance rates for training had increased further from our previous inspection and were 80% and above, with the majority in excess of 90%.

Privacy and dignity

The majority of patients we spoke to confirmed they felt their privacy and dignity was respected throughout the hospital. Almost all of the patients we spoke to said that when they were admitted they were shown around the ward and a member of staff explained what was going to happen. All patients had their own bedroom and were able to lock the door from the inside.

However, during our inspection we observed vision panels on patient bedroom doors were left in the open position, therefore impacting on patient privacy. It was not evident on all wards that the default position for vision

panels was closed and only opened by staff to undertake observations and then reclosed.

Requirement

The Registered Provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and are not left open.

All patients had access to a pay phone in order to keep touch with family and friends. Patients were able to use on of the ward office phones if the call was to contact professionals in relation to their hospital care.

All patients said they were able to meet with their named nurse in private and there were also rooms available for patients to meet with family and friends in private.

The hospital had a complaints procedure in place. A review of complaints highlighted that the system in place was comprehensive. The complaints log captured an overview of all complaints and all the complaints reviewed had letters on file regarding an outcome.

We reviewed the informal complaints process that was managed locally by the wards. It was clear that these were recorded and care plans updated to reflect any actions. Complaints were discussed within MDT meetings and signed off by the relevant ward manager, Complaints Officer, Registered Manager and the patient. Where appropriate patient complaints were discussed at the patient ward meetings held on each ward.

The individual patient's health board and care coordinator were copied in to any formal complaints that had been raised and their responses.

There were complaints leaflets and flow charts available for patients. We noted the Complaint Outcome posters as an area of noteworthy practice. The complaints officer produces posters which were put up in each ward highlighting common complaints and the outcome. As a result all patients are kept up to date with hospital issues that are causing patients concern.

In addition, a number of forums were in place to enable patient views and concerns to be discussed and documented. A patient representative from each ward attends the Patients Council meetings on a monthly basis. The patients bring to the meeting issues specific to their ward. The meetings are recorded and are attended by a number of senior staff from Llanarth Court.

A Catering Committee was also in place in which patient representatives from each ward discuss concerns and issues collected from their peers regarding

food. The discussions are documented and the meetings are attended by a number of Llanarth Court staff as well as the advocate.

Patient therapies and activities

Llanarth Court Hospital was in the process of implementing least restrictive practices. Some of the Ward Managers and other staff members were positive in challenging some of current rules and restrictions that were in place on some of the wards at Llanarth Court. It was positive that some staff members felt that patients should be regularly assessed on the individual risks of access to items and activities. They felt that these may need to be restricted because of patient risk and presentation but a blanket rules on some items or activities, such as mobile phones or garden access times, should not be in place.

However we noted that on some wards there remained some very restrictive and institutionalised practices that are inappropriate for modern mental health care. Examples of these included, requirement to book a television slot to watch programs in television lounge, set times for hot drinks, set times for garden access and set times for smoking.

Requirement

The Registered Provider must ensure that staff develop individualised patient risk management and cease the use of institutionalised practices across the hospital.

Some wards used a patient Red Amber Green (RAG) system. Where patients would be given a status (Red Amber or Green) based on the behaviours they presented. If a patient was on a Red Status because of inappropriate behaviour then there would be restrictions on the items the patient could access, such as electrical items, CDs, DVDs etc. or the reduction of the number of smoking times they were allowed.

A number of staff and many patients stated they disliked the RAG system, with a number of patients saying that it felt juvenile, punitive and on occasions degrading. A number of patients also stated that they'd heard staff use the RAG status as a warning to patient saying things like, "if you do that you'll be put on Red". Many of the staff we spoke to stated that the RAG system was not intended to be used in a punitive manner, and patients should be redirected in a respectful manner if their behaviours were challenging. However, it was clear that the majority of patients we spoke to felt that it was a punitive system.

Across the hospital ward managers had adapted and amended the RAG system so it was being used differently depending on the ward and in addition some wards did not use the RAG system at all. It was evident that the RAG

system was not being implemented consistently and ward staff interpreted the RAG system approach to behavioural management differently. The RAG system needs to be reviewed to ensure that patient behaviours are appropriately managed by staff consistently across the hospital and that perceived punitive practices do not take place.

Requirement

The Registered Provider must review the patient behavioural management approaches for the hospital to ensure that patient behaviours are appropriately managed by staff consistently across the hospital.

Llanarth Court had a wide range of well maintained facilities to support the facilitation of therapies and activities. Every ward had a designated full time occupational therapist and therapy support workers. The different disciplines of staff we spoke to were very positive about this arrangement and felt that the wards were able to facilitate a wide range of activities for the patients.

Every patient admitted to the hospital was assessed by an occupational therapist. Following the assessment patients were provided with an individual timetable that included various therapeutic activities as well as ward-based activities. The individual patient activity timetables linked with the hospital facilities timetables and these were reviewed and subsequently changed every 12 weeks.

The facilities available off the wards included a Horticultural and Craft Centre (HCC) which facilitated various workshops for patients such as woodwork and access to green houses and large garden areas for horticultural activities. Patients working in the workshops had built a large coffee shop in this area that patients could use and a selection of patients worked at. Staff we spoke to were very positive about the HCC facilities and patient involvement. Patients that used the HCC commented favorably about it. Staff told us of the future plans for the area including having an area where patients could learn and practice plumbing and electrical skills. We recommend that the Registered Provider pursues the development of plumbing and electrical skills so that patients can learn practical skills which could be used in future employment.

The activity area, referred to as the “Stable Block”, was well equipped and contained a gym which was open daily. In this area there was also a swimming pool and a large sports hall for activities such as 5-a-side football, basketball and badminton.

Awen, Teilo and Treowen had occupational therapy kitchens on their individual wards and there were two occupational therapy kitchens in the Stable Block for Deri, Howell, Iddon and Osbern. The occupational therapy

kitchens were well equipped for patients to undertake cooking sessions. We observed a number of patients undertaking cookery sessions and many others stated that they would regularly cook.

Patients had access to on ward laundry facilities so that they could maintain or learn these practical skills ready for discharge from hospital.

There was an arts and craft room along with educational centre where patients could learn computer skills, numeracy and language skills. Whilst patients could use the education centre for internet access, we were informed that this was for only a brief time at the end of the computer skills session. A number of patients expressed their wish to use the internet more frequently whilst at the hospital. We were informed that a number of wards were starting to allow patients to use the internet with staff supervision on the wards. However, this access was very time limited; we recommend that the Registered Provider considers the increased availability of internet access on the wards for patients based on individual risk assessment.

The hospital also had a social club which was pleasantly decorated and had a juke box, table tennis and pool tables, dart board, air hockey and a projector for films. It also included a library and a patient shop.

Patients with leave from their wards could also access the spacious hospital grounds for walks and a number of patients regularly fish at the lake within the grounds.

Each of the seven wards had their own designated vehicle so that patients could access the community when granted authorised leave. One day a week one of the ward vehicles would be allocated as the emergency hospital vehicle in case a patient was required to leave the hospital unplanned, i.e. an emergency medical appointment. On the day a ward didn't have their vehicle ward staff would facilitate a public transport group so that patients could use this opportunity as part of their rehabilitation.

We observed that patients on the wards were involved in art and craft, board games, computer games, reading books and newspapers, model making, playing cards and watching TV.

Food and nutrition

Each ward had a patient hot and cold drinks dispensary that patients could access to make their own drinks, Woodlands had a patient kitchen. These areas were regularly used by patients, as such a number we observed were untidy with spillages and stains on the surfaces. It was also noted on a number of wards that the inside of the kitchen units underneath the drinks dispensary were unclean. Whilst it was patients' responsibility to clean any

spillages in these areas it was evident that some stains had been present for a long while, these areas also need to be regularly cleaned throughout the day by staff to ensure that they are clean and tidy.

Requirement

The Registered Provider must ensure that the hot and cold drinks dispensary are kept clean.

Patients at Llanarth Court received four meals per day, including breakfast which is served from 08:30, lunch at 12:30, evening meal at 17:00 and supper served later in the evening. Catering staff prepare and serve up to 400 meals per day and this function was overseen by the Catering Manager and Head Chef. All food was prepared and cooked in the main kitchen from which two wards were served. The remaining wards were served from six satellite kitchens from which the food was transported from the main kitchen to these satellites kitchens via catering trolleys.

The menus were on a four week rotation basis and on review gave patients a variety of options for meals and snack. The menu did vary slightly through the year with a summer and winter versions. Staff told us that patients with specific/special diets were catered for, including vegan, Hari Krishna, gluten intolerant and Halal diets. The hospital had a number of patients with diabetic needs or required a soft diet. The Head Chef will meet with patients who have issues about their diet and discuss what suitable options were available.

Options for lunch included: baguettes or sandwiches with a range of three filling options, a healthy lunch option, a ¼ roast chicken, baked potato with a choice four topping options, main lunch and a vegetarian lunch.

There was one evening meal on the menu and this was provided with a dessert. However, invariably the vegetarian option of the evening dinner was the same meal with a meat substitute; this didn't provide patients with a choice of evening meal other than to have the meat or vegetarian version.

We also noted that whilst there was generally a range of options that meal options maybe similar or repeated frequently. Such as, the 'Healthy' lunch option was always 'Fresh Fruit and Nut Platter' and Saturday's main lunch and vegetarian alternative were always 'Brunch'. On Friday the evening meal was always 'Cold Meats and Salad' or the vegetarian alternative of 'Cottage Cheese and Pineapple with Salad'.

Patient feedback regarding food was mixed, some patients were complimentary whilst others less so. A number of patients did comment on the repetitive nature of the meal options. This needs to be considered by the registered provider, particularly as the majority of patients will be cared for at

Llanarth Court for a long period, with some patients staying a number of years.

Requirement

The Registered Provider must review the catering provision to ensure there are sufficient patient options, particularly for evening meals and healthy lunch options.

There was sufficient fresh fruit provided to each ward for patients to eat and drinks and snacks were available outside of meal times. Patients could buy and store their own food. The wards also had a take-away evening once a fortnight for those patients that wished to choose this option.

We noted on some wards the dining rooms were not large enough for all patients to be in the dining rooms at once. Staff and patients explained that there would be two sittings for these wards, however there were no concerns from patients or staff we spoke to regarding these arrangements.

Application of the Mental Health Act

We reviewed the statutory detention documents of nine of the detained patients being cared for at Llanarth Court at the time of our inspection. The following noteworthy issues were identified:

- The files reviewed had an index sheet on the front which made it easy to navigate
- High standard of Mental Health Act (MHA) recordkeeping
- Admission checklist in MHA files
- Hospital transfer papers were correct.
- Section 17 leave was computerised and it was reviewed as part of MDT meeting with the patients input logged as part of the process
- Copies of Consent to Treatment certificates, CO2 and CO3, were available on wards with the medication charts.
- Ministry of Justice documentation and correspondence was easily accessible where required.

Monitoring the Mental Health Measure

The computerised patient record systems at Llanarth Court were well developed and provided high quality information on individual patient care. The “Care Notes” system being used was engaged with very positively by all disciplines of staff.

The PathNav system was comprehensive, accessible and patient orientated with the information inputted and maintained on PathNav being very goal focused. The system put the patients at the centre of their treatment. Patients were encouraged to work with the Named Nurse to input their views on to the PathNav system. Patients were also encouraged to engage with PathNav during their multi-disciplinary team ward rounds.

We reviewed care and treatment planning documentation for thirteen patients being cared for at Llanarth Court.

- Care and Treatment Plans addressed the dimensions of life as set out in the Mental Health Measure 2010.
- Care and Treatment Plans clearly stated the treatment plan, objectives and outcomes to be achieved.
- Comprehensive and detailed documentation in relation to patient risks and management
- Very detailed physical health assessments, monitoring and records
- PathNav provided a detailed patient pathway with targets for ward transfers through the hospital and/or discharge to other settings or the community. This gave a good clear indication of the goals necessary for the patient to achieve for discharge.

6. Next Steps

This inspection has resulted in the need for the Registered Provider to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the learning disability service will be addressed, including timescales.

The action(s) taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the service improvement plan remain outstanding and/or in progress, the service should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Partnerships in Care

Hospital: Llanarth Court

Date of Inspection: 1 – 5 August 2016

Regulation	Improvement Required	Registered Provider Action	Responsible Officer	Timescale
26 (2)b Fitness of premises	<p>Immediate Assurance Required</p> <p>An Electrical Installation Condition Report undertaken on 27 January 2016 by Allianz Engineering Inspection Services Ltd. The contractor's report states that there were results that were unsatisfactory number of areas. We identified that there were outstanding actions to repair the faults identified in this Electrical Installation Condition inspection. These require urgent rectification due to the risk to the safety of patients, staff and visitors at Llanarth Court Hospital.</p>	<p>Identified works in relation to Electrical Installation Condition within the Mansion House has been approved by Finance Director on 08/08/16.</p> <p>Estates department have initiated a plan of works to carry out required actions. Due to nature of work requiring mains electric to be turned off this will take place over weekends to minimise disruption to operations.</p>	<p>Registered Manager</p> <p>Estates Manager</p>	30/09/16

26 (4)(d) Fitness of premises	The Registered Provider must ensure that fire drills are completed to the required regulations and advice provided by South Wales Fire & Rescue Service.	Fire drills will be completed as required by regulations and advice from South Wales Fire & Rescue Service.	Registered Manager Estates Manager	30/09/16
26 (2)(b) Fitness of premises	The Registered Provider must ensure that all maintenance requests which can potentially impact on safety are immediately actioned.	All maintenance issues are reported to Estates Team on a daily basis, any concerns/delays are escalated to Registered manager.	Registered Manager Estates Manager	30/09/16
26 (2)(b) Fitness of premises	The Registered Provider must ensure confirm that the leak in the ceiling of a communal area of Howell ward has been rectified.	Ceiling leak has been repaired by Estates Team. External roof works will need completing by external contractor for lasting repair.	Registered Manager Estates Manager	31/10/16
26 (2)(b) Fitness of premises	The Registered Provider must ensure that there are regular environmental checks completed and ensure that damaged furniture is addressed immediately.	Monthly environment checks are completed by Ward Manager. Furniture repairs or replacements are raised with Housekeeping for appropriate action.	Ward Managers Housekeeping	30/09/16

<p>26 (2)(b) Fitness of premises</p> <p>15 (7)(a) (b) Quality of treatment and other service provision</p>	<p>The Registered Provider must ensure that hand cleansing gel is readily available in the designated dispensers.</p>	<p>Housekeeping will check dispensers daily and replace accordingly.</p>	<p>Housekeeping</p>	<p>01/09/16</p>
<p>9 (1)(g) Policies and procedures</p>	<p>The Registered Provider must ensure there is a process in place so that up-to-date patient and visitor information is maintained and displayed consistently across the hospital site.</p>	<p>Registered Manager will review ward notice boards and information displayed with ward Managers and ensure consistency across site.</p>	<p>Registered Manager Ward Managers</p>	<p>30/09/16</p>
<p>15 (1)(a-c) Quality of treatment and other service provision</p>	<p>The Registered Provider must ensure that Intensive Care Suite (ICS) is used in the least restrictive manner across the hospital and restrictions are based on the individual patient's risks.</p>	<p>Individual care plans are developed for patients reflecting care/treatment and risk requirements during periods of enhanced support within ICS areas. MDT's will ensure that these reflect least restrictive practices.</p>	<p>Multi-disciplinary Teams</p>	<p>30/09/16</p>

15 (1)(a-c) Quality of treatment and other service provision	The Registered Provider must ensure the proposed plan of physical intervention is documented within the patient's care plan.	Physical Intervention plan will be evidenced within Advanced Statement within care plan.	Multi-disciplinary Teams	30/09/16
15 (1)(a-c) Quality of treatment and other service provision	The Registered Provider must ensure that staff document their discussions, or attempts, with patients to include the patient's views on the any future physical interventions.	The above plans will include and evidence inclusion of the patient's views.	Multi-disciplinary Teams	30/09/16
23 (2)(b) Records	The Registered Provider must ensure that ward staff have the required documentation available to familiarise themselves with ward admissions.	Prior to admission all wards will ensure that a new admission folder is available on the ward with all relevant information so MDT members can familiarise themselves with new patient needs	Lead Nurse Ward Manager	01/09/16
18 (1)(a) Privacy, dignity and relationships	The Registered Provider to ensure that staff undertake all patient searches in a private area.	Hospital will ensure that all patient searches are undertaken within a private room/area.	Registered Manager Ward Manager	01/09/16

<p>15 (2) Quality of treatment and other service provision</p>	<p>The Registered Provider must ensure that all emergency equipment is up-to-date and operational and if not a replacement provided.</p>	<p>Daily and weekly clinic checks are completed by a qualified nurse. The ward Manager overviews this process and will ensure that all emergency equipment is up to date, functional and replacements purchased as required.</p>	<p>Ward Manager</p>	<p>01/09/16</p>
<p>18 (1)(a) Privacy, dignity and relationships</p>	<p>The Registered Provider must ensure that bedroom door vision panels are only opened by staff to undertake observations and are not left open.</p>	<p>Ward Clinical Teams will ensure that vision panels are kept in the closed position.</p> <p>The designated security nurse will check this as part of their duties.</p>	<p>Ward Manager Security Nurse</p>	<p>01/09/16</p>
<p>15 (1)(a)(c) Quality of treatment and other service provision</p>	<p>The Registered Provider must ensure that staff develop individualised patient risk management and cease the use of institutionalised practices across the hospital.</p>	<p>Positive Behaviour Support (PBS) framework is being introduced to Llanarth Court from October 2016.</p> <p>Training is being provided by an external trainer coordinated by our Psychology Leads and will take several months for the new framework to be imbedded within treatment approaches.</p>	<p>Psychology Leads</p>	<p>28/02/17</p>

15 (1)(a)(c) Quality of treatment and other service provision	The Registered Provider must review the patient behavioural management approaches for the hospital to ensure that patient behaviours are appropriately managed by staff consistently across the hospital.	As above, PBS will provide our services with a consistent framework to meet patient needs.	Psychology Leads Ward MDT's	28/02/17
26 (2)(a) Fitness of premises	The Registered Provider must ensure that the hot and cold drinks dispensary are kept clean.	Ward Managers will ensure drinks dispensary area is kept clean.	Ward Managers	30/08/16
15 (9)(b) Quality of treatment and other service provision	The Registered Provider must review the catering provision to ensure there are sufficient patient options, particularly for evening meals and healthy lunch options.	Menu is presently being reviewed by a cross hospital Patient Group to ensure selections and choice is Patient based. The Catering Committee will continue to review feedback on a Monthly basis and make changes as appropriate.	Patient Group Catering Manager	30/09/16

Recommendations	Registered Provider Action	Responsible Officer	Timescale
The Registered Provider explores the option of installing a cash machine at Llanarth Court Hospital.	Registered Manager will review option of installing a cash machine with Finance Director.	Registered Manager Finance Director	01/12/16
The Registered Provider pursues the development of plumbing and electrical skills so that patients can learn practical employment skills.	The Patient Practical Skills Coordinator will review options and possibilities and feedback to Occupational Therapy Lead.	OT Lead	01/12/16
The Registered Provider considers the increased availability of internet access on the wards for patients based on individual patient risk.	This will be explored as part of our Least Restrictive Working Group.	Security Lead SMT	01/12/16