

Independent Mental Health Service Inspection (Unannounced)

Llanarth Court Hospital

Priory Healthcare

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection of Llanarth Court Hospital on the evening of 21 May 2018 and following days of 22 to 24 May. The following sites and wards were visited during this inspection:

- Awen - Female Medium Secure Mental Health Ward
- Osbern - Male Low Secure Learning Disabilities Ward
- Teilo - Male Low Secure Mental Health Ward
- Treowen - Male Low Secure Mental Health Ward
- Howell - Male Medium Secure Mental Health Ward
- Iddon - Male Medium Secure Mental Health Ward
- Woodlands Bungalow - Male Open Rehabilitation Mental Health Ward

Our team, for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one HIW staff member as a lay reviewer. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards (NMS) for Independent Health Care Services in Wales. Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Further details about how we conduct independent mental health service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. There was a focus on least restrictive care to aid recovery and support patients to maintain and develop skills.

Improvements are required in the registered provider's fulfilment of statutory responsibilities of the Mental Health Act.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Provided a very good range of activities and therapies for patients at the hospital and in the community
- Focused on least restrictive care to aid recovery and supported patients to maintain and develop skills
- Completed Care and Treatment Plans reflected the domains of the Welsh Measure, were comprehensively written and regularly reviewed
- Established governance arrangements were in place to deliver safe and effective care
- High compliance in mandatory training, supervision and appraisals

This is what we recommend the service could improve:

- Fulfilment of its statutory responsibilities of the Mental Health Act
- The upkeep of areas of the hospital internally and externally
- The configuration of wards that are on two levels

We identified regulatory breaches during this inspection regarding the fulfilment of statutory responsibilities of the Mental Health Act. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Llanarth Court Hospital is registered to provide an independent mental health service at Llanarth, Raglan, Abergavenny, Monmouthshire NP15 2YD.

The hospital comprises of seven wards and an open rehabilitation bungalow:

- Awen - 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 - A low secure service to provide assessment for a maximum of 11 (eleven) male adults over the age of 18 (eighteen) years
- Osbern - 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 - 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 - 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
- Howell - 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 - 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
- Woodlands Bungalow - An open service to provide rehabilitation for a maximum of 4 (four) male adults over the age of 18 (eighteen) years who suffer with a mental disorder

The hospital was first registered in December 1992. At the time of the inspection Deri Ward was closed.

The hospital employs a staff team of a Hospital Director, Director of Clinical Service, Medical Director along with ward based multi-disciplinary teams including a ward manager, two charge nurses, an occupational therapist and a therapy support worker. The ward teams had support from hospital responsible clinicians, psychologists, social workers, sport therapists and adult tutor.

The hospital employs a Service Support Manager and a team of maintenance workers, catering staff and domestic staff. The operation of the hospital is supported by a team of administration staff.

The hospital is supported by the management and organisational structures of The Priory Group.

Quality of patient experience

We spoke with patients,, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect.

The hospital provided patients with health promotion, protection and improvement opportunities that were supported by a excellent range of hospital facilities. These provided patients with integrated programmes and a comprehensive range of activities that supported patients to maintain and develop skills to enhance patient experience within the hospital and following discharge.

As identified in our previous inspection the registered provider should review the configuration of split level wards to ensure that all ward environments at the hospital continue to reflect future standards in in-patient provision, with particular emphasis on patient privacy and dignity.

Health promotion, protection and improvement

There was a range of health promotion, protection and improvement information and initiatives available to the patients at Llanarth Court which assisted in maintaining and improving patients' wellbeing.

There was a practice nurse role at Llanarth Court which was undertaken by a staff member who was a registered general nurse. The practice nurse was supported by an assistant and regular GP attendance at the hospital. Patients were also able to access dental services and other physical health professionals as required. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

Llanarth Court had a wide range of well maintained facilities to support the provision of therapies and activities. Every ward had a designated full time occupational therapist and therapy support worker.

Each 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.

We observed that patients on the wards were involved in a range of activities throughout the inspection. These included arts and crafts, board games, computer games, reading books and newspapers, model making, playing cards and watching TV.

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.

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. It was positive to note that subsequent to our inspection last year the weights machine within the hospital gym that was not longer working had been replaced.

There was also a ward based gym on Awen which provided the female patients with an area where they could exercise away from the male patients at the hospital if they wished. There were also female only swimming sessions.

The hospital also had two sports therapists who worked with patients on an individual or group basis. Some members of staff were also qualified lifeguards so that they could provide the required cover for the hospital swimming pool.

Within the Stable Block there was also an arts and crafts room used by the occupational therapy team and an educational centre that was facilitated by a full time tutor. The tutor and occupational therapy manager led the 'Recovery College' programme where patients learned a wide range of skills such as

computer skills, numeracy and language skills. The Recovery College utilised the opportunities for patients available through the Open College Network¹.

The Recovery College was an integrated part of patient care and the activities and opportunities available would benefit patients on discharge. The Recovery College programme included employment skills which involved interview training and how to run a small business with the opportunity to work at the onsite café. Patients would be required to complete courses to have the skills to work at the café which included numeracy skills and level 2 food hygiene qualification'. Other courses included Understanding Internet Security and setting up online shopping accounts, along with providing patients with courses on Understanding Benefits, Budgeting Skills and Debt Advice.

As part of the ongoing review of education provision at the hospital, patients were canvassed about what education and skills they would wish to take part in. The tutor and occupational therapy team would consider the patients' views and look in to the provision of these courses either onsite or within the community.

Awen, Teilo and Treowen had occupational therapy kitchens on their individual wards and there were two occupational therapy kitchens in the Stable Block for Howell, Iddon, Osbern and Deri. 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. As part of the occupational therapy cooking sessions, linked with the education provision at the hospital, patients were educated in nutrition, healthy eating and cooking on a budget.

The facilities available outside the wards also 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.

¹ The Open College Network recognises informal learning achieved by adults to develop and award nationally recognised qualifications.

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 that were run by patients, supported by the occupational therapy team, as part of the hospital's job opportunities.

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.

The different disciplines of staff we spoke with were very positive about the activity and therapy arrangement and felt that the hospital and wards were able to facilitate a wide range of activities for the patients.

Patients were positive about the facilities and activities available at the hospital. However, as we identified during our previous inspection there was still no internet provision on the wards for patients. This was due to IT infrastructure at the hospital and was still being reviewed by the registered provider so that patients would be able to have individual risk assessed internet access. As stated above, patients were able to access the internet within the education centre.

Improvement needed

The registered provider should ensure the provision of internet access on the wards based on individual patient risk assessment.

Dignity and respect

Throughout the hospital, we observed that ward staff, senior management and auxiliary staff interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. We observed staff being respectful toward patients including prompt and appropriate interaction in an attempt to prevent patient behaviours escalating.

When patients approached staff members they were met with polite and responsive caring attitudes.

It was also positive to note that staff had documented and understood individual patient preferences for interventions to manage their challenging behaviours. Through our conversations with patients and staff we were informed that, where possible, these advanced preferences were followed which helped maintain patients' dignity and wellbeing during difficult situations.

Across the hospital there was clear evidence of staff practices and policies following the Least Restrictive Practices of care. This contributed to maintaining patients' dignity and enhancing individualised care at Llanarth Court. There were regular ward and hospital least restrictive practice meetings which provided the opportunity to review and discuss practices that would minimise the restrictions on patients at Llanarth Court based on research and risks.

The registered provider's Statement of Purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Each patient had their own bedroom. Patients were able to lock their bedroom doors which staff could override if required. Patients on Awen, Tielo and Treowen had bedrooms with en-suite facilities consisting of a toilet, sink and a shower. Patients on Iddon, Howell and Osbern, along with Deri when open, had bedrooms with a sink but had shared toilets and showers.

As stated following our previous inspection, whilst the lack of en-suite facilities on four of the wards reduced the privacy afforded to patients, the structure of the wards does not allow for easy refurbishment and inclusion of en-suite facilities. Since then the registered provider has given some consideration of the long term service development at Llanarth Court to remove variation in facilities across different wards. The registered provider is requested to keep HIW informed of the developments to ensure that all ward environments will continue to reflect future standards of in-patient provision.

We observed a number of bedrooms and it was evident that patients were able to personalise their rooms. Patients had sufficient storage for their possessions within their rooms which included a lockable cupboard and a safe. Any items that were considered a risk to patient safety, such as razors, aerosols, etc. were stored securely and orderly on each of the wards and patients could request access to them when needed.

Bedroom doors had viewing panels so that staff could undertake observation without opening the door and potentially disturbing the patient. It was positive to

note that viewing panels were in the closed position and opened to undertake observations and then returned to the closed position. This helped maintain patients' privacy and dignity.

During our previous inspection we identified that some patients had placed a towel over the top of the outside of their door to restrict the ward corridor lights entering the rooms through the observation panels during the night and disrupting their sleep. Following this the registered provider had installed curtains over the observation panels to prevent this happening. However, during the first evening of our inspection we saw on Treowen that three patients had placed towels over their bedroom observation windows. In one case the towel prevented any observation in to the bedroom as it covered the observation panel on the inside of the bedroom door to obscure the view in. The registered provider must ensure that this practice does not continue as it prevents ease of staff observation and compromises the safety of patients.

Each ward had suitable rooms for patients to meet relatives, ward staff and other healthcare professionals in private. There was also a child visiting room, in a non-ward area, available for patients to meet with younger family members. Where patients were unable to leave the ward, staff were able to arrange for patients to talk to young relatives via Skype. This facility was also available for other relatives and friends that were unable to attend the hospital.

There were suitable arrangements for telephone access on each of the wards so that patients were able to make and receive calls in private. Depending on individual risk assessment, patients were able to have access to their mobile phone. Patients signed a mobile phone contract with the registered provider to agree to terms of use to confirm that the mobile phone would not be misused and allow staff to monitor mobile phone use and content.

As identified on previous inspections Deri, Iddon, Howell and Osbern were split over two floors, with the main communal areas downstairs and the bedrooms and other communal spaces and facilities upstairs on each of the wards. Due to the configuration of the wards, patients on these wards had reduced access to either upstairs or downstairs and therefore their bedrooms. Staff gave the rationale for the arrangements; explaining the difficulties that would be posed in maintaining the safety of patients if they were accessing both floors of a ward.

Each ward had made arrangements with patients regarding the times when patients would be downstairs or upstairs. However, as per our previous inspections patients expressed their dissatisfaction with having designated times for bedroom and ground floor access and therefore being required to go upstairs, mainly to their bedrooms, early in the evenings.

Some patients also raised concerns that the split level wards felt more confined than wards that were on one level as there was limited area where they could be away from other patients. Patients stated that this could make them feel uneasy when the ward was unsettled or intimidated when there were patients that would attempt to form a dominant group. This was a common concern amongst patients on Howell but not limited to this ward. Staff and patients stated that this was a relatively recent phenomenon following changes in the patient group on Howell. It's important that the registered provider ensures arrangements are in place to prevent patients feeling unsafe or intimidated by other groups of patients.

During discussions with staff, they described a pragmatic approach to facilitating requests to access bedrooms outside of the set times and where possible would attempt to fulfil these. Staff also had concerns that on occasions some patients would refuse to leave their bedrooms and therefore staff would be split between two floors which impacted negatively upon their ability to care for patients and provide meaningful activities, on the ward or escorted within the hospital or community. During our conversations with patients and staff they stated that it could be stressful and an unpleasant atmosphere on the wards at these times.

Having set times for accessing bedrooms, or patients being required to go upstairs at certain times, was restrictive on the patients. However, there were communal lounges on each of the wards for patients to socialise during these times and patients were able to have a range of items within their rooms, such as books, TV, games consoles, etc. As stated above, the registered provider should consider the environment of care on these wards to ensure that the environment will continue to reflect future standards of in-patient provision.

Apart from Woodlands, each ward at Llanarth Court had an Intensive Care Suite, with Awen having two. These areas could be monitored by staff via CCTV, there is a potential that this could impact upon the privacy and dignity of patients within these areas. The registered provider must ensure that there are clear governance arrangements around the use of CCTV; this is detailed later in the report.

Improvement needed

The registered provider must ensure that patients do not place towels over bedroom door observation panels.

The registered provider should review the future configuration of the four wards, Deri, Iddon, Howell and Osbern to ensure that the ward environments will

continue to reflect future standards of in-patient provision. In addition, remove the requirement for patients to be located on specific levels of the wards during the day.

The registered provider must explore the concerns of both patients and staff to ensure that patients do not feel unsafe or intimidated by other groups of patients.

Patient information and consent

There was a range of up-to-date information available within the hospital. Notice boards on the wards provided detailed and relevant information for patients. However as per our previous inspection, we saw some inconsistency with the information displayed on noticeboards and some were untidy and required attention to ensure that the information was clearly displayed and up-to-date.

The registered provider must ensure that there is information displayed on each ward which includes;

- information on the Mental Health Act and advocacy provision,
- how to raise a complaint and
- information on Healthcare Inspectorate Wales.

Previously there was an advocate based at the hospital that patients could contact or be referred to by staff; however this was no longer the case. Patients were able to contact a representative of the statutory advocacy service either by telephone or making an appointment for a representative to visit the patient at the hospital. Through our conversations with patients and staff it was evident that not all were aware of this change to advocacy provision.

Improvement needed

The registered provider must ensure that there is information displayed on each ward which includes statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint and information on Healthcare Inspectorate Wales.

The registered provider must ensure that patients and staff are aware of the changes to advocacy provision at Llanarth Court.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff ensured that they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear, or what they were trying to communicate was misunderstood, staff would patiently attempt to clarify what they had said.

Each ward had daily planning meetings every morning to arrange the activities, within the hospital and the community, alongside other activities and meetings, such as care planning meetings, tribunals, medical appointments, etc.

There were weekly ward meetings where patients had the opportunity to provide feedback on the care that they receive at the hospital and discuss any developments or concerns. We observed one community meeting and found it to be inclusive and productive for both patients and staff. However, some patients within the hospital stated that they did not always feel like they'd receive feedback on what was discussed within the meetings or actions taken by staff to respond to feedback.

For individual meetings, patients could have assistance from external bodies to provide support and guidance, such as solicitors or advocacy. With patients' agreement, wherever possible, their families and carers were also included in some meetings.

We observed, and patients' records documented, individual patient's involvement in their care planning and review.

Improvement needed

The registered provider should explore options on informing patients of feedback and actions from patient community meetings.

Care planning and provision

There was a clear focus on rehabilitation with individualised patient care that was supported by least restrictive practices, both in care planning and ward or hospital practices.

Each patient had their own individual weekly activity planner, this included individual and group sessions, based within the hospital and the community (when required authorisation was in place).

As detailed above, the activities were varied and focused on recovery, either at the hospital or in the community. Individual patient activity participation was monitored and audited. Where patients declined, we observed staff offering alternatives; this was recorded in the patient record. There was regular audit of activity participation which would feed into quarterly activity planning.

Equality, diversity and human rights

Staff practices aligned to established hospital policies and systems ensured that the patients' equality, diversity and rights were maintained.

Legal documentation to detain patients under the Mental Health Act was compliant with the legislation. However, the registered provider must implement improvements to the application of the Act to fulfil its statutory duties under the Act and as set out in the Mental Health Act Code of Practice for Wales 2016. These are detailed later in the report.

Citizen engagement and feedback

There were regular patient meetings to allow for patients to provide feedback on the provision of care at the hospital. Information was also available to inform relatives and carers on how to provide feedback.

There was a complaints policy and procedures in place at Llanarth Court. The policy provides a structure for dealing with all patients' complaints for services within Llanarth Court.

Complaints were categorised as informal and formal complaints. Informal complaints were logged on each ward within a paper document with formal complaints recorded on a computerised complaints log for the whole hospital.

A sample of informal and formal complaints established that an independent person was assigned to investigate the complaint and actions were taken in line with the organisation's complaints policy to ensure that complaints were dealt with appropriately at the hospital.

Complaints were also recorded in individual patient's records along with the outcome of the complaint.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

The hospital environment was equipped with suitable furniture, fixtures and fittings for the patient group; however there were areas of redecoration and refurbishment required throughout.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure and were regularly reviewed.

Improvements are required in the fulfilment of the registered provider's statutory responsibilities of the Mental Health Act and that practice follows the guidance set out in the Mental Health Code of Practice for Wales.

Managing risk and health and safety

Llanarth Court had processes in place to manage and review risks and maintain health and safety at the hospital. The hospital provided individualised patient care that was supported by least restrictive practices, both in care planning and hospital or ward practices.

Each ward had security procedures in place to minimise the risk of restricted items being brought on to the wards. Each shift had an allocated security nurse on each ward that was responsible for maintaining the security protocols on each ward.

The wards had a list of prohibited items displayed before entry and there were secure lockers available to store any items that can not be taken on to the ward, i.e. mobile phones, lighters, flammable liquids, etc.

There were nurse call points around the wards and within patient bedrooms so that patients could summon assistance if required. Staff wore personal alarms which they could use to call for assistance if required. There was a system for

alarms to be allocated to staff and visitors when they entered a ward. However, we noted inconsistencies throughout on the wards our inspection with the inspection team members not always being provided with alarms. All visitors and staff should be provided with a personal alarm to ensure their safety on the wards.

Overall, the hospital was well maintained which upheld the safety of patients, staff and visitors. It was positive to note refurbishment of flooring on Awen was being undertaken at the time of our inspection. However, with the exception of Teilo the wards were in need of redecoration and/or refurbishment as there were areas throughout the majority of the wards that were marked, stained or appeared worn and tired. Also as identified on the previous inspection a number of ward areas had sticky tape residue marks where items had been stuck to doors and windows. This unfortunately left the wards, in parts, looking scruffy and a little unkempt. Not all outside areas were well kept either; this was of particular note with the enclosed garden for the ICS on Awen. These need to be regularly maintained to provide pleasant outside therapeutic spaces for patients.

Staff were able to report environmental issues to the hospital estate team who maintained a log of issues and work required and completed. In addition, members of the Senior Management Team undertook a weekly walk-round of the hospital to review the environment and speak to staff and patients.

We were informed that hospital estates team were responsive and made referrals to contractors quickly when required. This was evidenced by reviewing a sample of the maintenance team's records. Throughout the inspection, we saw the estates team responding and undertaking maintenance work to rectify environmental issues.

During the inspection, we observed that there were areas of the hospital where items or rubbish and debris were in the gap between windows and the Perspex window protection. The registered provider confirmed that the estates team had an ongoing, rolling programme of cleaning out these areas across the hospital; and more frequently when required which prevented significant build up of debris.

The furniture, fixtures and fittings at the hospital were appropriate for the patient group. There were up-to-date ligature point risk assessments in place. These identified potential ligature points and what action had been taken to remove or manage these.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included

the names of the patient(s) and staff involved, a description, location, time and length of the incident. Any use of restraint was documented, including who was involved and the body positions of each person involved in the restraint. Incident reports were automatically linked to the individual patient's electronic care notes which ensured that these were up-to-date.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner by a member of the clinical team involved in the individual patient's care and an employee responsible for hospital health and safety.

Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed. Additional reports could be produced to look at specific areas as required. The incident reporting system and reporting schedules ensured that incidents were recorded, reviewed and monitored to assist in the provision of safe care at Llanarth Court.

As part of the hospital's strategy for managing challenging behaviour, there was one Intensive Care Suites (ICS) on each of the wards, excluding Woodlands, with Awen, the only female ward, which had two. The ICS facilities had appropriate self-contained toilet and shower facilities.

Staff's implementation of the use of ICS was the final stage in managing patient behaviours, and could be used for patient Seclusion². If a patient's risk determined it a requirement, anti-rip clothing and bedding was provided to help maintain their dignity whilst being cared for within an ICS. The registered provider had a policy in place for the use of the ICS and Seclusion which stated that patients could be in ICS for a brief period of time (e.g. a few minutes) or for prolonged periods of days or weeks. The use of ICS and seclusion at the hospital was recorded and monitored.

We also saw evidence in patients' notes and through talking to staff and patients, that if a patient wished to access an ICS as a method of managing their own behaviours they were able to request ward staff to access an ICS.

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.

This was additional hospital practice that evidenced that patients were involved in managing their own care and staff being able to take action to assist patients to manage their wellbeing and prevent unnecessary deterioration in health.

There was CCTV available for the observation of all areas of the ICS. The registered provider must ensure that the use of CCTV is risk based on an individual patient and incident basis to ensure that the privacy and dignity of the patient in ICS is upheld whilst maintaining the safety of the patient and staff. The registered provider must ensure that the decision to use CCTV is clearly documented. The registered provider must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice³.

The hospital had a Business Continuity Plan in place that included such things as adverse weather, utility failures and out break of infectious disease.

Improvement needed

The registered provider must ensure that all ward visitors and staff should be provided with a personal alarm to ensure their safety.

The registered provider must ensure that the hospital's redecoration, refurbishment and maintenance programme keeps the premises in a good state of repair internally and externally.

The registered provider must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.

³ <https://ico.org.uk/media/for-organisations/documents/1542/cctv-code-of-practice.pdf>

The code also reflects the wider regulatory environment. When using, or intending to use surveillance systems, many organisations also need to consider their obligations in relation to the Freedom of Information Act 2000 (FOIA), the Protection of Freedoms Act (POFA), the Human Rights Act 1998 (HRA) and the Surveillance Camera Code of Practice issued under the Protection of Freedoms Act (POFA code).

Infection prevention and control (IPC) and decontamination

There were established systems of regular audit in respect of infection control in place. This was completed with the aim of identifying areas for improvement so that appropriate action could be taken where necessary. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control.

Hand hygiene products were available in relevant areas. Staff also had access to Personal Protection Equipment (PPE) when required. Cleaning equipment was stored and organised appropriately.

The registered provider employs dedicated housekeeping staff for Llanarth Court. The communal bathroom, showers and toilets were clean, tidy and clutter free. There was access to hand washing and drying facilities in all ward-kitchen and bathing areas. Laundry facilities were well maintained, laundry rooms and linen cupboards were well organised across the wards.

The training statistics provided by the registered provider evidenced that 83% of staff were up to date with their infection control training and that the remainder would complete their refresher training.

Generally, throughout the inspection, we observed the hospital to be visibly clean and clutter free. However, we noted that, during the first night of the inspection, the wards appeared rather untidy compared to during the day.

Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and were aware of their responsibilities around infection prevention and control. Ward staff explained that night shift cleaning routines generally commenced once most patients had retired to their bedrooms. The domestic staff we spoke with confirmed that these regularly occurred which maintained the wards to an acceptable level of cleanliness throughout the day and night.

During the first night of our inspection we observed a number of ants within an unused bedroom on Treowen; during our conversation with patients on the same ward they also raised a concern about seeing ants within communal areas of the ward. Senior managers confirmed that following patients' concerns over the weekend prior to our inspection an external contractor had been contacted to address the problem; this was scheduled to be completed the week of the inspection.

Improvement needed

The registered provider must confirm that the ant infestation has been treated.

Nutrition

We found that patients were provided with a choice of meals on a four-week menu. We saw that the menu was varied and patients told us that they had a choice of what to eat. The menus also varied seasonally through the year. It was positive to note that patients and staff ate meals together which provided a constructive communal experience.

As well as the meals provided, patients were able to use the occupational therapy kitchen to prepare their own meals and order take-away deliveries to the hospital.

Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religious requirements. The hospital had a number of patients with diabetic needs or required a soft diet. The Head Chef met with patients who had specific dietary needs and discuss what suitable options were available.

Patient feedback on the meals and menu options were collated and this assisted in the review and compiling the menu options. Patients we spoke with did not have concerns regarding the meals available.

Fresh fruit was available on each of the wards and patients were able to purchase snacks from the hospital shop, during community leave or attend the hospital café.

Each ward had hot and cold drinks dispensers that patients could access to make their own drinks. These facilities were regularly used by patients. A number of patient hot and cold drinks dispensers on some of the wards were untidy and required cleaning, there was a particular issue on Treowen where there were drink spillage marks on the wall and nearby surface surrounding the waste bin for this area.

Improvement needed

The registered provider must ensure that the cleanliness of patient hot and cold drinks dispenser areas are maintained throughout the day and night.

Medicines management

Overall, medicines management on the wards was safe and effective. Medication was stored securely with cupboards and medication fridges locked and medication trolleys secured. There was regular pharmacy input and audit undertaken that assisted the management, prescribing and administration of medication at the hospital.

There was evidence that there were regular temperature checks of the medication fridge to ensure that medication was stored at the manufacturer's advised temperature.

There were appropriate arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked daily. However, on Treowen the lock on the Drugs Liable to Misuse cupboard was not working and therefore staff appropriately secured these medications within the controlled drugs cupboard whilst awaiting repair or replacement of the faulty lock.

However, on Teilo, we observed that on one occasion medication was dispensed but when the patient declined the medication it was left in the dispensing pot on top of the Medical Administration Record (MAR) chart on the work surface of the clinic. This was poor practice; medication should only be dispensed when the patient is available and in this situation the medication should have been disposed of appropriately.

The MAR Charts reviewed contained the patients name, photograph of the patient and their mental health act legal status. MAR Charts were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. However, MAR Charts did not always include copies of the Consent to Treatment Certificates, and one registered nurse we spoke with was unfamiliar to where they would be located within a patient's individual medication folder. Therefore not all registered nurses were referring to Consent to Treatment Certificates to confirm that medication prescribed (for mental disorder) had been authorised under the Mental Health Act

It was positive to note that following our previous inspection the clinic door on Osborn had been altered so that it no longer opened outwards from the clinic, but inwards. This removed the potential injury of somebody who may have been stood outside the clinic when the door was opened.

Improvement needed

The registered provider must ensure that the Drugs Liable to Misuse cupboard on Treowen can be locked.

The registered provider must ensure that any unused medication is disposed of appropriately.

The registered provider must ensure that copies of Consent to Treatment Certificates are kept with Medication Administration Record and staff refer to these when administering medication.

Safeguarding children and safeguarding vulnerable adults

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals to external agencies as and when required. The team of social workers took lead on safeguarding processes, child contact/visiting arrangements and care planning.

Child visiting was available off the wards in a designated room. Where patients were unable to leave the ward staff could facilitate meetings via the use of Skype. Staff who facilitated/observed child visits had completed specific child visiting training to ensure the welfare of child visitors.

The training statistics provided by the registered provider evidenced that 93% of staff were up to date with their child and adult safeguarding e-learning training.

The social worker team were keen to provide additional class room based safeguarding training that would provide staff with the opportunity to discuss safeguarding issues and examples in more detail than computer based learning.

Improvement needed

The registered provider should explore the possibility of facilitating additional class room safeguarding training for staff at Llanarth Court.

Medical devices, equipment and diagnostic systems

There were regular clinical audits at the hospital and a nightly audit of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

There were ligature cutters located throughout the hospital in case of an emergency.

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff provided safe and clinically effective care for patients.

Clinical governance arrangements for the hospital fed through to The Priory Group governance arrangements which facilitated a two way process of monitoring and learning.

Information management and communications technology

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.

There were good electronic systems in place for incident recording, clinical and governance audits, human resources and other hospital systems, which assisted to the management and running of Llanarth Court.

Records management

Patient records were electronic that were password protected to prevent unauthorised access and breaches in confidentiality.

We reviewed a sample of patient records across the wards. It was evident that staff from across the multi-disciplinary teams wrote detailed and regular entries that provided a live document on the patient and their care.

Staff completed documentation such as Care and Treatment Plans and risk assessments in full. It was positive to note that, where an area did not apply to a patient, this was recorded and not just left blank.

Mental Health Act Monitoring

We reviewed the statutory detention documents of seven patients across six wards, which included Awen, Howell, Osbern, Teilo, Treowen and Woodlands.

We also reviewed the governance and audit processes that were in place for monitoring the use of the Mental Health Act (the Act) at Llanarth Court.

The seven sets of statutory documentation verified that the patients were legally detained at Llanarth Court. However, during our scrutiny of patient detention files and the review of processes regarding statutory responsibilities under the Act and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 (the Code) we saw significant omissions in practice.

We identified that fundamental areas of the Act were not being completed at Llanarth Court. These included:

- To provide patients with copies of their detention papers, paragraph 4.14
- To record details of the provision of rights under Section 132, including the patients understanding, paragraph 4.19.
- To inform patients about consent to treatment, paragraph 4.23
- To always complete capacity to consent to treatment assessment when required, paragraph 24.34
- Consent to treatment forms were not always fully completed, paragraph 25.21
- Consent to treatment certificates that no longer authorise treatment were not marked as cancelled, paragraph 25.87
- Incorrect use of consent to treatment certificates to record when patients were not receiving medication. Section 58(3)(a) of the Act states that certificates are for the recoding for medical treatment for mental disorder for detained patients. Therefore it should not be used for any other purpose.
- No medical scrutiny of section papers when patients transferred to Llanarth Court from another hospital, paragraphs 35.12 - 35.13

Where patients had been transferred to Llanarth Court from English hospitals, there was no record of:

- The statutory consultees discussion with the Second Opinion Appointed Doctor (SOAD), paragraph 25.62
- The SOAD decision being communicated to the patient, paragraph 25.69

Our previous inspection established that the Hospital Managers⁴ at Llanarth court lacked diversity of backgrounds to reflect the patient group of the hospital. Senior management confirmed that despite ongoing efforts to recruit more diverse hospital managers, this had been unsuccessful but will continue to be pursued.

Whilst reviewing hospital manager decision reports we noted that these lacked detail when providing the reason(s) for the renewal of detention, paragraph 38.42. It was also noted that in one case we reviewed not all three hospital managers had signed the decision.

There were not copies of the Code on each of the wards at Llanarth Court, either in English or Welsh. Copies of the Code must be made available in English and Welsh for patients and staff.

Improvement needed

The registered provider must ensure patients are offered copies of their detention papers.

The registered provider must maintain a detailed record of the provision of rights under Section 132.

The registered provider must ensure that a complete record of Consent to Treatment provisions is maintained, as guided by the Code.

The registered provider must ensure medical scrutiny of section papers is completed when patients are transferred to Llanarth Court.

The registered provider must ensure all documentation relating to the SOAD process is received when a patient is transferred to Llanarth Court, as guided by the Code.

The registered provider must ensure that hospital manager decision reports include sufficient detail when providing the reason(s) for the renewal of

⁴ The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient.

detention.

The registered provider must ensure that all hospital managers sign decision reports.

The registered provider must ensure that copies of the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 are available in English and Welsh.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of nine patients.

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Overall individual Care and Treatment Plans drew on a patient's strengths and focused on recovery, rehabilitation and independence. Care plans included good physical health monitoring and health promotion.

Care plans were developed with members of the multi-disciplinary teams. To support patient care plans, there were a range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

Patients confirmed that they were encouraged to be involved in developing their care with a focus on recovery and discharge. With the permission of the individual patients we attended two care reviews and observed staff conducting an inclusive person-centred meeting. We observed that patients' views and wishes were listened to and staff provided clear reasons for decisions taken.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We saw good management and leadership at Llanarth Court which was supported by The Priory Group. We observed a committed staff team who had a very good understanding of the needs of the patients at the hospital.

Overall staff spoke positively about working at Llanarth Court and about positive and open multi-disciplinary team working. However, consideration should be given to the methods for the dissemination of strategic and corporate information.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior and regularly during employment. Staff undertook regular mandatory training, managerial supervision, annual appraisals and the opportunity to access clinical supervision.

Governance and accountability framework

We found that there were well defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care. Those arrangements were recorded so that they could be reviewed.

Since our previous inspection the hospital had developed a new Senior Management Team. The Senior Management Team held monthly meetings to ensure effective oversight of hospital operational matters within the context of Priory Healthcare governance structures.

The Senior Management Team included a Hospital Director, a Director of Clinical Services, Medical Director, Support Services Manager, and Heads of: Psychology, Occupational Therapy and Social Work. These senior managers had specific responsibilities for ensuring that the programme for governance remained at the forefront of service delivery.

Each ward had a dedicated multi-disciplinary team which included a ward manager, two charge nurses, a responsible clinician, an occupational therapist and a therapy support worker. The multi-disciplinary teams also had support from hospital psychologists, social workers, sport therapists and adult tutor.

Through conversations with staff, observing multi-disciplinary team meetings and engagement, and reviewing patient records there was evidence of strong multi-disciplinary team working at Llanarth Court. Staff commented favourably on multi-disciplinary working stating that they felt that their views were listened to and respected by other members of staff. We found that staff were committed to providing patient care to high standards.

Each discipline had a head of department who provided leadership for their team and linked in collaboratively with other heads of department within The Priory Group.

Members of staff from Llanarth Court would also meet regularly with local Priory Group representatives and head office representatives to discuss strategic operations and planning which was then fed back to the staff team at Llanarth Court through regular meetings. However, some ward staff we spoke with stated that they didn't always feel that they were kept informed of all relevant strategic and corporate information.

Staff spoke positively about the leadership and support provided by senior managers and ward managers. Through our conversations with staff it was positive to note that they stated that staff morale had continued to improve since our last inspection helped by the leadership and stability provided by the Senior Management Team at the hospital.

It was positive that, throughout the inspection, the staff at Llanarth Court were receptive to our views, findings and recommendations.

Improvement needed

The registered provider must ensure that all staff are kept informed of all relevant strategic and corporate information.

Dealing with concerns and managing incidents

As detailed earlier in the report, there were established processes in place for dealing with concerns and managing incidents at the hospital.

It was evident that the registered provider monitored concerns and incidents locally at Llanarth Court and corporately through regular reporting mechanisms.

Workforce planning, training and organisational development

We reviewed the staffing establishment at Llanarth Court and that stated within their Statement of Purpose. With the temporary closure of Deri ward the hospital had sufficient number of registered nurses reallocated across the hospital to fulfil staff rotas. However, there was a shortfall in health care assistants; this was compounded with increased staff numbers being required to fulfil enhanced patient observations. The number required would vary on the needs of individual patients at the hospital.

Where there were shortfalls in fulfilling a rota, i.e. due to vacancies or sickness, the registered provider's bank staff would be used; otherwise the registered provider would use agency staff to ensure that the hospital was sufficiently staffed. It was evident that the registered provider was recruiting to fill vacant positions, including registered nurse and health care assistants, to limit the requirement to use bank or agency staff.

However, we established that the hospital's staffing ladders⁵ did not reflect the minimum staffing as set out in their recent Statement of Purpose. All wards apart from Woodlands would result in insufficient staffing (in reference to their Statement of Purpose) if the patient numbers reduced and the staffing ladders were followed. At the time of the inspection patient numbers on each ward meant that the staffing required (as per their staffing ladder) reflected the minimum staffing in the Statement of Purpose. The Hospital Director was aware of the discrepancy and confirmed that they would not staff the wards below the Statement of Purpose minimum numbers and would review the staffing ladders.

⁵ staffing ladders set out the minimum number of staff required to provide care for the number of patients on the ward. These specify the number of registered nurses and health care assistant required per shift.

Staff at Llanarth Court received regular management supervision and annual appraisals. We reviewed the mandatory training statistics for staff at Llanarth Court and found that completion rates were very high. The electronic system provided the hospital management with departmental and individual staff compliance details.

Improvement needed

The registered provider must ensure that the hospital's staffing ladders reflect the minimum staffing as set out in their Statement of Purpose.

Workforce recruitment and employment practices

There were established Priory recruitment processes in place at Llanarth Court. These ensure that recruitment followed an open and fair process. Prior to employment staff references were received, Disclosure and Barring Service (DBS) checks were undertaken and professional qualifications checked.

DBS checks were completed after each three year period of employment and professional registration monitored.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect independent mental health services

Our inspections of independent mental health services are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent mental health services.

Further detail about how HIW inspects [mental health](#) and [independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection	Not Applicable	Not Applicable	Not Applicable

Appendix B – Improvement plan

Service: Llanarth Court

Date of inspection: 21 - 24 May 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider should ensure the provision of internet access on the wards based on individual patient risk assessment.	3. Health promotion, protection and improvement	Service user network is active within the hospital. Plan to roll out for patient use on wards	Service Support Manager	October 2018
The registered provider must ensure that patients do not place towels over bedroom door observation panels.	10. Dignity and respect	Completed		Completed
The registered provider should review the future configuration of the four wards, Deri, Iddon, Howell and Osbern to ensure that the ward environments will continue to reflect future standards of in-patient provision. In addition,	10. Dignity and respect	3 year Business plan to be completed and sent to Estates for approval	Service Support Manager	September 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
remove the requirement for patients to be located on specific levels of the wards during the day.				
The registered provider must explore the concerns of both patients and staff to ensure that patients do not feel unsafe or intimidated by other groups of patients.	10. Dignity and respect	Agenda item at patient meeting will be implemented and actions taken from meetings shared CG meetings	Ward Mangers	August 2018
The registered provider must ensure that there is information displayed on each ward which includes statutory information, information on the Mental Health Act and advocacy provision, how to raise a complaint and information on Healthcare Inspectorate Wales.	9. Patient information and consent	The noticeboard on wards will be standardised to display all statutory information required	Director of Clinical Service	August 2018
The registered provider must ensure that patients and staff are aware of the changes to advocacy provision at Llanarth Court.	9. Patient information and consent	South Wales Advocacy details will be displayed on wards. Patients will be informed at patient council. Staff will be informed via e-mail from HD	Director of Clinical Service	August 2018
The registered provider should explore options on informing patients of feedback and actions from patient community meetings.	18. Communicating effectively	Agenda of current patient meetings has been updated to ensure feedback and actions are communicated	Ward Managers	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must ensure that all ward visitors and staff should be provided with a personal alarm to ensure their safety.	22. Managing risk and health and safety	Improved signage on wards for visitors. Routine daily checks conducted. 15 alarms have been ordered to ensure availability	Director of Clinical Service	August 2018
The registered provider must ensure that the hospital's redecoration, refurbishment and maintenance programme keeps the premises in a good state of repair internally and externally.	22. Managing risk and health and safety 12. Environment	Current refurbishment plan review has been reviewed and updated	Priory Service Support Manager	July 2018
The registered provider must review their policy of CCTV use to ensure that it follows the Information Commissioner's Office guidance set out in their 2017 CCTV Code of Practice.	22. Managing risk and health and safety 12. Environment	Local procedure to be reviewed against Code of Practice.	Hospital Director	August 2018
The registered provider must confirm that the ant infestation has been treated.	13. Infection prevention and control (IPC) and decontamination 12. Environment	Actioned	Mitee Control Pest	Completed May 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that the cleanliness of patient hot and cold drinks dispenser areas are maintained throughout the day and night.	14. Nutrition 12. Environment	Responsibility for cleanliness has been communicated to ward staff and routine checks will be done.	Ward Managers	July 2018
The registered provider must ensure that the Drugs Liable to Misuse cupboard on Treowen can be locked.	15. Medicines management	New cupboard actioned		Completed
The registered provider must ensure that any unused medication is disposed of appropriately.	15. Medicines management	New competency in medication management will be rolled out. Policy will be displayed in offices and clinics.	Ward managers	August 2018
The registered provider must ensure that copies of Consent to Treatment Certificates are kept with Medication Administration Record and staff refer to these when administering medication.	15. Medicines management	Clinic audit checks completed on weekly basis	Ward managers	August 2018
The registered provider should explore the possibility of facilitating additional class room safeguarding training for staff at Llanarth Court.	11. Safeguarding children and safeguarding vulnerable adults	Future dates set until end of the year. Additional facilitators trained.		Completed
The registered provider must ensure patients are offered copies of their detention papers.	Mental Health Act Monitoring	All patients offered copies and also now included as part of patients renewal reports pack.	Mental Health Act Administrator	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must maintain a detailed record of the provision of rights under Section 132.	Mental Health Act Monitoring	All Section 132 rights recorded on electronic patient records and reviewed as part of the In Charge Dashboards	Mental Health Act Administrator	Completed
The registered provider must ensure that a complete record of relating to Consent to Treatment provisions is maintained, as guided by the Code.	Mental Health Act Monitoring	A complete record of consent is maintained, and reviewed with the Pharmacist and RC weekly	Mental Health Act Administrator	Completed
The registered provider must ensure medical scrutiny of section papers is completed when patients transferred to Llanarth Court.	Mental Health Act Monitoring	All patients records are reviewed prior to admission, and scrutiny is included in the Admission Checklist	Mental Health Act Administrator	Completed
The registered provider must ensure all documentation relating to SOAD process is received when a patient is transferred to Llanarth Court, as guided by the Code.	Mental Health Act Monitoring	All documentation is requested prior to a new admission transferring to Llanarth Court, to be reviewed.	Mental Health Act Administrator	Completed
The registered provider must ensure that hospital manager decision reports include sufficient detail when providing the reason(s) for the renewal of detention.	Mental Health Act Monitoring	Review of current Decisions by MHA, and discussion and review at MHA training day	Mental Health Act Administrator	October 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that all hospital managers sign decision reports.	Mental Health Act Monitoring	Record identified and omission rectified, also to be added to chairpersons checklist for hearings	Mental Health Act Administrator	Completed
The registered provider must ensure that copies of the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 are available in English and Welsh.	Mental Health Act Monitoring	ALL wards issued with new copies of the Revised Code of Practice, in both English and Welsh.	Mental Health Act Administrator	Completed
Quality of management and leadership				
The registered provider must ensure that all staff are kept informed of all relevant strategic and corporate information.	1 Governance and accountability framework	Monthly SMT meeting summaries to be shared with all staff and regular communication updates. CEO weekly updates are shared to all users.	Hospital Director	Immediate
The registered provider must ensure that the hospital's staffing ladders reflect the minimum staffing as set out in their Statement of Purpose.	25. Workforce planning, training and organisational development	Confirm that Statement of Purpose will reflect staffing ladders	Hospital Director	Immediate

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ross Morris

Job role: Hospital Director

Date: 12 July 2018