Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Llanarth Court

Partnerships in Care Ltd

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 on the evening of 6 January 2020 and following days of 7, 8 and 9 January 2020. The following sites and wards were visited during this inspection:

- Awen - Female Medium Secure Mental Health Ward
- Deri - Male Low Secure Mental Health 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 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

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

Staff were positive about the support and leadership they received.

Patients had good access to education, psychology, occupational therapy and community activities.

Improvements are required in relation to medicines management and there were areas of the hospital where redecoration and refurbishment is required.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Good team working and motivated staff
- Patients were provided with a good range of therapies and activities
- Care and Treatment plans were completed in line with the Welsh Measure
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Safe and effective medicines management
- Cleanliness and redecoration of some areas in the hospital.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

Llanarth Court 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 Osbern was closed for refurbishment and did not form part of this inspection.

The hospital employs a staff team which includes a Hospital Director, Director of Clinical Service, Medical Director along with ward based multi-disciplinary teams including a ward manager, charge nurses, occupational therapists and a therapy support workers. The ward teams had support from hospital responsible clinicians, psychologists, social workers, sport therapists and an 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 staff interacting and engaging with patients appropriately, and we observed staff treating patients with dignity and respect.

Patients we spoke to told us they were happy and receiving good care at the hospital.

There were a range of suitable activities and therapies available throughout the hospital, and within the community, to aid patients' rehabilitation.

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 is a clear focus on physical healthcare at Llanarth Court. A newly appointed physical healthcare nurse lead, supported by a full time Health Care Assistant (HCA) liaise closely with the ward staff, a new GP service and several specialist services such as diabetic, dietician, podiatry, opticians, dentists and local district nurses where appropriate. Since HIW's last inspection, a more systematic process for the assessment, monitoring and audit of physical health care for patients has been developed and a number of initiatives such as a triage clinic (seeing patients to prioritise GP appointments), well men and well women's clinics, breast screening, cardiac and chronic disease clinics are now integral to the health management process. Improving physical healthcare is promoted for example through working with the dietician to gain advice on healthy eating. We also found that the HCA had a keen interest in physical exercise and was working with the sports therapist to encourage patients to participate in exercise programmes such as walking and cycling groups. Health outcomes were audited on a regular basis and improvements noted. The hospital director also told us of future plans for medical coverage to be available on a 24 hour basis at the hospital, this will assist staff and provide patients with consistent care.

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 activities included arts and crafts, board games, computer games, reading books and newspapers, model making, playing cards and watching TV.

Patients with Section 17[1] leave 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 disappointing to see that no investment had been made in the swimming pool which was no longer in use. Some patients commented that they missed the swimming pool which had impacted on their therapeutic recovery at the hospital. The registered provider should consider investment in the swimming pool to enhance the patients’ experience and recovery at the hospital.

We noted that there was some unfinished paintwork in the sports hall and some walls outside the sports hall needed re-plastering and decorating. The hospital director assured us that this work would be completed in a timely manner.

[1] Section 17 leave allows the detained patient leave from hospital

The outdoor gym in the court yard area of Treowen was impressive and helped to make the court yard look more appealing and welcoming as well as providing an outdoor exercise space for patients.

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.

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 Network[2].

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 via an interest's questionnaire. The tutor and occupational therapy team would consider the patients' views and look into the provision of these courses either onsite or within the community. This made sure that all patients had the opportunity to participate in activities they enjoyed and were interested in. During our interviews with the occupational therapy team, they clearly demonstrated a high level of commitment to the patients, and it was clear to see that a lot of thought and investment went into planning the activities to suit the needs of the patients.

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

It was also pleasing to see staff members on the wards actively encouraging patients to engage in activities. We observed lots of patient and staff interactions and participation in activities throughout the inspection. Patients' notes we viewed also evidenced that patients were regularly using the sport hall and gym areas.

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.

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 we spoke to told us that they needed an outside tap to be fitted in the horticultural area.

Patients working in the workshops had built a large coffee shop in this area for patients use. This was an excellent facility developed by the patients and helped create a real community feel within the hospital. Plans were also in place for the patients to open and work in a charity shop in the hospital, supported by the occupational therapy team. 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.

Although there was lots of evidence of facilities and activities, some patients who spoke to us mentioned that activities are cancelled if there are not enough staff available. The registered provider should make sure that staff levels are flexible to deal with demands of changing circumstances in order to ensure activities are not cancelled.

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.

Internet access was available to patients, however due to the rural location the internet access was intermittent and sometimes unavailable. The registered

provider should explore options to ensure that the patients can have access to reliable internet facilities.

Improvement needed

The registered provider must install an outside tap for patients use in the horticultural area.

The registered provider must make sure patient activities are not cancelled due to staff shortages.

The registered provider must ensure that each ward has reliable internet access.

Dignity and respect

We noted that all employees; ward staff, senior management and administration 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 observed staff taking time to speak with patients and address any needs or concerns the patients raised, this demonstrated that staff had responsive and caring attitudes towards the patients.

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, Teilo and Treowen had bedrooms with en-suite facilities consisting of a toilet, sink and a

shower. Patients on Iddon, Howell and Deri, had bedrooms with a sink but had shared toilets and showers. We identified that a vacant room in Teilo and Awen had water staining marks in the toilet bowls. This was highlighted to staff who assured us that these issues would be resolved.

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. It was pleasing to see that improvement plans are in place for 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 appropriate standards of in-patient provision.

Each patient had their own bedroom which they could access throughout the day. The bedrooms provided patients with a high standard of privacy and dignity. The bedrooms offered adequate storage and patients were able to personalise their room with pictures and posters.

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. The registered provider had also installed curtains over the observation panels to prevent any light disturbing the patients’ sleep.

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. Some patients we spoke to mentioned that the children’s visiting room could be redecorated to make this area more welcoming for child visitors.

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.

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. However through conversations with staff and after reviewing care plans we were assured that the use of CCTV in the Intensive Care Suites (ICS) was used appropriately and in a dignified manner by staff.

Improvement needed

The registered provider must ensure that the water stains are cleaned and removed from the empty bedrooms in Awen and Teilo.

Children's visiting room should be redecorated to make this a more welcoming area for child visitors.

Patient information and consent

The hospital had a written statement of purpose and a patient information guide which was made available to patients and their relatives/carers.

On the wards, we saw advocacy posters which provided contact details about how to access the service. Advocacy information and registration certificates from Healthcare Inspectorate Wales were also on display. Information on the complaints process and how to raise a complaint was also displayed, however the email address for HIW included on the posters was incorrect. The registered provider must make sure that posters have the correct details displayed for HIW.

Improvement needed

The registered provider must make sure that information displayed on HIW is accurate and correct.

Communicating effectively

Through our observations of staff-patient interactions, it was evident that staff made sure they communicated appropriately and effectively with patients. Staff took time to undertake discussions using words and language suitable to each 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.

We frequently observed patients approaching a variety of staff from the multidisciplinary team, and it was praiseworthy to see staff take time out to speak to the patients irrespective of other commitments staff may have been dealing with at the time. The hospital director was also observed talking to patients who responded well to him, evidencing that the hospital director has spent time getting to know the patients on an individual basis, it was clear to see that the hospital director was a familiar and friendly face to the patients.

We attended staff meetings and staff demonstrated a good level of understanding of the patients they were caring for. All patients spoken to, stated that they felt safe and able to speak with a staff member should they need to. There was clear mutual respect and strong relationship security between staff and patients.

There were a number of meetings that involved patients and staff, this included formal individual care planning meetings and group community meetings. We saw a variety of meeting records during our inspection which demonstrated that regular staff meetings were taking place and information was being shared amongst the teams.

Staff and patients told us about the patients' council, this is a positive initiative to provide service users with a platform to discuss any issues or improvements they wanted to make at the hospital. We saw evidence of regular patient meetings and it was pleasing to hear staff and patients speaking about the patients' council in a positive way. In addition a patient representative was also present in governance meetings. This demonstrated that the hospital governance structure was an inclusive and ethical process.

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 spoke with one family member who confirmed that the communication and involvement between the hospital and family members was good.

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 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 patients' equality, diversity and rights were maintained. Mental Health Act detention papers had been completed correctly to detain patients at the hospital and patients we spoke to during the inspection understood the reason for their detention and had some understanding about their rights and entitlements whilst at the hospital.

Citizen engagement and feedback

There were regular patient meetings and surveys 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. We saw evidence of recent patient surveys and action plans demonstrating how the hospital was implementing improvements and changes based on the outcome of the patient survey.

There was a complaints policy and procedure in place. The policy provided a structure for dealing with all complaints within the hospital. It was evident that an independent person was assigned to investigate complaints and actions were taken in line with the registered provider's complaints policy to ensure that complaints were dealt with appropriately.

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. The complaints process and associated actions were overseen by the hospital director.

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.

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.

Incidents of restraint had significantly reduced since our previous inspection.

However, some improvements were required in relation to management of medicines.

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 cannot be taken on to the ward, for example, 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.

There was a secure computerised system in place for controlling and allocating ward and hospital keys to staff. This ensured that staff were only allocated keys that allowed them access to areas of the ward and hospital that they were authorised to. Staff retrieved the keys from a secure cabinet on each ward that required the staff member to scan their identity card and enter their unique Personal Identification Number (PIN). Staff were unable to leave a ward without returning their allocated set of keys to the secure cabinet, this significantly minimised the chance of staff leaving the ward with hospital keys.

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 were weekly audits of resuscitation equipment, staff had documented when these had occurred to ensure that the equipment was present and in date.

Staff were able to report environmental issues to the hospital estates 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. Throughout the inspection, we saw the estates team responding and undertaking maintenance work to rectify environmental issues.

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. It was reassuring to see that staff shortages and absences from work also formed part of the incident reporting, which was reviewed and discussed by the MDT team.

As part of the hospital's strategy for managing challenging behaviour, there was one 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. We observed some litter in the outdoor area of the ICS suite on Awen and we also noted a strong smell of urine in ICS suite 1. The registered provider must ensure any litter is removed and a deep clean of this area takes place to remove the smell of urine.

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

The hospital had a business continuity plan in place that included the service's responses to such things as adverse weather, utility failures and outbreak of infectious disease.

We observed that a number of hand sanitisers were empty on some of the wards and one soap dispenser in the communal bathroom on Iddon was broken. We also noted a cracked mirror in the communal bathroom on this ward. The registered provider must make sure hand sanitisers are refilled and fix the soap dispenser and cracked mirror on Iddon as this could pose a safety risk to patients.

Improvement needed

The registered provider must ensure litter is removed from the ICS suite on Awen and ensure a deep clean of this area is undertaken to remove the smell of urine.

The registered provider must ensure that patients' and visitors have access to hand sanitisers.

The registered provider must ensure that a new soap dispenser is placed in the communal bathroom on Iddon.

The registered provider must ensure that the cracked mirror on Iddon is replaced with a new mirror.

Infection prevention and control (IPC) and decontamination

Dedicated housekeeping staff were employed at the service. All communal areas of the hospital were visibly clean, tidy and clutter free. There was access to hand washing and drying facilities throughout the hospital. Staff had access to Personal Protection Equipment (PPE) when required.

A comprehensive system of regular audit in respect of infection control was in place. Daily audits were completed and filed accordingly. Staff confirmed that cleaning schedules were in place to promote regular and effective cleaning of the hospital and they were aware of their responsibilities around infection prevention and control.

Cleaning equipment was stored and organised appropriately. There were hospital laundry facilities available so that patients could undertake their own laundry with appropriate level of support from staff based on individual needs. There were suitable arrangements in place for the disposal of clinical waste. Appropriate bins were available to dispose of medical sharp items, these were not over filled.

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.

We also noted some defects to the server area in the dining room on Awen where rust had formed. This could present a risk of infection and needs to be fixed. However significant investment had taken place since our last inspection; new flooring and furniture had been installed which helped to make the hospital a less clinical environment.

Improvement needed

The registered provider must ensure that wards are free from sticky tape residue marks.

The registered provider must ensure that the defects on the server area in Awen ward dining room are fixed.

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. Menu choices were colour coded to assist patients in identifying healthy options. The Head Chef met with patients who had specific dietary needs and discussed what suitable options were available.

Patient feedback on the meals and menu options were collated via monthly patient catering meetings and this assisted in the review and compiling the menu options. Some patients we spoke to stated that the meals were not good, whilst others indicated that they were happy with the menu choices provided. The registered provider should explore this further with patients in order to understand what issues the patients have with meal choices and ensure that the patients' needs are being met.

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.

Medicines management

Overall, we noted that medication was securely stored. All clinic rooms were locked to prevent unauthorised access, as were medication cupboards. However we did notice an unlocked draw full of analgesia on Awen ward. Medication fridges were locked when not being accessed, with the exception of Iddon and Awen ward where we noted that the fridge had been unlocked when we entered on one occasion. The temperatures of medication fridges and clinic rooms were being monitored and recorded, to check that medication was stored within the appropriate temperature range.

Medication trolleys were also secured to the clinic room, to prevent them being removed by an unauthorised person.

There were appropriate arrangements in place on the ward for the storage and use of Controlled Drugs and Drugs Liable to Misuse. Records viewed

evidenced that twice daily checks were conducted with the appropriate nursing signatures certifying that the checks had been carried out. There was regular pharmacy input, and audits were undertaken which assisted the management, prescribing and administration of medication. We observed a number of medication rounds, and saw that staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

We identified that depot injection dates recorded on a white board in the clinic area on Awen ward were out of date. The nurse in charge indicated that this was an out of date process which is now managed via the ward diary. This information should therefore be removed from the white board to avoid confusion and any mistakes associated with depot medication. We also found dressings under the sink area of the clinic in Awen ward which were out of date and soiled from a leak, the appearance of the bandages and leak indicated that this had gone unnoticed for some time. The registered provider must make sure all medical equipment is checked. In an emergency this could compromise access to the required dressing.

The Medication Administration Records (MAR Charts)[3] reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages, their Mental Health Act legal status and all consent to treatment forms were present with the charts.

Medication charts reviewed showed a range medication prescribed on the basis of individual needs. The medication charts were typed making it clear exactly what medication had been administered. During examination of one patient's medication file we noted that it contained old charts from a previous hospital, although the charts were crossed out the hospital should remove these charts from the current medication file to prevent any possible confusion for staff.

We reviewed the minutes of governance meetings. In one set of minutes there was reference to a number of medication errors but there was only limited information to demonstrate what investigations had taken place and what additional learning and supervision had been put in place to prevent similar

[3] A Medication Administration Record is the report that serves as a legal record of the drugs administered to a patient by a health care professional. The Medication Administration Record is a part of a patient's permanent record on their medical chart.

errors occurring in the future. We immediately brought this to the attention of the clinical director and asked for evidence and explanation around the shortfalls identified. The clinical director was able to produce further evidence which, when reviewed, demonstrated that appropriate action and learning had taken place. Staff we spoke to also confirmed that they had received feedback on medication errors and staff told us that they felt confident that any medication errors were investigated fairly. We also established instances where patients did not have access to medication due to supply and delivery errors. The registered provider and pharmacy need to develop a more robust system for managing out of stock and emergency medication.

Pharmacist information was displayed on all the wards which introduced the team. It was positive to see that the pharmacy team were available for patients to meet and discuss any medication information with them.

Improvement needed

The registered provider must ensure that information on depot injection dates is removed from the whiteboard in Awen.

The registered provider must ensure the water damaged bandages are removed and replaced with in date bandages.

The registered provider must ensure that all old medical records from previous hospitals are removed from medication files.

The registered provider must ensure that fridges and drawers with medication in are locked.

The hospital needs to arrange more robust system with the pharmacy for ordering and delivery of emergency 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. During our inspection a safeguarding issue was raised during a multidisciplinary meeting. During this discussion the team clearly demonstrated knowledge on what constituted a safeguarding referral.

It was also evident to see that the management team were working hard to develop and maintain a good working relationship with multi-agency partners. This collaborative approach is key to effective safeguarding processes and demonstrated that the hospital placed a strong emphasis on safeguarding their

patients. The team of social workers took the lead on safeguarding processes, child contact/visiting arrangements and care planning.

The head of safeguarding displayed a high level of knowledge and understanding around all aspects of safeguarding. It was reassuring to hear about the collaborative approach involving student social workers who attended placements at the hospital from the local authority, and staff from the hospital attended training courses with the local authority. This clearly helped to build on relations between the staff at the hospital and wider multi-agency partners.

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 social worker team were keen to provide additional help and support to all staff in the hospital and staff we spoke to shared examples of daily discussions where informal learning took place with staff when discussing potential safeguarding referrals.

Medical devices, equipment and diagnostic systems

Weekly audits of resuscitation equipment were taking place and staff documented when these had occurred to ensure that the equipment was present and in date.

There were a number of ligature cutters located within all units in case of an emergency. During staff discussions it was evident that all staff were aware of the locations of ligature cutters. There were up-to-date safety audits in place, including ligature point risk assessments.

Safe and clinically effective care

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 central governance arrangements, which facilitated a two way process of monitoring and learning.

Strategies were described for managing challenging behaviour to promote the safety and well-being of patients. We were told that preventative techniques were used and where necessary staff would observe patients more frequently if their behaviour was a cause for concern. Senior staff confirmed that the physical restraint of patients was used, but only as a last resort. There were

restraint safety pods[4] available that staff could use to aid physical intervention with the patients. We were told that the use of restraint had reduced since the introduction of the safety pods.

Statistics we viewed supported this as the restraint pods minimised the need for floor restraints and physical injury. The number of restraints in total have reduced by over half since January 2019 which is a significant improvement since our last inspection. In addition to the restraint pods the hospital had appointed a designated Prevention and Management of Violence and Aggression (PMVA) lead who leads by example attending planned restraint to guide and support staff. The PVMA trainer also runs drop in sessions for staff to discuss knowledge and skills around restrictive practice. It was reassuring to note the marked improvements made in this area since our last inspection.

We were told that future changes were due to be implemented and a new model of restraint would be introduced shortly. The registered provider must ensure that staff are adequately trained and that continual ongoing support is provided when the new restraint model is implemented to ensure current standards are maintained.

Participating in quality improvement activities

Links with local colleges, leisure centres, and community initiatives ensured that patients had access to courses and activities, enabling patients to participate in meaningful activities during their time at the hospital and when they are also on unescorted leave. The hospital worked collaboratively with Newport County Football Club as part of the “time to change wales” initiative. A number of patients from the hospital attend the football club and engaged in structured coaching sessions and played football. It was really pleasing to hear patients speaking passionately about this initiative and it was clear that their involvement with the club meant so much to the patients and was assisting with their recovery.

Staff at the hospital who spoke Welsh were issued with coloured lanyards identifying them as Welsh speakers. This enabled patients and visitors to

[4] Safety Pod is designed to enhance the safety of physical interventions. These are typically large soft, and supportive “bean-bag” styled piece of furniture that can be used to place a patient upon to support physical interventions.

communicate in Welsh with staff members. The hospital also displayed a board with positive quotes specific to individual staff members. This demonstrated that the hospital acknowledged and recognised staff performance and commitment to patient care.

Information management and communications technology

The computerised patient record systems were well developed and provided high quality information on individual patient care. The system was comprehensive, and easy to navigate.

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

Records management

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

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

We saw that staff were completing care documentation and risk assessments in full.

We reviewed the use of ICS and noted that it is used regularly, however we were reassured that there is a clear focus on minimising its use and looking at alternative less restrictive options.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients across four wards, which included Howell, Teilo, Awen, and Iddon and all records were found to be compliant with the Mental Health Act and Code of Practice. Electronic documents on wards and paper records were stored securely and held in the Mental Health Act administrator’s office. The records we viewed were well organised, easy to navigate and contained detailed and relevant information.

Robust systems of audit were in place for management and auditing of statutory documentation and the Mental Health Act form a part of the clinical governance meetings.

All staff have Mental Health Act training as part of the induction programme and specific Mental Health training is part of staff mandatory training modules. The Mental Health Act Manager is also member of the All Wales Mental Health Act managers' forum.

Section 17[5] leave forms were completed appropriately, risk assessed, and there was evidence of patient involvement. All patients are provided with information relevant to their section on admission and patients are introduced to the Mental Health Act Manager. In addition the patients' rights are discussed with them on a monthly basis. There was clear compliance with the Second Opinion Appointed Doctor (SOAD) process, for example timescales and administration had improved significantly and this was evidenced through their audit process.

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

We reviewed the care plans of a total of 5 patients.

We reviewed a sample of care files and found that they were generally maintained to a good standard. Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health.

There were comprehensive needs and risk assessments completed throughout the patient admission which directly linked to the plan of care and risk management strategies implemented on the wards. There was clear evidence of multidisciplinary involvement in the care plans which reflected the domains of the Mental Health (Wales) Measure.

[5]Section 17 leave allows the detained patient leave from hospital

Risk management plans were also personalised and identified potential triggers for patients, enabling staff to identify changes in behaviours. Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training to use skills to manage and diffuse difficult situations. Any restraint that occurred during the previous 24 hours was reported and discussed at the daily meeting and then reviewed through the hospital's clinical governance structure. We saw evidence of comprehensive risk assessments on patients' records and in some cases we saw the development of positive behavioural support plans with summary sheets included to identify risk. This was identified as a good area of professional practice as the document provided staff with a quick accessible guide to identify risks and management strategies appropriate to the individual.

It was really positive to see that care files clearly demonstrated patient involvement in care discussions which were patient focussed and signed by the patient. Overall the nursing documentation viewed was very good and physical assessments were well completed.

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 observed a committed staff team who had a good understanding of the needs of the patients at the hospital.

Recruitment was undertaken in an open and fair process with appropriate employment checks being carried out prior to and regularly during employment.

The completion rates of training, managerial supervision and annual appraisals were very good.

There was dedicated and passionate leadership displayed by the hospital director who was supported by committed multidisciplinary teams. We found that staff were committed to providing patient care to high standards.

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.

There was dedicated and passionate leadership displayed by the hospital director who was supported by committed multi-disciplinary teams. The team was a cohesive group of leaders and interviews with them demonstrated that they valued and cared for the staff and patients. The hospital director was implementing a compassionate leadership programme which was well supported by the multi-disciplinary team. Wellbeing days are held for staff and there were a number of staff initiatives introduced which demonstrated that the leadership team appreciated and invested in staff morale and wellbeing. We

found that staff were committed to providing patient care to high standards when we were present on the wards. Staff spoke positively about the leadership and support provided by the heads of care and hospital director, however staff we spoke to showed limited understanding on the compassionate leadership initiative. The hospital director should consider briefing all staff so that staff have an awareness of the benefit of the initiative and are able to recognise how the leadership group are working collaboratively to support staff. However staff did comment that team-working on the units was very good and that the leadership team were supportive. It was positive that, throughout the inspection, the staff at the hospital were receptive to our views, findings and recommendations.

Dealing with concerns and managing incidents

There was a complaints policy and procedure in place at the hospital. The policy provides a structure for dealing with all patients' complaints for services within the hospital.

There was an established electronic system in place for recording, reviewing and monitoring incidents. Incidents were entered on to the system that included the name of patient(s) and staff involved, a description, location, time and length of the incident. This provided staff with appropriate data to identify trends and patterns of behaviour. A sample of complaint records were looked at during the inspection to ensure completeness and compliance with the complaints policy.

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed at hospital and organisation level so that the occurrence of incidents could be reviewed and analysed.

Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Workforce planning, training and organisational development

We reviewed the mandatory training and clinical supervision statistics for staff at the hospital and found that completion rates were high. There was a programme of training so that staff would receive timely updates. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details.

All staff had regular professional development meetings with senior management and we saw evidence of meaningful and relevant professional

development discussions and plans which were documented in individual staff records.

Staff told us that the hospital management team were approachable and visible and during interviews with staff they told us they had confidence to speak with management if they needed to raise issues or concerns. In addition, regular staff meetings were taking place which provided staff with opportunities to have discussions and share information amongst the teams.

There was a supervision structure in place and staff confirmed that they had regular supervision sessions. Staff also spoke positively about group supervision and reflective practice sessions.

Staff spoken with stated that the staffing levels were sufficient given the level of dependency at the time of the inspection. The hospital director informed us that the staff rotas were planned in such a way to ensure that any short notice staff absences were addressed without adversely affecting the level of service provided.

Workforce recruitment and employment practices

As highlighted in the information management section of this report, it was evident that there were systems in place to 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. Therefore we were assured that recruitment was undertaken in an open and fair process.

Newly appointed staff undertook a period of induction under the supervision of the heads of care. Staff showed us documentary evidence and talked us through the systems of induction in place at the hospital.

Staff told us they could access additional and relevant training when approved by their line manager which was recorded on the training spreadsheets that we saw. It was positive to see that external training opportunities were given to staff which enabled staff to gain additional qualifications.

The hospital had a clear policy in place for staff to raise any concerns and staff we interviewed had knowledge of the policy. Occupational health support was also available to staff.

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, measurable, 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 summaries 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			

Appendix B – Improvement plan

Service: Llanarth Court

- Ward/unit(s):
- Awen - Female Medium Secure Mental Health Ward
- Deri - Male Low Secure Mental Health 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.

Date of inspection: 6 – 9 January 2020

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 must install an outside tap for patients use in the horticultural area.	3. Health promotion, protection and improvement	Outside taps have been installed in the HCC area and will be installed in Deri secure compound.	AH	March 2020
The registered provider must make sure patient activities are not cancelled due to staff shortages.	3. Health promotion, protection and improvement	Staff annual leave and sickness to be communicated with ward staff. Clear communication regarding any changes to planned activities to be informed to patients in a timely manner. Activities to be rescheduled where possible. Clear discussion regarding provision of resources to be agreed with MDT during planning week.	JJ	February 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that each ward has reliable internet access.	3. Health promotion, protection and improvement	When HIW visited site the secure internet portal was temporarily inactive. The secure portal is now fully operational. Llanarth Court Hospital has been chosen to take part in the Priory Healthcare Wi-Fi upgrade scheme. This will mean that all wards will have 100% Wi-Fi coverage.	AH	Completed Start Date March 2020
The registered provider must ensure that the water stains are cleaned and removed from the empty bedrooms in Awen and Teilo.	10. Dignity and respect	All en-suites are being deep cleaned in Awen to remove water stains. Bedroom 13 on Teilo is scheduled to have the flooring replaced.	AH	March 2020
Children's visiting room should be redecorated to make this a more welcoming area for child visitors.		Child Visiting Centre is being decorated. Schedule in place to re-place the current flooring	AH	March 2020
The registered provider must make sure that information displayed on HIW is accurate and correct.	9. Patient information and consent	New information poster with current details now displayed	TB	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must ensure litter is removed from the ICS suite on Awen and ensure a deep clean of this area is undertaken to remove the smell of urine.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	Litter has been removed and the area has been deep cleaned.	AH	Completed
The registered provider must ensure that patients' and visitors have access to hand sanitisers	22. Managing risk and health and safety	All hand sanitisers have been re-filled. Re-filling the hand sanitisers have been moved from a fortnightly check to weekly checks.	AH	Completed
The registered provider must ensure that a new soap dispenser is placed in the communal bathroom on Iddon.	22. Managing risk and health and safety	New soap dispenser has been installed	AH	Completed
The registered provider must ensure that the cracked mirror on Iddon is replaced with a new mirror.	22. Managing risk and health and safety	Mirror has been replaced in Iddon's bathroom	AH	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that wards are free from sticky tape residue marks.	13. Infection prevention and control (IPC) and decontamination	Housekeeping and ward staff have been tasked with removing the sticky residue. This is monitored on the weekly environmental walk rounds.	AH	March 2020
The registered provider must ensure that the defects on the server area in Awen ward dining room are fixed.	13. Infection prevention and control (IPC) and decontamination	Schedule in place to renovate servery area	AH	March 2020
The registered provider must ensure that information on depot injection dates is removed from the whiteboard in Awen.	15. Medicines management	Identified information removed	TB	February 2020
The registered provider must ensure the water damaged bandages are removed and replaced with in date bandages.	15. Medicines management	Water damaged bandages removed and replaced	TB	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that all old medical records from previous hospitals are removed from medication files.	15. Medicines management	Old medical files removed	TB	Completed
The registered provider must ensure that fridges and drawers with medication in are locked.	15. Medicines management	Additional signage to prompt staff to lock drawers and cupboards in place	TB	Completed
The hospital needs to arrange more robust system with the pharmacy for ordering and delivery of emergency medication.	15. Medicines management	New local pharmacy identified to provide emergency medication. New process to be amended	TB	Completed
Quality of management and leadership				

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: 19.02.2020