Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Mental Health Service Inspection (Unannounced)

Llanarth Court Hospital

The Priory Group

Inspection date: 01-03 November 2021

Publication date: 04 February 2022

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80391-643-9

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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 1 November and following days of 2 and 3 November 2021. 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 three HIW inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer).

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.

The hospital focused on providing care in line with Least Restrictive Practices. We saw developments in the service to enable staff to support this, along with other positive initiatives in respect of the Intensive Care Suites.

The hospital had a wide range of therapeutic resources within the hospital and the local community, however we heard concerns about access to these being affected on occasions by the unavailability of staff.

Care and Treatment Plans were completed in line with the Welsh Measure. However, improvements are required to ensure all individual patient risks are documented and that how to mitigate and manage these are clearly recorded.

It was identified that the registered provider had not always complied with Regulations 30 and 31 of The Independent Health Care (Wales) Regulations 2011 to notify HIW of reportable events.

This is what we found the service did well:

- Staff interacted and engaged with patients respectfully
- Care and Treatment plans were completed in line with the Welsh Measure
- The hospital has a wide range of therapies and activities
- Effective arrangements were in place for medicines management, and infection, prevention and control
- Established governance arrangements that provided safe and clinically effective care.

This is what we recommend the service could improve:

- Compliance with regulations 30 and 31 of The Independent Health Care (Wales) Regulations 2011 to notify HIW of reportable events
- Clear recording of all individual patient risks
- The provision of sufficient staff to enable planned and ad hoc therapeutic rehabilitate activities throughout the hospital and within the community.

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 both
- Deri - A low secure service to provide assessment for a maximum of 11 (eleven) male adults over the age of 18 (eighteen) years. The service provides assessment, treatment and rehabilitation for adult males suffering from mental disorder who are detainable under the Mental Health Act or related legislation
- 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 11 (eleven) 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 for the assessment, treatment and short-term rehabilitation of men aged over the age of 18, who suffer from 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 for the assessment and short-term rehabilitation of men who suffer from 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. Treowen was previously a standalone ward within the grounds of Llanarth Court, however due to a fire on

Treowen in April 2020 the patients and staff group were relocated to an unused ward area within the hospital.

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.

It was positive to note that within the Intensive Care Suite (ICS) staff observation area there was a secure display board where the individual patient's Positive Behavioural Support (PBS) Plan was displayed. This enabled staff to easily refer to the patient's PBS Plan so that they are aware of the patient's preferred way of engaging and supporting them.

There were a range of suitable activities and therapies available throughout the hospital. However, whilst some patients spoke of positive experiences some patients told us that more recently activities are cancelled because of a lack of staff being available to facilitate these activities.

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.

Patients were able to access GP, dental services and other physical health professionals as required. Llanarth Court had access to 24 hour medical advice and support that was based at the hospital. Patients' records evidenced detailed and appropriate physical assessments and monitoring.

Llanarth Court had a wide range of facilities to support the provision of therapies and activities. The hospital had a team of occupational therapists and therapy support workers, however there were fewer staff than during our previous inspection. Although there of evidence of facilities and activities, patients we spoke with gave mixed views on meaningful activities at the hospital. Some

patients spoke of positive experiences whilst some patients mentioned that activities are cancelled if there are not enough staff available.

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.

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 large sports hall for activities such as 5-a-side football, basketball and badminton.

Unfortunately the swimming pool within the hospital is no longer in use, this has been the case for a number of years. Whilst there are benefits to patients accessing swimming facilities within the local community, this is not permissible for all patients at the hospital due to restrictions on leave from hospital. The registered provider should consider how to utilise the swimming pool facility at the hospital which has previously been commented upon favourably by patients at the hospital.

Within the Stable Block there was also an arts and crafts room and an educational centre, however these were being used less than we have observed during previous inspections to the hospital.

Awen and Teilo wards had occupational therapy kitchens on their individual wards as did the Woodlands Bungalow. There were two occupational therapy kitchens in the Stable Block for use by the other wards. 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.

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

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.

Improvement needed

The registered provider should make sure that staff levels are sufficient to ensure activities are not cancelled.

The registered provider must monitor the volume and reason why activities do not go ahead or if they are postponed to help identify any trends.

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 and Tielo had bedrooms with en-suite facilities consisting of a toilet, sink and a shower. Patients on Treowen, Iddon, Howell and Deri, had bedrooms with a sink but had shared

toilets and showers. Patients informed us that within the shower areas of Treowen, Iddon, Howell and Deri there was no area to store clothes whilst showering, which meant that their clothing got wet occasionally; this needs to be rectified.

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.

We have previously been informed that improvement plans were in place for long term service development at Llanarth Court to remove the variation in facilities across different wards. However, due to a fire on Treowen Ward the priority for the registered provider is currently to rebuild this area. 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 or aerosols, 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 to allow staff to monitor mobile phone use and content.

Wards were also equipped with Wi-Fi for patient use; whilst there were IT security in place we were informed of a number of incidents where patients had accessed restricted internet content, these incidents were being reviewed by the registered provider to prevent further breaches.

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, it was noted that cameras were only activated when required and this was controlled by switches within a locked control panel and through conversations with staff we were assured that the use of CCTV in the Intensive Care Suites (ICS) was used appropriately and in a dignified manner by staff.

It was positive to note that within the ICS staff observation area there was a secure display board where the individual patient's Positive Behavioural Support (PBS) Plan was displayed. This enabled staff to easily refer to the patient's PBS Plan so that they are aware of the patient's preferred way of engaging and supporting them.

Improvement needed

The registered provider must ensure that there is an area for patients to store their clothing whilst using the showers on Treowen, Iddon, Howell and Deri.

The registered provider must ensure that IT security arrangements are robust to prevent patients accessing inappropriate online content.

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

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.

However, we were informed of a recent situation where a patient was having difficulty in understanding a staff member who, whilst not using technical language, used a phase that was unfamiliar to the patient which caused confusion to the meaning of the words used. The registered provider must ensure that staff understand the importance of using plain language and use it to aid the understanding of some patients.

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.

Improvement needed

The registered provider must ensure that staff understand the importance of using plain language and use it to aid the understanding of some patients.

Care planning and provision

Overall there was a 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 planner, this included individual and group sessions, based within the hospital and the community (based on individual risks).

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 with 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 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.

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.

It was identified that the registered provider had not always complied with regulations 30 and 31 of The Independent Health Care (Wales) Regulations 2011 to notify HIW of notifiable events. Further action was taken to ensure that the registered provider reviewed and updated procedures to comply with the regulations.

Care plan documentation was individualised, however individual patient risks and action required to mitigate and manage them were not always clearly documented.

The Mental Health Act documentation evidenced compliance with the Act, however, the registered provider must ensure copies of consent to treatment certificates are kept with Medication Administration Records and that registered nurses refer to these when administering medication.

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. We were informed that the 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.

During our tour of the hospital we identified that an outside ward area had high level equipment that was not secured off with anti-climb caging, this was highlighted to the hospital director who confirmed that action will be taken to rectify this.

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.

However, whilst reviewing incident information during the inspection, we were not assured that all required notifications to HIW had been submitted as required under The Independent Health Care (Wales) Regulations 2011. We identified a number of incidents that were recorded on the registered provider's incident reporting system that met the threshold of referral, but had not been submitted. As a result we required the registered provider to review all incidents from the previous three months and identify where they had failed to notify HIW as required. Following the inspection the registered provider met with HIW to discuss the omissions and provide verbal assurance that new procedures are now in place for reporting regulatory notifications to HIW.

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. As stated earlier, we saw positive initiatives relating to the use and availability of patient PBS plans to help support the individual whilst they are in an ICS.

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.

Improvement needed

The registered provider must ensure that appropriate measures are in place to prevent access to equipment that could be used to climb upon.

The registered provider must ensure that they comply with regulations 30 and 31 of The Independent Health Care (Wales) Regulations 2011.

Infection prevention and control (IPC) and decontamination

Dedicated housekeeping staff were employed at the service. On the whole communal areas of the hospital were visibly clean, tidy and clutter free.

However during the inspection there were areas of the hospital that had become unclean due to usage, this included patient accessible areas such as drinks dispensaries and other ward communal areas, and this was of particular note during the unannounced evening inspection. We also noted that toilet bowls on Treowen ward were stained from use and required further cleaning in addition to the routine daily cleaning rota that was undertaken.

During the inspection we were informed that alternative domestic staff arrangements were being considered to provide support to the wards for longer periods of the day. However it was also acknowledged that ward staff have a role in maintaining the cleanliness of ward areas.

We saw evidence to confirm that Llanarth Court conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Staff we spoke to were aware of infection control obligations. The registered provider had COVID-19 documentation to support staff and ensure that staff remained compliant with policies and procedures.

The hospital had areas set aside where if a patient became symptomatic they could be isolated and barrier nursed in their bedroom within a protected area. Additional cleaning schedules were also in place. None of these areas were in use at the time of inspection because there were no symptomatic cases.

Regular communication via meetings, information boards, and emails ensured everyone has up to date advice and guidance on COVID-19.

There was access to hand washing and drying facilities throughout the hospital. During our discussions no issues were highlighted in relation to access to Personal Protection Equipment (PPE). PPE including masks and gloves were available at the ward entrance with bins were provided for the disposal of equipment. Staff were wearing masks in communal areas and throughout the wards.

Improvement needed

The registered provider must ensure that appropriate arrangements are in place to ensure the level of cleanliness at the hospital is maintained 24 hours a day.

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. Staff told us that patients with specific/special diets were catered for, including vegan, gluten intolerant and religious requirements.

However, some of the patients we spoke with on Deri ward stated they would welcome further healthier options on the menu and education on healthy eating and lifestyles.

As well as the meals provided, patients were able to use the occupational therapy kitchen to prepare their own meals.

It was positive to note that since our previous inspection a hot drinks dispensory has been added to Treowen ward upstairs in addition to downstairs, this enables patients to access hot drinks throughout the day and evenings. We were informed that this was going to be replicated on the three other split-level wards.

Improvement needed

The registered provider must explore how to further enhance healthy eating options in their standard menu.

The registered provider must support patients to learn more about healthy eating and lifestyles.

Medicines management

Overall, we noted that medication was securely stored. All clinic rooms were locked to prevent unauthorised access, as were medication cupboards and fridges.

The temperatures of medication fridges and clinic rooms were being monitored and recorded, to check that medication was stored within the appropriate temperature range

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.

The Medication Administration Records (MAR Charts)[2] reviewed were fully completed by staff. This included completing all patient details on the front and subsequent pages. Each patient's Mental Health Act legal status was recorded on the MAR Chart, however copies of consent to treatment certificates were not always accompanying the relevant MAR Chart on Iddon ward; this was rectified during the inspection. However as the absent consent to treatment certificates had not been noted by ward staff, we are not assured that registered nurses are checking the consent to treatment certificates to assure themselves that medication is legally authorised.

It was positive to note that since our previous inspection in 2020 that the clinic room had been repositioned to afford patients greater privacy when receiving medication. The hospital was reviewing the clinic rooms on other wards to consider how they can also improve the privacy for patients on those wards.

Improvement needed

The registered provider must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.

The registered provider must ensure that registered nurses refer to the consent to treatment certificate 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.

It was noted that the Safeguarding flow chart displayed on wards did not include a reference to notification to HIW where required under the regulations. This needs to be updated to include reference to HIW.

[2] 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.

Improvement needed

The registered provider must update the Safeguarding flow chart that is displayed on the wards to include referrals to HIW.

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.

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[3] 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.

[3] 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.

It was of note that the use of ICS to manage patient behaviours and risk across the hospital at the time of the inspection was low, with only one ICS being utilised during part of our inspection.

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 '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.

Mental Health Act Monitoring

We reviewed the statutory detention documents of four patients on Treowen ward and further consent to treatment documentation for Iddon ward. Robust systems of audit were in place for management and auditing of statutory documentation and the Mental Health Act forms a part of the clinical governance meetings.

This confirmed that the Mental Health Act documentation was compliant with the Act and on the whole followed the guidance set out in the Code of Practice, but as identified earlier, improvements are required in maintaining and use of consent to treatment documentation.

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.

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

We reviewed the care records of a total of 10 patients.

Entries were comprehensive and recognised assessment tools were used to monitor mental and physical health. There was clear evidence of multidisciplinary involvement in the care plans which reflected the domains of the Mental Health (Wales) Measure.

There were comprehensive needs and risk assessments completed throughout the patient admission which directly linked to the plan of care. However, it was noted that for 4 sets of patient records on Treowen ward that whilst individual risks had been identified for each patient, risk management strategies for each of the risks were not always in place. This means that for each of the patients reviewed there were some risks that did not have a clear plan to inform staff on how to manage these.

Improvement needed

The registered provider must ensure that there are individualised risk management plans in place to address each risk of an individual patient

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.

There was dedicated and passionate leadership displayed by the hospital director who was supported by the senior management team. 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.

We found that staff were committed to providing patient care to high standards when we were present on the wards. 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. The electronic records provided the senior managers with details of the course completion rates and individual staff compliance details.

There was a supervision structure in place and records evidenced that staff were accessing regular supervision sessions.

We reviewed the staffing establishment for the hospital. At the time of the inspection there were registered nurse and healthcare assistant vacancies.

To cover any shortfalls in fulfilling the staffing rota that may occur due to vacancies, the registered provider had a staff bank system in place along with the use of agency staff. Wherever possible agency staff were regular individuals who were familiar with working at the hospital and the patient group.

The Registered Manager described the hospital's future workforce planning arrangements to fill these positions. We were also informed that part of the strategy to maintain sufficiently staffed wards and to meet the needs of the patient group the hospital was limiting the number of admissions to the hospital and operating at a low level of bed occupancy.

However despite these arrangements there was evidence that the limited staffing resources was impacting upon the provision of therapeutic activities on the wards around the hospital and escorted community leave.

During our conversations with staff, whilst evidencing commitment to the patients and their colleagues they often raised concerns with us regarding staff fatigue.

Improvement needed

The registered provider must keep HIW informed of the hospital's workforce planning arrangements to ensure a consistent staff team is in place to provide support and rehabilitative care for patients.

The registered provider must ensure arrangements are in place to monitor and prevent staff fatigue.

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.

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	Not applicable	Not applicable	Not applicable

Appendix B – Improvement plan

Service: Llanarth Court

Date of inspection: 1 – 3 November 2021

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 make sure that staff levels are sufficient to ensure activities are not cancelled.	3. Health promotion, protection and improvement	In November 2021, all HCWs seconded into TSW roles were returned to their original roles due to severe staff shortages on the wards. An Activities Team was formed to provide a broad range of activities across the hospital. Data from the first 4 days of this initiative shows that sessions were attended on 118 occasions. 55% of patients attended at least one session. (See embedded document). Moving forward, as the staffing crisis eases, the plan is to reinstate 5.2 TSWs (newly	Ross Morris delegates to: Margaret Davies Karen Redding	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		named as OTAs) across the 6 wards, Recruit an O.T. for each ward and maintain the good work of the Activities Team. The Activities Team will consist of 6 personnel dedicated to continuing to provide activities aimed at increasing health and well-being, increasing engagement with and satisfaction from recreational activities, Real Work Opportunities and relaxation / mindfulness.		
The registered provider must monitor the volume and reason why activities do not go ahead or if they are postponed to help identify any trends.	3. Health promotion, protection and improvement	The Therapies Team monitor the new timetable described above, in terms of number of attendees, names of attendees and cancelled sessions. The team will produce a Quarterly report describing this information for the preceding 3 month period, including volume of cancelled / postponed / replaced sessions and reasons for cancellations.	Ross Morris delegates to: Margaret Davies Karen Redding	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that staff understand the importance of using plain language and use it to aid the understanding of some patients.	10. Dignity and respect	All nursing staff will receive education and support to understand the importance of using plain language when communicating with patients.	Ross Morris delegates to: Treeve Brooks Jason Jones	March 2022
Delivery of safe and effective care				
The registered provider must ensure that appropriate measures are in place to prevent access to equipment that could be used to climb upon.	22. Managing risk and health and safety 12. Environment	Since November 2021 LCH have completed a garden and court yard risk assessment at site. This is to ensure that any potential climb aids are identified, removed, or anti-climb measures arranged to be installed. In addition, security walk rounds are completed regularly of the whole site, with the specific aim of removing and mitigating security risks.	Ross Morris delegates to: Alexander Hore	January 2022
The registered provider must ensure that they comply with regulations 30 and 31 of The Independent Health Care (Wales) Regulations 2011.	22. Managing risk and health and safety	A new process has been created and rolled out to ward managers from 1st December. All qualified staff will receive education and supervision of the new process to ensure compliance is met	Ross Morris delegates to: Treeve Brooks Jason Jones	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that appropriate arrangements are in place to ensure the level of cleanliness at the hospital is maintained 24 hours a day.	13. Infection prevention and control (IPC) and decontamination	Night cleaning schedules have been implemented at LCH. These schedules supplement current cleaning regimes to ensure a high level of cleanliness throughout a 24 hour period.	Ross Morris delegates to: Alexander Hore	March 2022
The registered provider must explore how to further enhance healthy eating options in their standard menu.	14. Nutrition	We have begun holding regular meetings with a dietician to enhance the variety and range of healthy eating options on our menus. As such, the menus will be a collaborative effort between Llanarth, a dietician and input from patients. Additionally, we're in the process of arranging dietician led patient education sessions to increase patient understanding of healthy eating and the impact certain foods can have on moods (Food for Mood Groups).	Ross Morris delegates to: Alexander Hore	March 2022
The registered provider must support patients to learn more about healthy eating and lifestyles.	14. Nutrition	2 Health and Wellbeing Leads have been employed, effective from 1st January 2022. Their role will be to perform ongoing Needs Analyses with	Ross Morris delegates to: Margaret Davies	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		reference for Health and Wellbeing, including healthy eating / lifestyles. They will design, implement and evaluate initiatives to improve patient health. Their role will involve direct work with patients in relation to care planning and intervention, as well as working with patients in groups to educate, motivate and make changes. There will also be intervention work with ward staff to train them to provide on-ward advice and intervention to patients.	Karen Redding	
The registered provider must ensure that copies of consent to treatment certificates are maintained with the corresponding MAR Chart.	15. Medicines management	A new consent to treatment procedure has been implemented, which ensures that updated CO2 forms are delivered directly to the wards.	Ross Morris delegates to: Treeve Brooks / Alexander Hore	December 2021
The registered provider must ensure that registered nurses refer to the consent to treatment certificate when administering medication.	15. Medicines management	Signage will be used as a prompt in clinics to remind staff to refer to CO2 , in addition all nursing staff will be reminded in supervision	Ross Morris delegates to: Ward Managers	February 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must update the Safeguarding flow chart that is displayed on the wards to include referrals to HIW.	11. Safeguarding children and safeguarding vulnerable adults	The safeguarding flow chart has been updated to reflect these changes and is now displayed in all areas.	Ross Morris delegates to: Anna Morgan	December 2021
The registered provider must ensure that there are individualised risk management plans in place to address each risk of an individual patient	Mental Health (Wales) Measure 2010: Care planning and provision 7. Safe and clinically effective care	MDTs asked to review the 'trio' of risk documents (Formulation, Risk Assessment and Keeping Safe Care Plan) for each patient to ensure consistency and thoroughness across all documents	Ross Morris delegates to: Margaret Davies Karen Redding	February 2022
Quality of management and leadership				
The registered provider must keep HIW informed of the hospital's workforce planning arrangements to ensure a consistent staff team is in place to provide support and rehabilitative care for patients.	25. Workforce planning, training and organisational development	Since July 2021, the hospital director has been in negotiation with head office regarding pay enhancements for RMNs and HCWs. Enhanced salaries were agreed in October and November. Additionally, we now have a dedicated task force responsible for recruitment and retention.	Ross Morris delegates to: SMT	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		We have seen positive results from the above initiatives and anticipate that all nursing positions will be filled by March 2022. We will provide regular updates to HIW regarding our recruitment and retention plans.		
The registered provider must ensure arrangements are in place to monitor and prevent staff fatigue.	25. Workforce planning, training and organisational development	SMT aware that staff shortages have resulted in extra pressures on staff and staff completing high numbers of overtime shifts in some cases. SMT also aware that such circumstances can lead to fatigue. Ward managers are asked to have regular (at least monthly) staff meetings in which the health of the team is monitored and discussed. December initiatives. SMT Recovery Plan, December 2021, includes details of initiatives to boost morale, including December Christmas perks and prize draws and morale boosting Christmas events. The Recovery Plan also highlights pay increases, career pathways, morale boosting events,	Ross Morris delegates to: SMT	March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		training, supervision skills boosters and role development to increase job satisfaction.		

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: 21 December 2021