

# **Mental Health Act Monitoring Inspection**

## **Unannounced**

Aneurin Bevan University  
Health Board: Llanfrechfa

Grange, Assessment &  
Treatment Unit

19 May 2015

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

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

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

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

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

The focus of HIW's Mental Health Act monitoring inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- Supported to be as independent as possible
- Allowed and encouraged to make choices
- Given access to a range of activities that encourage them to reach their full potential
- Able to access independent advocates and are supported to raise concerns and complaints

- Supported to maintain relationships with family and friends where they wish to do so.

## 2. Methodology

The inspection model HIW uses to deliver the Mental Health Act monitoring inspections includes:

- Scrutiny of the documentation for patients detained under the Mental Health Act 1983.
- Observation of the environment.
- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff.
- Examination of care documentation including the multi-disciplinary team documentation.
- Scrutiny of recreational and social activities.
- Consideration of the quality of food.

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

### **3. Context and description of service**

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health Act Monitoring inspection to Llanfrechfa Grange Assessment and Treatment Unit, Cwmbran on 19 May 2015.

Llanfrechfa Grange Assessment and Treatment Unit is a Learning Disability hospital consisting of a seven bedded ward providing care for patients with a dual diagnosis of learning disabilities and mental health and patients with a learning disability who present with significant behaviours that challenge.

During the day we visited the unit reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer and one member of HIW staff

## 4. Summary

Llanfrechfa Grange Assessment and Treatment Unit is a purpose built Learning Disability hospital, there was a calm and relaxed atmosphere throughout our visit.

The unit was generally well maintained and was equipped with appropriate furniture for the patient group.

Patients told us that they felt safe and well cared for at the hospital. Patients said staff were helpful and upon reviewing patient documentation it was evident that patients, family and carers were involved in patients' care.

We reviewed a sample of statutory documentation and found that they were compliant with the Act. However, there were a number of areas of record keeping that could be improved in line with the Mental Health Act Code of Practice for Wales.



## 5. Findings

### *Core Standards*

#### **Ward Environment**

On the day of the inspection the entrance was secured by a number code lock to stop unauthorised entry. The decision to secure the entrance was based on a clinical decision to prevent a number of the detained patients leaving the ward unauthorised, the ward door was required to be locked from the inside, and this was recorded in the locked-door log. The frequency of this was monitored by the health board. The ward displays information explaining to those patients who were able to leave the ward of how to do so if they wished. When the door was not locked patients were able to exit the ward.

On the day of our unannounced inspection the ward appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout. On the whole the communal areas were well furnished and the fixtures and fittings were appropriate to the patient group.

There was a quiet room which can be used for patients to meet with family members or other visitors; along with another room in which patients are able to undertake activities.

Patients had direct access from the communal lounge to a large enclosed garden area that was well maintained. We were informed that one of the current patients enjoys maintaining the garden area and when the weather suits the ward staff provide activities in the garden area.

The Assessment and Treatment Unit had an Extra Care Area<sup>1</sup> (ECA) where patients who require enhanced support are cared for. The ECA had a bedroom, lounge area, toilet, shower and secure garden. The ECA was well maintained and appropriate for providing enhanced support.

Llanfrechfa Grange had a smoking room which was appropriate for use.

#### **Safety**

The patients that we spoke to said they felt safe at Llanfrechfa Grange Hospital. Staff were able to access the health board's Observation Policy on the ward and via the health board's computer system. The hospital's fixtures and fittings were anti-ligature throughout the patient areas. Staff stated that if

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<sup>1</sup> An area to enable a patient to be supported off the main ward if they display levels or distress that may compromise their own or others' safety and dignity.

required, observation levels were increased to reflect the risk posed by behaviours of any patients.

We were informed that all staff working at the hospital were Positive Behaviour Management (PBM) Trained. We observed staff de-escalating and redirecting patients in a dignified and caring manner.

On the day of the inspection staff were carrying personal alarms and these were available for visitors to the ward.

### **The multi-disciplinary team**

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

All registered nurses working at Llanfrechfa Grange were Learning Disability trained. We were informed that staffing levels were reviewed daily to reflect the level of care required by the patient group.

The Assessment and Treatment Unit was the only inpatient service on Llanfrechfa Grange Hospital site. There were local protocols in place for providing immediate assistance at the Unit. We were informed that during weekday office-hours, that health board clinical staff working at non-patient areas on Llanfrechfa Grange Hospital site provide assistance. Outside these hours, staff from Mitchell Close homes, health board learning disability settings just off Llanfrechfa Grange Hospital site, will attend.

During the formal feedback at the end of the inspection we discussed whether the out-of-hours arrangements were appropriate to ensure the safety of patients and staff. Due to the unit being a stand-alone ward the health board should review the staffing arrangements for evenings, nights and weekends to ensure the safety of patients and staff.

We also discussed the staff skill mix during the day shifts. Due to the patient level and acuity it was felt that the health board should review the number of registered nurses working during the day to ensure there is sufficient capacity to undertake their role.

When required, Llanfrechfa Grange use health board bank staff, or if this is not possible, then they use agency staff. We were informed that there were a number of staff vacancies that the health board were in the process of recruiting to.

Llanfrechfa Grange had a dedicated consultant, a full-time occupational therapist and input from psychology service, speech and language therapy

(SALT) service and dietician service. Multi-Disciplinary Team Meetings were held weekly.

### ***Requirements***

***The health board should review the staffing arrangements for evenings, nights and weekends.***

***The health board should review should review the number of registered nurses working during the day.***

### **Privacy and dignity**

Patients had individual bedrooms, with two bedrooms being en-suite. There were toilets and bathrooms on each of the bedroom corridors. It was noted that one of the female toilets was out-of order, this had been reported however this had not been repaired at the time of our inspection.

Patients were able to personalise their own bedrooms and their bedrooms were suitably furnished with sufficient storage facilities. Patients were able to lock their bedroom doors which staff could over-ride if required. Patients had appropriate privacy measures on their bedroom windows.

There was a bathroom available with appropriate lifting and mobility aids. However, it was noted that within the bathroom there was a disposable hoist sling which was not appropriately stored or disposed of.

Throughout the inspection we observed staff interacting with patients in a caring and respectful manner. Patients that we spoke with said that staff were helpful and that they felt that they were treated kindly by staff.

It was pleasing to note that there were on-site laundry facilities, and patients were able to do their laundry with staff assistance. However, if patients were unable to do their laundry staff would do this on the patient's behalf. This needs to be monitored by the health board to ensure that nursing staff time is not diverted away from patient care by undertaking patients' laundry. During our inspection whilst the laundry room was not being used the laundry room door was unlocked, ward staff were unable to lock the door.

Patients had access to a telephone on the ward; patients who had a mobile phone were able to use this on the ward but not in communal areas.

### ***Requirements***

***The health board must ensure that the female toilet is repaired.***

***The health board must ensure that disposable hoist slings are appropriately stored and disposed of after use.***

***The health board must ensure that staff are able to lock the laundry room door when the laundry room is not in use.***

### **Patient therapies and activities**

Patients had individual activity and therapy plans and were able to choose what activities and therapies they wish to do each day. Along with a set of core activities related to their specific requirements and capabilities.

Staff said the layout of the unit allowed for patients to undertake individual activities and group activities without impacting on other patients.

The Assessment and Treatment Unit is located within the large grounds of Llanfrechfa Grange Hospital which enables patients to enjoy the surrounding space. The hospital also had a designated vehicle so that staff could facilitate taking patients to the local shops and on community trips further afield. Where appropriate, patients were also able to leave the hospital with family and/or carers.

### **General healthcare**

Patients' physical health needs were provided for by health board doctors that attend Llanfrechfa Grange Hospital. Patients generally stay registered with their own physical health services such as GP surgeries and dentists. However, patients also had access a community dentist if required and staff could refer patients to chiropody services. Patients accessed local hairdressers and barbers in the community.

### **Food and nutrition**

There were appropriate catering facilities at the hospital, with the hospital kitchen providing the meals from the chill cook supply. Patients choose their meals from the hospital menu; in addition staff were able to be flexible with patients' requests. The hospital operates a protective mealtime policy to allow patients to eat their meals without disruption and enable staff to focus on providing assistance to those patients unable to eat independently.

Patients were able to access a range of snacks outside mealtimes and drinks were readily available.

The hospital had input from the health board's SALT (Speech and Language Therapy) service and could refer to the health board's dietician services.

## ***Application of the Mental Health Act***

There were six patients being cared for at Llanfrechfa Grange Hospital, all over the ages of 18. A number of patients were detained under the Mental Health Act at the time of our inspection. We reviewed a sample of statutory documentation and found that they were compliant with the Act. However, there were a number of areas of record keeping that could be improved in line with the Mental Health Act Code of Practice for Wales.

### **Patient Detention**

Reviewing the statutory documentation, for each of the detentions under Section 2, *Admission for assessment*<sup>2</sup>, and Section 3, *Admission for treatment*<sup>3</sup>, at-least one of the doctors was Section 12 approved<sup>4</sup> and at-least one of the doctors had a previous acquaintance with the patient<sup>5</sup>. Clear reasons were given why detention under the Act was the most appropriate way of providing care and why informal admission was not appropriate.

For the detention under Section 3 the statutory documentation stated that the appropriate medical treatment was available at Llanfrechfa Grange Hospital.

On assessment of the patients for detention under Section 2 and Section 3 the Approved Mental Health Professional<sup>6</sup> (AMHP) involved for each case had identified and contacted the patient's nearest relative<sup>7</sup>. It was positive to note that in one case there was a clear record by the AMHP detailing the number of attempts to contact the nearest relative. However, not all copies of AMHP reports were kept with the individual patient's detention documentation which is good practice.

### ***Requirement***

***The health board should ensure that copies of AMHP reports are available in individual patient's notes.***

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<sup>2</sup> Section 2 - admission for assessment, patient detained under the Mental Health Act

<sup>3</sup> Section 3 - admission for treatment, patient detained under the Mental Health Act

<sup>4</sup> A doctor who has been approved by the Welsh Ministers (or the Secretary of State) under the Act as having special experience in the diagnosis or treatment of mental disorder. In practice, Local Health

Boards take these decisions on behalf of the Welsh Ministers.

<sup>5</sup> Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.

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

<sup>7</sup> A person defined by section 26 of the Act who has certain rights and powers under the Act in respect of a patient for whom they are the nearest relative

## **Section 5 – Application in respect of patient already in hospital<sup>8</sup>**

Where patients had been initially detained under Section 5(4)<sup>9</sup> of the Act it was clear that each patient was an inpatient at the time of use. It was clear that Section 5(2)<sup>10</sup> was applied within the 6 hours time limit. Whilst the patient was detained under Section 5(2) a second Medical Recommendation was secured within 72 hours time limit to detain the patient under Section 2.

It was clear from reviewing the individual patient's notes why Section 5(4) and Section 5(2) was required at the time of use and the change of patient legal status was recorded.

### **Ongoing detention**

No patients had been subject to the renewal of detention under Section 20, *Duration of authority*.

### **Section 132 provision of information**

Reviewing patients' notes it was evident in the majority of cases that the patients had been informed regularly of their rights under Section 132 of the Act and their understanding was recorded. Where required, patients were provided with information in an easy ready format.

However, there was always a record of the patient being informed of their rights when detained under the Act.

### ***Requirement***

***The health board must ensure that staff record in the patient's notes attempts to provide patient's with information regarding their detention and their rights, as set out in the Code of Practice, paragraph 22.34.***

### **Appealing against detention**

We were unable to ascertain whether all patient had been informed about appealing against their detention, and therefore had done if they so wished. As stated above, there was not always a record of the patients being informed of their right to appeal against their detention, nor was there any documentation stating that an appeal to the Mental Health Review Tribunal had been made.

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<sup>8</sup> The powers in Section 5 of the Act which allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made

<sup>9</sup> Section 5 applied by a nurse

<sup>10</sup> Section 5 applied by a registered medical practitioner or approved clinician

For other patients, it was evident that if patients wished to appeal to the Mental Health Review Tribunals that the process was followed. The notes stated the outcome of the tribunal and that the patient had been informed.

### ***Requirement***

***The health board must ensure that all patients are aware of their right to appeal against detention.***

### **Consent to treatment**

Patient subject to Consent to Treatment provisions of Section 58 of the Act were correctly documented and authorised. However, for one patient a copy of the consent to treatment certificates was not kept with the patients' Medication Administration Record (MAR Chart). This was rectified on the day of the inspection.

Where a Second Opinion Appointed Doctor (SOAD) had been required to authorise a consent to treatment certificate there was a record of this being required in the patient's notes. The patient's notes also contained a record of the SOAD discussions with the Statutory Consultees.

Where PRN medication was required, this, and the reasons why, were documented in the individual patient's notes.

### **Section 17 leave of absence**

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician including a time-limit or review date completed.

We noted that in the patients' files that not all expired leave forms were clearly marked as no longer valid. It is good practice to ensure expired leave forms are marked as no longer valid.

It was evident that family and carers had been provided with copies of leave authorisation forms when applicable. It was recorded in patients' notes how well leave went and any issues or concerns that occurred during the leave period.

The conditions on a number of Section 17 authorisation forms could be improved to include the length and/or frequency of leave. Also details of the number of people required to escort the patient and whether the escort is required to be staff or family member(s) should be included.

The hospital had identified potential risks whilst patients were on leave, what the triggers to the risks were and what actions staff were to take if these

occurred. However, there was little information regarding the likelihood of these risks occurring.

### ***Requirements***

***The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.***

***The health board should review the conditions of leave stated on Section 17 leave authorisation forms and where appropriate amend.***

***The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring.***

### **Restricted patients**

No patients were detained under Part 3 of the Act, *Patients Concerned in Criminal Proceedings or Under Sentence*.



## 6. Next Steps

The health board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Llanfrechfa Grange will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going Mental Health Act Monitoring process.

## Appendix A

**Mental Health/ Learning Disability:** Improvement Plan  
**Health Board:** Aneurin Bevan University Health Board  
**Setting:** Llanfrechfa Grange  
**Date of Inspection:** 19 May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Core Standards</b>				
9	The health board should review the staffing arrangements for evenings, nights and weekends.	<p>The Assistant Head of Specialist Services, Directorate Nurse Lead and the Assessment and Treatment Unit (ATU) manager have reviewed the staffing arrangements.</p> <p>The Head of Specialist Services, Assistance Head of Specialist Services, Medical Lead, ATU Manager and Unit Clinical Psychologist meet weekly on a Thursday to review</p>	Dr Nicola Lewis, Head of Specialist Services	Completed

		staffing and plan for weekend cover. Staffing is increased in response to clinical need and patient safety.		
9	The health board should review should review the number of registered nurses working during the day.	The Directorate Nurse Lead and the Divisional Nurse Lead have met to discuss and review the registered nurse numbers. The Divisional Nurse Lead supports this increase in registered nursing on the unit.  A review of the staffing mix on the Unit has resulted in an increase in the registered nursing posts by one Whole Time Equivalent (WTE)	Dr Nicola Lewis, Head of Specialist Services	Completed
9	The health board must ensure that the female toilet is repaired.	The female toilet has been repaired	Dr Nicola Lewis, Head of Specialist Services	Completed
10	The health board must ensure that disposable hoist slings are appropriately stored and disposed of after use.	The disposable hoist slings are now stored in the linen cupboard. All disposable slings are disposed of after use.	Dr Nicola Lewis, Head of Specialist Services	Completed
10	The health board must ensure that staff are able to lock the laundry room door when the laundry room is not in use.	The laundry room lock was repaired on 19 May 2015. The laundry room is locked when not in use.	Dr Nicola Lewis, Head of Specialist Services	Completed

<b>Application of the Mental Health Act</b>				
11	The health board should ensure that copies of AMHP reports are available in individual patient's notes.	<p>The registered nurses/Medics will request the AMHP reports when these are not forwarded to the unit.</p> <p>Patient notes and specifically Mental Health Act paperwork will be discussed and reviewed at the ATU Development meeting to be held on 7 July 2015.</p> <p>At the above meeting, a checklist for reviewing patient's notes for those detained under the Mental Health Act will be developed and agreed. The checklist (and associated actions) will be implemented on a monthly basis. The checklist will also be used for auditing purposes and reviewed at the monthly ATU Development meeting.</p> <p>The AMHP reports within the patient's files will be part of this checklist/audit.</p> <p>Mental Health Act paperwork teaching has been planned for the Registered Nursing CPD session.</p>	Dr Nicola Lewis, Head of Specialist Services	<p>Ongoing</p> <p>July 2015</p> <p>End of July 2015</p> <p>October 2015</p>

		The Unit Medical Lead and the Responsible Clinician will meet with ABUHB Mental Health Administrator to discuss the Mental Health Act paperwork.		End of August 2015
12	The health board must ensure that staff record in the patient's notes attempts to provide patient's with information regarding their detention and their rights, as set out in the Code of Practice, paragraph 22.34.	<p>Recording in the patient's notes attempts to provide the patient with information regarding their detention will form part of the checklist/audit.</p> <p>Recording in the patient's notes will be part of the Mental Health Act paperwork teaching for Registered Nurses.</p> <p>The Unit Manager will consider the use of a 'marker' in the patient's notes to indicate clearly when this has been completed with a patient and to allow for cross-referencing with the formal paperwork.</p> <p>When patient's have their rights read, the information is taken to the patient's weekly MDT and recorded in the MDT minutes.</p> <p>The Unit Manager will liaise with ABUHB Mental Health units to discuss</p>	Dr Nicola Lewis, Head of Specialist Services	<p>End of July 2015</p> <p>October 2015</p> <p>End of July 2015</p> <p>Ongoing</p> <p>End of September 2015</p>

		processes in place across the Division.		
13	The health board must ensure that all patients are aware of their right to appeal against detention.	The patient has been made aware of their rights to appeal against detention. This had been completed during the patient's stay at another hospital but the paperwork had not been sent through from the mental Health Act Administrator. The paperwork detailing this information is now in the patient's file.	Dr Nicola Lewis, Head of Specialist Services	Completed
14	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	Medical staff will now score through the expired leave authorisation form and sign.  The Application of the Mental Health Act will also be placed on the agenda of the nursing CPD and will involve the unit medics.  Expired Section 17 Leave Authorisation Forms will form part of the checklist/audit tool.	Dr Nicola Lewis, Head of Specialist Services	Completed
14	The health board should review the conditions of leave stated on Section 17 leave authorisation forms and where appropriate	All Section 17 leave Authorisation Forms have been reviewed and amended where needed.	Dr Nicola Lewis, Head of Specialist Services	Completed

	amend.			
14	The health board must ensure that assessment of potential risks whilst patients are on leave, includes likelihood of risks occurring.	<p>Medic to refer to the 'likelihood/probability' factors documented in the individual patient's WARREN and, where appropriate, attach the WARREN to the Section 17 Leave Authorisation Form. This will be discussed at the ATU Development meeting on 7 July 2015 and information disseminated.</p> <p>Competition of the likelihood of risks occurring on the Section 17 Leave Authorisation Forms will form part of the checklist/audit tool.</p>		