

Mental Health Act Monitoring Inspection (Unannounced)

**Aneurin Bevan University
Health Board: Maindiff Court,
Ty Skirrid & Lindisfarne Wards**

9 September 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

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 services provided in both the National Health Service (NHS) and in the independent sector.

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

- Mental Health Act 1983
- Mental Capacity Act 2005 and
- Deprivation of Liberty Safeguards (DoLS)

These Inspection visits are also a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales. We ensure, therefore, that settings are 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 overall purpose of these 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.

This report concerns our findings following an unannounced Mental Health Act Monitoring inspection at Aneurin Bevan University Health Board on 9 September 2015. The following hospital sites and clinical areas were visited during this inspection:

Maindiff Court hospital, Ty Skirrid ward and Lindisfarne ward

2. Methodology

We have a variety of approaches and methodologies available to us when we inspect hospital settings, and choose the most appropriate according to the range and spread of services and the purpose of the inspection.

Mental Health Act monitoring inspections hospital inspections are unannounced and we inspect and report against two themes:

- Core Standards
- Application of the Mental health Act

This inspection was led by an HIW inspection manager and included an expert reviewers with extensive experience of monitoring compliance with the Mental Health Act 1983

We reviewed documentation and information from a number of sources including:

- 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 inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

3. Context

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The Health Board employs over 13,000 staff, two thirds of who are involved in direct patient care. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers. The Health Board is led by the Chairman, non-executive directors, the Chief Executive and other executive directors. The Board is supported by the Senior Management Team.

Maindiff Court is situated approximately two miles from Abergavenny town centre on the eastern outskirts.

Maindiff Court comprises of two wards, one day hospital and an Electro-Convulsive Therapy (ECT) Department:

- Ty Skirrid is a 12-bedded ward for the Gwent-wide forensic rehabilitation service. and is staffed on a 24-hour basis. The unit offers social and psychological intervention with an emphasis on community re-integration as many of the clients have previously been in prisons or secure accommodation.
- Lindisfarne is a 3-bedded un-staffed unit which is adjacent to and overlooked by Ty Skirrid staff. The unit provides unsupervised semi-independent living for clients prior to discharge.
- Hiraeth Day Hospital provides 12 places a day for 5 days a week for the Abergavenny and rural communities. The services is split as follows:
 - 4 days for those suffering with dementia
 - 1 day for those suffering with a functional illness

- The ECT department provides treatment facilities for units situated within the North of the county. The team is headed by a consultant psychiatrist who attends on a sessional basis and is supported by the following staff:
- A dedicated Consultant Anaesthetist who will attend for the two sessions per week.
- A Senior House Officer trained in the administration of E.C.T.
- A trained first level nurse who will organise appointments for the patients and help during the treatment and recovery phases.
- A trained first or second level nurse from the patient's ward who will help supervise each of the stages (preparation, treatment and recovery).

4. Summary

Patients at Ty Skirrid and Lindisfarne had a variety of activities at the hospital and within the local community as part of their rehabilitation programme. However, some patients that we spoke to stated that they would like additional group community activities.

We reviewed a sample of statutory documentation and found it poorly organised and in some cases, files were missing copies of statutory documentation. There were a number of areas of concern with regards to the implementation of the Act.

The service was generally well maintained and was equipped with appropriate furniture for the patient group. There was a calm and relaxed atmosphere throughout our visit.

5. Findings

Core Standards

Privacy and dignity

Patients on Ty Skirrid and Lindisfarne had individual bedrooms. Patients were able to personalise their own bedrooms and these 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.

The toilet and shower facilities available were sufficient given the needs and number of patients on both wards.

Patients were able to do their own laundry, should they wish to do so. This is because laundry facilities were available on both wards.

Patients had access to a wall-mounted pay-phone; patients who had a mobile phone were able to use these freely on the wards.

Throughout the inspection we observed staff interacting with patients in a caring and respectful manner. During discussions with patients, however, they raised a concern that staff would discuss personal activities with each other whilst patients were around, such as holidays and other recreational activities. Patients felt that this was insensitive due to the restrictions that some have in place whilst living at Maindiff Court Hospital.

Recommendation

The health board must ensure that staff are mindful of the needs of patients when communicating with each other in patient areas and/or when patients are present.

Patient therapies and activities

A programme of activities was available to Ty Skirrid and Lindisfarne patients. Patient group meetings were held every morning to discuss the activities for the day. A variety of activities were available throughout the day, evenings and at weekends. There were also a number of games and craft items available, which enabled patients to initiate activities themselves.

Where appropriate, patients were also able to leave the hospital unescorted and with family and/or carers. A number of patients attended community educational courses and undertook charity work as part of their rehabilitation.

Maindiff Court Hospital is situated on the outskirts of Abergavenny with limited public transport links to the town centre. Despite this, patients were still able to access the town centre and either walked, cycled or were assisted by staff with the designated hospital vehicle.

Staff used the hospital vehicle to take patients to the local shops and on community trips further afield. However, patients said that they would like to have more group community trips, particularly at weekends. They felt that these trips were limited due to staffing issues. So effectually, staff could not support trips and to continue to provide appropriate levels of staffing on the ward - Ty Skirrid.

Recommendation

The health board should review the provision of group community activities for patients at Maindiff Court Hospital.

Food and nutrition

Ty Skirrid had two patient kitchens and Lindisfarne had its own kitchen. Patients are assessed to determine whether they can cook their meals independently, with staff assistance or whether they required having their meals provided. Patients are also able to utilise leave to purchase ingredients for preparing their own meals.

As part of a communal activity, staff and patients hold a Breakfast Club every Tuesday and the patients are provided with a traditional Sunday lunch.

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

General healthcare

Patients' physical health needs are provided for by a health board doctor who attends the hospital weekly or when required. Where possible patients are registered with their own physical health services such as GP surgeries and dentists. However, patients can also access an emergency dentist. Where required, staff refer patients to specific health board services such as podiatry, dietetics and Speech and Language Therapy (SALT). Patients access local hairdressers and barbers in the community.

Safety

Staff were able to access the health board's Observation Policy via the health board's computer system. Staff stated that if required, observation levels were increased to reflect the risk posed by behaviours of any patients

We were informed that all staff working on the ward were trained in de-escalation and redirecting techniques to manage any patients' behaviours that challenge.

On the day of the inspection staff were not carrying personal alarms but used a two-way-radio system to communicate to each when required. Staff stated that this was appropriate for the patient group. However we recommend that the health board review whether personal alarms should be made available to staff to use if the presentation of patients deems it appropriate.

Recommendation

The health board should review the provision of personal alarms at Maindiff Court hospital.

The multi-disciplinary team

The core numbers of staff for Ty Skirrid was two registered nurses and two health care support workers during the day and one registered nurse and two health care support workers during the night. When required, Ty Skirrid uses health board bank staff.

The consultant psychiatrist who is responsible clinician for the patients at Ty Skirrid and Lindisfarne attends Maindiff Court weekly to undertake ward round. We were informed that the consultant will also attend as required.

The ward has input from an occupational therapist once a week; however the ward has two activity coordinators who liaised with the occupational therapist providing support throughout the week. Staff could refer to the health board's psychology service, speech and language therapy (SALT) and dietician service.

Ward Environment

On the day of the inspection the entrance was unlocked; the ward remains unlocked throughout the day and evening.

The ward appeared clean, generally clear of clutter and free from any unpleasant or clinical odours throughout. Since our previous inspection in August 2013 the health board had replaced the worn furniture and the communal areas were well furnished and the fixtures and fittings were appropriate for the patient group.

Ty Skirrid is a 12 bedded ward with individual bedrooms. The ward has a communal lounge area, a dining area and two kitchens that patients can access. There are a number of small rooms available for patients to use which can accommodate small groups. There are rooms at the entrance to the ward which can be used for patients to meet with family members or other visitors.

The ward was pleasantly decorated with pictures and artwork. The ward had a range of information posters and leaflets on display for patients and their families.

Lindisfarne is a three bedded unstaffed house adjacent to Ty Skirrid; though staff from Lindisfarne attend when required. The house has a communal lounge, a kitchen and three individual bedrooms. The ward was pleasantly decorated and had furniture, fixtures and fittings appropriate for the patient group.

However, it was evident that both Ty Skirrid and Lindisfarne would benefit from redecoration.

Patients have direct access from Ty Skirrid and Lindisfarne to the grounds of Maindiff Court Hospital. The garden area was well maintained and with plants and trees.

Recommendation

The health board must undertake redecoration to the paint work throughout Ty Skirrid and Lindisfarne.

Application of the Mental Health Act

There were 14 patients being cared for at Ty Skirrid and Lindisfarne, all over the age 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 the documentation was poorly organised within individual patient's files and in some cases statutory documentation was also missing. There was evidence that that medical scrutiny had been undertaken (stamped recommendations) but no evidence of administrative scrutiny as set out in the Code of Practice paragraph 10.3¹. There were a number of areas of concern with regards to the implementation of the Act.

Patient Detention

Reviewing the statutory documentation, for each of the detentions under Section 3, Admission for treatment², at-least one of the doctors was Section 12 approved³ and at-least one of the doctors had a previous acquaintance with the patient⁴. Clear reasons were given why detention under the Act was the most appropriate way of providing care and why informal admission was not appropriate. The statutory documentation stated that the appropriate medical treatment was available at the hospital.

On assessment of the patients for detention under Section 3 the Approved Mental Health Professional⁵ (AMHP) involved for each case had identified the patient's nearest relative⁶.

From reviewing the AMHP reports it was noted that the AMHP involved in the individual case had contacted the patient's nearest relative. Copies of an AMHP report were kept with the individual patient's detention documentation.

No patients had been subject to Section 4 emergency application⁷ or Section 5 holding powers⁸.

¹ "...scrutiny is the study of those forms to ensure that the requirements of the Act and regulations have been met. Scrutiny includes both administrative and medical scrutiny..."

² Section 3 - admission for treatment, patient detained under the Mental Health Act

³ 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.

⁴ Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.

⁵ 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.

⁶ 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

⁷ An application for detention for assessment of mental disorder made with only one supporting medical recommendation in cases of urgent necessity.

⁸ 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.

Ongoing detention

Where a patient had been subject to the renewal of detention the correct forms had been completed within the required timescales. The statutory documentation stated why detention under the Act was still the most appropriate way of providing care for the patient.

However, it was not evident in all patients' notes the decision to renew (or to not renew) the individual patient's detention.

In the sample of the records we reviewed there was, on occasion, no record of the patient's responsible clinician's decision process about not renewing the patient's detention. We were informed by ward staff that rather than formally discharging the patients' detentions under the Act, using Section 23, they were allowed to 'expire' if they patients were willing to remain on the ward as an 'informal' patient. This does not follow the guidance set out in the Code of Practice, paragraph 12.27⁹:

During our conversations with patients, those whose detentions had been allowed to expire stated that they had not had any discussions prior to the expiration about their detention and whether it would be renewed or not. They had little understanding of why this had occurred and their understanding of an 'informal' status was not clear.

Section 132 provision of information¹⁰

Reviewing patients' notes it was not always evident that the patients had been informed regularly of their rights under Section 132 of the Act. Where this had occurred, there was a record in their notes whether the patient understood of their rights or if the patient had refused to engage in the process. However in some patients' notes the health boards' pro-forma was incomplete or absent from the patient's file.

Recommendation

The health board must ensure that there is a record in individual patient's files of the provision of rights under Section 132 as stated in the Code of Practice, paragraph 22.34¹¹.

⁹ "Because responsible clinicians have the power to discharge patients, they must keep under review the appropriateness of exercising that power. If at any time responsible clinicians conclude that the criteria would justify renewing the patient's detention or extending the patient's community treatment order (CTO) are not met, they should exercise their power of discharge. They should not wait until the patient's detention of SCT is due to expire."

¹⁰ Section 132 of the Mental Health Act 1983 places a responsibility upon the hospital managers to take all practicable steps to ensure that all detained patients are given information about their rights.

Appealing against detention

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.

Consent to treatment

On reviewing a sample of the Consent to Treatment provisions of Section 58 it was observed that one consent to treatment CO2 certificate issued was dated prior to the consultant becoming the patient's responsible clinician, and therefore invalid.

It was also noted that where consent to treatment certificates had been superseded by a new consent to treatment certificates that the obsolete certificates were not always marked as no longer valid. It is important to ensure that staff can easily identify the current consent to treatment certificate so that staff can verify that the treatment being administered is authorised.

From the records reviewed it was not possible to find any record of the discussions by the Responsible Clinician with these patients regarding the medication they were being asked to take, as set out in the Code of Practice paragraph 16.4¹². There was also no evidence of capacity assessments being recorded or that these decisions were regularly reviewed, as set out in the Code of Practice paragraph 16.10¹³.

Recommendation

The health board must ensure the validity of consent to treatment certificates when authorised.

The health board must ensure that obsolete consent to treatment certificates are clearly marked as no longer valid.

The health board must ensure that responsible clinicians undertake their responsibilities with regards to capacity and consent as set out in the Code of Practice, Chapter 16.

Section 17 leave¹⁴ of absence

¹¹ "A record should be made in the patient's case notes each time an attempt is made to explain information to them, together with the outcome of that explanation and any plans for giving them information again."

¹² "...the patient's consent should be sort for all proposed treatments..."

¹³ "...Capacity in an individual with a mental disorder can vary over time and should be assessed at the time the decision in question needs to be taken... All assessments of an individual's capacity should be fully recorded in the patient's notes."

¹⁴ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

All Section 17 leave authorisation forms were authorised by the patients' responsible clinician with a time-limit or review date completed. All expired leave forms on patients' files were clearly marked as no longer valid.

Restricted patients

Where patients were detained under Part 3 of the Act, *Patients Concerned in Criminal Proceedings or Under Sentence*, copies of the documentation relating to their detention were available within their files.

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 Maindiff Court Hospital 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: Maindiff Court
Date of Inspection: 9 September 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Core Standards				
8	The health board must ensure that staff are conscientious of patients whilst in patient areas.	Staff to not discuss personal activities with other staff members in front of patients (such as holidays and other recreational activities). Discussed in staff meeting following HIW inspection and staff made aware to be mindful of personal conversations in front of patients. Staff to have access to the HIW report	Ward Manager	Completed

		to reinforce this message.		
9	The health board should review the provision of group community activities for patients at Maindiff Court Hospital.	The unit seeks to provide staffing to facilitate weekend activities and acknowledges the importance of this. There will be occasions when outside factors will affect the ability to undertake these activities.	Ward Manager	Completed
10	The health board should review the provision of personal alarms at Maindiff Court hospital.	The ward has previously utilised personal alarms but found them to be ineffective within the ward environment. The use of two-way-radio system has proved to be more successful. This will be reviewed by the Senior Nurse.	Ward Manager / Senior Nurse	December 2015
11	The health board must undertake redecoration to the paint work throughout Ty Skirrid and Lindisfarne.	The ward has been allocated monies for redecoration within the next financial year.	Ward Manager / Facilities	April 2016
Application of the Mental Health Act				
13	The health board must ensure that there is a record in individual patient's files of the provision of rights under Section 132 as stated	The Ward Manager and ward staff to ensure that patient are regularly informed of their rights under the Act and that this is correctly documented	Ward Manager / Mental Health Act Department	Completed

	in the Code of Practice, paragraph 22.34.	in both the patient notes and on the relevant patient rights pro-forma. Flowchart explaining patient rights procedures made available to staff.		
14	The health board must ensure the validity of consent to treatment certificates when authorised.	The Ward Manager and ward staff to check validity of any consent to treatment certificate on receipt and liaise with the Mental Health Act Department regarding. Mental Health Act Department issue copies of any received consent to treatment certificates to responsible clinicians and ward staff to ensure not only the most recent certificates are available but are seen to be correct by all. Flowchart explaining consent to treatment procedure made available to ward staff.	Ward Manager / Mental Health Act Department	Completed
14	The health board must ensure that obsolete consent to treatment certificates are clearly marked as no longer valid.	Upon receipt of most recent consent to treatment certificate ward staff to mark any previous consent to treatment certificate as no longer valid and ensure that the most recent consent to treatment certificate is readily available.	Ward Manager	Completed

14	The health board must ensure that responsible clinicians undertake their responsibilities with regards to capacity and consent as set out in the Code of Practice, Chapter 16.	<p>Feedback to consultants on non-recording of discussions around consent and capacity.</p> <p>Ward manager to discuss with identified care co-ordinators importance that clinical decision making is transparent.</p> <p>Issue of recording clinical decisions included within above flowcharts.</p>	Ward Manger / Responsible Clinicians / Care Co-ordinations	Completed
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Health Board Representative:

Name (print):

Title:

Date: