

**A review of care provided
to patients with a learning
difficulty or mental health
issue at:**

**Tŷ Catrin Independent Mental
Health Hospital, Dyfrig Road,
Ely, Cardiff, CF5 5AD**

**Date of visits 22 July 2011,
20 September 2011 & 6 February 2012**

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1. Introduction and Background

1.1 Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

1.2 Independent healthcare¹ providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at www.hiw.org.uk.

1.3 In May 2011, the BBC's investigative television series '*Panorama*' broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme understandably gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

1.4 The focus for the reviews was to ensure that individuals accessing such services are:

- safe;
- cared for in a therapeutic, homely environment;
- in receipt of appropriate care and treatment from staff who are appropriately trained;
- encouraged to input into their care and treatment plans;
- 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;

¹ Independent healthcare – services not provided by the health service.

- able to access independent advocates and are supported to raise concerns and complaints; and
- supported to maintain relationships with family and friends where they wish to do so.

1.5 As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between patients and staff. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including patient care plans, policies and procedures, staff induction and training plans and complaint, restraint and incident records. HIW uses a range of expert and lay reviewers for the inspection process including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983.

Tŷ Catrin

1.6 Tŷ Catrin independent hospital (Tŷ Catrin) was first registered on 26 October 2009 by HIW and is currently registered to provide care to forty-two (42) patients on five wards. The hospital offers a low secure² service for the treatment and nursing of patients with a personality disorder³ who may also be detained under the provisions of the Mental Health Act 1983⁴. The hospital's registered provider⁵ is Pastoral Cymru (Cardiff) Limited.

² Low secure service – low secure units offer intensive, comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security.

³ Personality disorder – the diagnostic definition is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture is pervasive and inflexible has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

⁴ Mental Health Act 1983 – legislation that governs the treatment of people with a mental disorder, which is defined as covering mental illness, personality disorder and learning disability.

⁵ Registered Provider - means a person or company who is registered under part II of the Act as the person carrying on the establishment or agency

1.7 A full multi-disciplinary team were employed at Tŷ Catrin and team members included, medical staff, a range of nursing staff, occupational therapists and technicians, psychologists, physiotherapists, and a nutritionist. All patients were registered with a local general practice.

1.8 HIW undertook an unannounced visit to Tŷ Catrin on 22 July 2011. This was followed up by a further unannounced visit on the evening of 20 September 2011.

1.9 The findings arising from those visits are set out in Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 4 of this report sets out HIW's requirements for action.

1.10 Following each of our visits detailed verbal feedback was given at the end and this was followed by a letter to the registered provider and manager detailing the regulatory breaches.

2. Our Findings

2.1 The Terms of Reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services⁶ would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

‘Were those accessing services at the time of our visit safe?’

is considered in Section 3 of this report, where we present our conclusions and next steps. This question can only be answered when we have given careful consideration to the answers to the questions below:

‘Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?’

2.2 At the time of our visits patients were being cared for on four of the five wards available at Tŷ Catrin. During the first two visits ten female patients were being cared for on Victoria Ward (this ward can accommodate 11 patients) and eight female patients were being cared for on Sophia Ward (the maximum for this ward). On the third ward named Bute, ten male patients were being cared (this ward can accommodate 11 patients). There was one female patient being cared for on Roath Ward (registered for eight patients). This patient was extremely challenging for the establishment and we were advised that the patient had deteriorated following her admission to Tŷ Catrin. While steps had been taken to put appropriate care arrangements in place for this individual, it was clear that at the time of our visit this patient required care in a medium secure environment and arrangements for her transfer to such an establishment was being sought by Tŷ Catrin. It is essential that the registered provider meet all patients’ individual needs and must assure HIW that all admissions to the establishment are appropriate. At the time of our third visit,

⁶ Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

undertaken on 6 February 2012 the patient that had been accommodated on Roath ward had been transferred to a different hospital that was more suitable to her needs.

Bute Ward

2.3 All bedrooms on Bute Ward had en-suite facilities, the Ward was decorated to a satisfactory standard and many of the bedrooms were extensively personalised with posters, pictures and other personal items. However, the walls of the designated smoking room were marked and the room was generally in need of redecoration. A number of the lounge chairs were marked and the settee had holes in it. We were advised by staff that replacement seating had been ordered.

2.4 The ward lacked pictures and soft furnishings, and while we acknowledge that the risk such items may pose to patients (particularly those with a history of self-harm) must be considered, Tŷ Catrin needs to do more to make the environment homely.

Victoria Ward

2.5 All bedrooms on Victoria Ward had en-suite facilities and the ward was generally clean and appropriately decorated, but pictures and soft furnishings were sparse. Again it is acknowledged that these items may not be appropriate for all wards or patients, but their exclusion must be justified on the basis of clinical reasons and individual risk assessments, and the rationale for such decisions should be documented accordingly.

2.6 When we visited on 22 July, coffee had been thrown over the walls and remained there throughout the day, from our observations there appeared to be no reason for the delay in cleaning the walls. One of the nurse call alarm lights was continually flashing and we were informed that this was due to an electrical fault. Key to ensuring the safety and timely care of patients and we highlighted that the

issue needed to be addressed as a matter of urgency. We subsequently received confirmation that the faulty nurse call alarm light had been addressed.

2.7 The space for dining on Victoria Ward was inadequate for the number of patients on the ward and hence an additional dining table should be introduced.

2.8 When we visited on the 6 February 2012 there was an issue with the heating on Victoria ward and the ward was cold and some patients were using blankets to keep themselves warm. A number of patients and staff confirmed that the levels of heating were inconsistent and at times the ward became cold.

Roath Ward

2.9 At the time of our visits, Roath Ward was being used to accommodate a single patient. While accepting the challenges in relation to the patient group, the ward required general redecoration and some refurbishment.

‘Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately trained?’

Staff Numbers

2.10 Our visits highlighted some fundamental issues in relation to staffing both in terms of capacity and capability. While without exception all the staff we spoke to were personable and dedicated, there were clear shortfalls in permanent staffing numbers. In particular, on our second visit to Victoria Ward (20 September 2011) there were ten staff on duty and eight of these were agency staff⁷. On Roath Ward the patient was being cared for by three staff and all of these were agency staff. Our review of staff rotas highlighted that these were not isolated incidents. While Tÿ Catrin made efforts to ensure that the same agency staff were used where possible the use of such high levels of agency staff was not sustainable. It is important that

⁷ Agency staff – refers to staff provided by a third party (agency) to work at the establishment.

patients, particularly those with a personality disorder, have consistency in the staff members providing care to them in order to build up a successful therapeutic relationships and trust.

2.11 Staff told us of high turnover⁸ rates and staff becoming quickly 'burnt out' because of the complex case mix of patients cared for on some wards. Tŷ Catrin needs to ensure that appropriate succession and contingency plans are in place to ensure that it can appropriately manage and deal with staff turnover. In addition, it is imperative that staff receive an appropriate level of supervision and support.

2.12 Following our visit in September 2011 the registered provider submitted an action plan to HIW setting out how our concerns would be addressed. Two key elements of this plan were for Tŷ Catrin to:

- initially engage a number of agency staff for a three month period; and
- embark upon a recruitment campaign to employ additional permanent staff.

HIW has received weekly monitoring reports from Tŷ Catrin that set out staffing levels. The issue was also followed up as part of the unannounced visit we undertook on 6 February 2012 and we were satisfied that at the time of this visit steps had been taken to address this matter. HIW will continue to seek updates and reassurance from the registered provider about staffing levels.

Staff Training

2.13 We interviewed 22 members of staff during our visits including permanent, bank⁹ and agency staff and found the level of experience in relation to caring for individuals with a personality disorder to be variable amongst agency staff. Two of the care support workers we spoke to had received no formal training in this area

⁸ Turnover rates - refers to the number of staff that have terminated and commenced employment with the registered provider.

⁹ Bank staff - staff employed by an organisation on a session basis when required not necessarily full or part time but some bank staff may be contracted on a regular basis.

and a further three agency staff had not received any structured induction to the hospital. In addition, during our visit on 22 July 2011 one of the care support agency staff told us that they had not previously worked in an independent hospital and had no experience or training relevant to working with patients with a personality disorder.

2.14 We also found that agency staff had received different control and restraint training to that received by permanent members of staff. We were concerned that this could cause potential harm to a patient should two distinct models of restraint be used during an episode of restraint and informed Tŷ Catrin that priority needed to be given to ensuring consistency in the training provided to staff. While Tŷ Catrin advised that they were satisfied that the principles of restraint training were consistent they have, since our visits, confirmed that they now use the same training provider for all restraint training.

2.15 Limited child protection training had been received by the staff we spoke to at Tŷ Catrin. This training is necessary to ensure staff have sufficient knowledge to enable child protection procedures to be effectively implemented when necessary.

2.16 In addition, during our visit undertaken on the 6 February 2012 on Victoria ward there were a number of patients with a diagnosed eating disorder, however, ward based staff had received limited training in this area. While it was confirmed that the care plans for these patients had been developed by the multi-disciplinary team, nursing and healthcare staff told us that they considered that they would benefit from further training so that they could actualise these plans in the most appropriate way.

2.17 Feedback from staff indicated that supervision and appraisal required further development. A Nurse Specialist had been appointed with specific responsibility for undertaking group supervision but it was acknowledged that this area required development and more structure. A Clinical Nurse Specialist had also recently been appointed.

2.18 Following our visits we were subsequently informed that a structured induction training programme was being developed for agency staff and that this would provide initial training in relation to working with patients with a personality disorder.

Policies and Procedures

2.19 If an organisation is to operate safely and consistently, all staff should know how to access policies and procedures and should be able to demonstrate knowledge of them. Examples of key policies that staff must have knowledge and access to include: medicines management, control and restraint, Section 17 – leave when detained under the Mental Health Act 1983, community escorting of patients and complaints. Tŷ Catrin had an extensive range of policies and procedures in place, however at the time of our visit, we found that some staff could not locate the hard copy policy and procedure file or an electronic version of them. Whilst staff were able to demonstrate a limited knowledge of the various policies and procedures in place, they need to have access to copies of the policies and procedures when in doubt and therefore this situation must be rectified.

‘Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?’

Review of Care Plan Documentation

2.20 We reviewed care planning documentation and found evidence of patients being involved in the care planning process. The preferences and needs of patients were well documented and it was evident that changes to plans were being discussed with patients. However, there was little evidence of relatives being involved in care planning and there was no documentation which provided any reason for their lack of involvement within the patient records reviewed on the ward. In addition there were some difficulties in relation to ward based staff accessing historical notes that were essential when formulating reports and care plans. While

Tŷ Catrin has advised us that such information is available electronically it needs to ensure that all staff know how to access such records.

2.21 A range of different types of individual patient risk assessments were in place. It is imperative that these risk assessments form the basis of decisions regarding the care and treatment of individual patients, and blanket decisions that apply to all patients on a ward should be kept to an absolute minimum. All decisions must be based on a sound and reasonable rationale which should be explained to patients and clearly documented.

2.22 Tŷ Catrin employs two social workers, and their input with patients was very well documented. This was a very positive initiative that should be further developed to consider all aspects of the Care Programme Approach¹⁰ (CPA). There were references in the documentation we examined to patients being seen by their community care co-ordinator¹¹ and to families being invited to CPA meetings. However, record keeping was disjointed and some aspects of the CPA documentation were difficult to access and there was no discharge plan formulated as part of the CPA process. There was also a lack of evidence of a systematic approach to discharge planning.

‘Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential?’

Patient Activities

2.23 We discussed a range of issues with patients focusing on whether they felt safe and properly supported. Generally patients felt able to make some decisions regarding their daily routine but a recurring theme was that patients felt *‘bored.’* Particularly, few activities were available on weekends and in the evenings. A

¹⁰ Care Programme Approach - This is a co-ordinated system of care management, based on a person centred approach determined by the needs of the individual. There are four elements within CPA; a systematic assessment, the development of a care plan, the appointment of a care co-ordinator and regular reviews of the plan.

¹¹ Community Care Co-ordinator - A qualified health or social care professional who designs and oversees a care plan as part of the CPA.

number of the male patients raised with us the fact that there were very few sessions to help them develop practical skills, such as woodwork sessions.

2.24 The minimal gym facilities and the availability of staff qualified to supervise sessions was also raised as an issue by patients, who also highlighted concerns about their access to outside space. In particular we noted memos displayed in staff offices that stated that patients were not allowed in the grounds after hours of darkness. Again this was evidence of a blanket approach to managing all patients on a ward instead of an individual risk-based approach to decision-making. Tŷ Catrin has made it clear that it considers it to be impractical to manage all issues on an individual patient basis. It therefore needs to make its stance in relation to those matters for which it as a *'blanket approach'* clear to those commissioning services from it so that commissioners can together with their patients evaluate whether they consider such an approach to be suitable for the well-being and care of their patients.

2.25 While care plans made reference to group therapy activities, a programme setting out the range of activities on offer to patients was not displayed on wards. At the time of our visits we witnessed no group activities taking place on the wards, although a number of patients were involved with individual therapy.

Nutrition

2.26 In terms of diet and nutrition, we were concerned that one patient was not receiving a reduced fat diet despite this being identified in the individual's care plan. We raised this with staff on the second day of our visit, and they acknowledged that a reduced fat diet had not been provided, this was subsequently rectified. Another patient had requested a specific breakfast cereal and this request had not been facilitated. Some patients also complained that some food portions provided for the evening meal were too small and there was a lack of variety and choice.

2.27 Patients on Bute Ward expressed concern that Tŷ Catrin only provided decaffeinated coffee and if patients wanted caffeinated coffee they had to provide

their own. We established that it was the policy of Tŷ Catrin to only provide decaffeinated coffee because the registered provider's position was that *'caffeine is a substance that can have adverse effects on the patient group.'* While we acknowledge that caffeine may have an impact on mood, in the best interest of patients, all decisions regarding care should be based upon risk and made on an individual basis, rather than applied to all patients as part of a blanket approach.

2.28 On Bute Ward and Victoria Ward we found that patients had difficulty accessing fresh water because staff control access to the ward kitchen. This was a particular concern in relation to encouraging independence and choice and is a basic right for patients. Furthermore, food received from the main kitchen was only kept for a period of no more than two hours and patients told us that sometimes they do not want to eat at the ward's set meal times. It is therefore important that alternative provision is made for those patients who may want to eat their food outside of set meal times.

'Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?'

Access to Services

2.29 There was a good level of understanding amongst the patients of how to raise any concerns and complaints; in addition patients knew how to access advocacy services. However, on the wards we visited we found that there was a lack of patient information about advocacy services or how to make a complaint on display for patients or their relatives.

‘Were those accessing services at the time of our visit supported to maintain relationships with family and friends where they wish to do so?’

Support for Patients to Maintain Contact with Friends and Family

2.30 A number of patients complained about the high cost of using the payphone on Bute Ward and that there were no payment tariffs displayed so that they could understand the charges they were paying.

2.31 A number of patients were receiving section 17 leave¹² and this was having a positive impact upon maintaining family relationships. However, we were concerned that there were occasions when patients, who were not close to discharge, were receiving escorted leave into the community and were being accompanied by only one member of staff. This situation must be reviewed, according to individual risk assessment, because it may not be practicable for one member of staff to maintain continual observations of a patient if this is required. Therefore it is important that policies and procedures are reviewed and that staff have access to them.

¹² Section 17 leave - Formal permission for a patient who is detained in hospital to be absent for a period of time. Patient remains under the powers of the Act when they are on leave and can be recalled to hospital at anytime.

3. Conclusion

'Were those accessing services at the time of our visit safe?'

3.1 HIW's visit undertaken on 20 September 2011 identified a number of significant regulatory breaches. One of the most concerning aspects of the visit was the lack of suitably skilled and experienced persons working at the hospital and the high use of agency staff that did not have the necessary training and experience of working with the patient group.

3.2 On 20 September 2011 when HIW inspectors arrived at the establishment staff were not aware of who was in charge of the hospital. The registered provider had subsequently responded to this issue by confirming to HIW that a rota has been put in place identifying the person in charge of the hospital and this information had been cascaded to all wards and reception staff.

3.3 Immediately following our visit of 20 September 2011 and 6 February 2012, HIW wrote to the registered provider which outlined the issues that required immediate action. In response to our letter, the registered provider submitted an action plan to HIW, and has subsequently sent HIW weekly updates in relation to staffing levels. During this period, the registered provider agreed not to increase overall numbers of patients above the levels accommodated at the inspection visit. This temporary moratorium on new admissions has now been lifted, as HIW has received satisfactory assurances that staffing numbers are now at an appropriate level to ensure patient care and safety.

3.4 The action taken by the registered provider in response to the requirements included:

- Initial engagement of a number of agency staff for a three month period and during this time to embark upon a recruitment campaign to employ additional staff. Progress in relation to this area has been reported to HIW in the form of weekly reports.

- Formulation and implementation of a structured induction training programme that includes agency staff.
- A review of the process of arbitrary decisions being imposed upon patients had resulted in the production by the registered provider of a document providing guidance for staff. However, there remained an inflexible approach in relation to caffeine products not being provided by the registered provider. This is clearly an example of a *'blanket approach'* being imposed upon all patients and not on an individual patient risk based approach.
- A review of procedures to ensure that all patients receive an appropriate diet and that individual preferences, where reasonable, are taken into account.
- The placing of policy files on each of the wards and on the shared drive of the computers.
- The implementation of a system of early identification of when staff supervision is not taking place.

3.5 Whilst there are a number of significant issues identified in the report, the registered provider has implemented a number of action plans and there has been considerable dialogue with HIW. A number of improvements have been noted and these must be sustained. At the time of our visit we had no immediate concerns in relation to patient safety.

4. Requirements

4.1 The requirements set out below address any non-compliance with the Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the *'registered person'* who, as set out in the legislation, includes both the registered provider and/or the registered manager for the establishment or agency to take forward. The registered person must provide an action plan confirming how they intend to address the required actions. HIW will, if necessary, take enforcement action to ensure compliance with the regulations.

National Minimum Standard	Regulation	Findings (Paragraph Number)	Requirement	Time scale
25	20 (1) (a) & (b) & 21 (2) (b)	2.12	The registered provider is required to ensure that at all times suitably skilled and experienced persons are working in the establishment particularly in relation to training and experience in personality disorder.	Immediate and on-going.
25	20 (1) (a) & (b) & 21 (2) (b)	2.13	The registered provider must continue to ensure that staff are trained in consistent control and restraint techniques.	Immediate and on-going.
25	20 (1) (a) & (b) & 21 (2) (b)	2.14 & 2.15	The registered person is required to ensure at all times suitably qualified, skilled and experienced persons are working in the establishment and must ensure that all staff are trained in child protection and eating disorders.	Immediate and on-going for supervision and confirmation that staff have been trained in child protection and eating disorders by required by 31 May 2012.

25	20 (2) (a)	2.16	The registered person is required to ensure appropriate supervision and appraisal for all staff.	Immediate and on-going.
12 & 14	15 (1) (a) (b) & (C), 24 (3) & 26 (2) (a) & (b)	2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.23 & 2.24	<p>The registered person is required to address all of the areas listed within the report in relation to:</p> <ul style="list-style-type: none"> ▪ Redecoration and refurbishment. ▪ Making the environment more homely. ▪ Ensure exclusion of items is based on individual risk. ▪ Ensure nurse call system is fully operational (confirmation received that this had been addressed). ▪ Patients have open access to fresh water. ▪ Put in a system to accommodate patients who want to eat outside set mealtimes. ▪ Ensure information about activities advocacy services and how to make a complaint is displayed. ▪ Additional dining facilities for Victoria. ▪ The heating is consistent on Victoria. ▪ The recording of temperatures for refrigerators and freezers is undertaken. 	An action plan of how all of these areas will be addressed is required by 31 May 2012.

2 & 3	15 (1) (a) & (b)	2.18, 2.19, 2.20 & 2.25	<p>The registered person must ensure that patients have a range of activities available for them to access including on weekends.</p> <p>The registered person must ensure that information about payphone charges is made available for patients so that they can make an informed decision as to whether or not they use this facility.</p>	An action plan to address this area must be in place by 31 May 2012.
14	15 (9) (b)	2.21 & 2.22	<p>Patients must receive an appropriate diet for their individual dietary requirements and any decisions to restrict. Caffeine products must be based on individual needs and assessments and not arbitrarily applied to all patients.</p>	Immediate and on-going.
8	15 (1) (a) & (b)	2.15 & 2.16	<p>The registered person must ensure that, where appropriate, families are involved in patient care.</p> <p>The registered person must ensure that decisions are not made on a blanket basis but individual assessed patient needs.</p>	Immediate and on-going.

2 & 3	15 (1) (a) & (b) & 20 (1) (a) & (b)	2.3 & 2.10	The registered provider must be able to meet all the patients' individual needs and must continue to assure HIW that all admissions to the establishment are appropriate and remain appropriate and that staff have the necessary skills, experience and knowledge to meet the needs of all patients accommodated.	Immediate and on-going.
18	9 (5)	2.18	The registered person is required to ensure that policies and procedures are available to all staff and they receive suitable training on how to apply them.	Immediate and on-going.

5. Next Steps

5.1 Further visits will be undertaken by HIW to Tŷ Catrin and compliance against the regulations and action plan will be further assessed.

5.2 The registered provider will be required to send an updated action plan to HIW that addresses all the regulatory issues identified within this report within two weeks.