

**Mental Health/ Learning
Disability Inspection
(Unannounced)**
Ludlow Street Healthcare
Group: St Peter's Hospital
Brecon, Raglan and Upper
Raglan Wards

17 and 19 February 2015

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1. Introduction

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.

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided 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 Healthcare Inspectorate Wales (HIW) ensures 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 and Deprivation of Liberty Safeguards
- 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 and learning disability inspections is 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 plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- 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 and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

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. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to St Peter's Hospital, Newport on the evening of the 17 February 2015 and all day on the 18 and 19 February 2015.

St Peter's Hospital was first registered with HIW in January 2014 and is currently registered to accommodate 33 patients within three separate units. The hospital was previously registered as Llanbedr Court.

Brecon Ward is an 18 bedded single gender unit, male at the time of our inspection. Raglan Ward is a 10 bedded single gender unit and Upper Raglan Ward is a five bedded single gender unit, both Raglan and Upper Raglan wards were female at the time of our inspection. All units are registered as single gender and can change between male and female depending on current patient group requirements.

St Peter's Hospital provides a service for persons with a diagnosis of Organic Brain Disorder, Dementia or Acquired Brain Injury who may be liable to be detained under the Mental Health Act 1983.

During the three day inspection, we reviewed three wards, 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, one Peer Reviewer, one Lay Reviewer and two members of HIW staff.

4. Summary

Our inspection to St Peter's Hospital in February 2015 was a positive visit with many areas of noteworthy practice in operation. A great effort had been made to create a Dementia Friendly Design environment with the general decoration was noted to be of a good standard and suitable to the patient group.

However we did note that due to the behaviours of one patient on Upper Raglan Ward there was damage to furniture, fixtures and fittings that had impacted upon other patients on the ward.

Our visit on the first night however did highlight that the Senior Nurse On Shift (SNOS) was unable to quickly identify essential information regarding the patient group being cared for at St Peter's Hospital.

The procedures in place for the recruitment of new staff were deemed to be stringent and have resulted in high standards of nursing and support staff. As a result, staff spoke of good team working across all wards. In addition, there were good training opportunities available for staff and the mandatory training statistics were positive, showing a high percentage of compliance within the hospital.

Communication and relationships throughout the hospital were well developed and staff reported a democratic environment in which they felt valued and their opinions were respected.

St Peter's Hospital had a designated Activities Block that provided a range of activities suitable to the patient group.

There was a great effort to ensure that the dining experience was part of the therapeutic care. Dietician and speech and language therapist works with staff and patient's to assess patient's individual needs. Patients select meals from menus with large pictures and a specialist catering supplier provides specialist meals suitable to individual patient's needs.

5. Findings

Core Standards

Ward environment

Brecon Ward

Brecon Ward is a male ward which has 18 single bedrooms situated on the ground floor. Throughout the ward the furniture, fixtures and fittings had been designed and installed to provide a Dementia Friendly Design environment. Each patient's bedroom door was unique to assist with ease of recognition and orientation; the décor, fixtures and signage throughout the ward were bold and clear to assist patients and help maintain their independence. There was also a large display of pictures on the communal walls that were suitable for the patient group and provide therapeutic reminiscence.

There were communal lavatory facilities on the ward, however one of the toilet pans had become discoloured and stained, therefore in need of replacing. We were told that maintenance had been informed and during our visit were told that these issues were being addressed.

On Brecon Ward there was a lounge-dining room, this was of appropriate size however for this patient group it could be difficult for the patients to distinguish between the two areas of the room, we were informed that the hospital managers were considering reconfiguring the room so that it was a lounge and a separate dining room.

Patients had access to outside space however this was rather bare and was not an inviting space. Within the garden area facilities were provided for those patients who wished to smoke.

Raglan Ward

Raglan Ward is a female ward which has 10 single bedrooms situated on the ground floor. Throughout the ward the furniture, fixtures and fittings had been designed and installed to provide a Dementia Friendly Design environment. Each patient's bedroom door was unique to assist with ease of recognition and orientation; the décor, fixtures and signage throughout the ward were bold and clear to assist patients and help maintain their independence. There was also a great display of pictures on the communal walls that were suitable to the patient group and provide therapeutic reminiscence.

We noted that one of the unoccupied bedrooms was being used as a storage area for items such as spare beds and empty boxes.

There were appropriate communal lounge, dining and lavatory facilities on the ward. Patients had access to outside space however this was rather bare and was not an inviting space. Within the garden area facilities were provided for those patients who wished to smoke.

Upper Raglan Ward

Upper Raglan Ward is a female ward, providing 5 single occupancy bedrooms on the first floor of the hospital. The ward had been significantly damaged by one of the current patients (LSH 582). On arrival on the first evening we noted that the television in the lounge was no longer working and awaiting replacing, this was removed before the end of our inspection. The ward payphone had also been damaged and therefore out-of-order.

Due to the challenging behaviours posed by patient LSH 582 staff had been required to remove unsecured items and ensure that no items are left out on the ward, which left the ward very bare in appearance. In addition areas of the ward such as the kitchen and dining room had to be locked by staff, which restricted other patients' access to these areas that were previously open.

Patients had access to the outside space shared with Raglan ward. We were informed by ward staff that patient LSH 582 was not accessing any fresh air. Through discussions with staff there appeared no reason why staff were not assisting the patient to access the garden area.

We noted that one of the unoccupied bedrooms was being used as a storage area for items such as wheelchairs, hoists and curtains.

Recommendation

A review of the cleanliness of the toilets on Brecon Ward is required to ensure they are clean for patient use.

Review the storage facilities for equipment across St Peter's Hospital

Review of the garden area to provide a therapeutic environment.

Ensure all damaged fixtures and fittings on Upper Raglan Ward are replaced.

Safety

It was noted that all staff on the wards had safety alarms which in the case of an emergency would raise the warning to others. In addition the statistics produced regarding physical intervention training for staff highlighted a 100% compliance rate and staff confirmed a regular annual update.

A number of patients required enhanced observation² levels due to the risks they pose, both because of physical and mental health needs. On the first evening we observed two members of staff that were partaking in observations of one patient. During the evenings to afford the patient privacy and reduce the patient's anxiety and assist the patient to relax staff locate themselves outside the patient's bedroom. However, it was noted that staff had positioned themselves on the other side of the corridor, which did not afford the staff sufficient time to assist the patient, who was at risk of falls, if they rose from their bed.

During our visit we noted that the staffing levels were appropriate for the number of patients on the wards and this included those staff on patient observations. Staff confirmed that they had no issues or concerns regarding staffing levels at the hospital. However, through our conversations with staff it was clear that many staff spend long periods on enhanced observations. Whilst staff members rotate between patients, staff felt that due to the wandering nature of some of the patients that they spend vast amounts of their shift walking and found this tiring whilst they are also attentively observing the patient and their risk triggers. Whilst working within Ludlow Street Healthcare Group's Observation Policy, it was felt that the current practice of enhanced observations could impact on staff's alertness during their shift and affect the safety of patients and staff.

We reviewed the incident and the Safeguarding Policy and Reporting system in place at St Peter's Hospital. Any incident is recorded on an electronic system and the incident is scored based on a number of elements. The outcome score identifies which escalation process to follow, including referral to the Local Authority Safeguarding Team. The Safeguarding Referral Checklist was developed with the Local Authority Safeguarding Team. The referral forms and scoring are monitored fortnightly by an independent social worker. Incidents are monitored through the monthly Clinical Governance Meetings, which includes details on numbers of incidents, details of which patients were involved in patient-patient incidents, patients involved in physical interventions, the breakdown of type of incident and by ward. In addition, patient trips and falls were monitored through the Clinical Governance Meetings.

² Enhanced observation is an intervention that is used both for the short-term management of disturbed/violent behaviour and to prevent self-harm; which could require the increase of regular checks or constant observation by staff on a patient. Further NICE guidance can be found here <https://www.nice.org.uk/guidance/cg25/chapter/1-Guidance#observation-and-engagement>

Recommendation

Review the enhanced observations implementation with regards to staff members undertaking long duration on enhanced observations throughout their shifts.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Each day a Morning Meeting is held which includes representatives of the MDT. It was positive to note that the MDT include occupational therapists, a physiotherapist, speech and language therapist and a dietician which has a very beneficial input for the patient group at St Peter's Hospital.

Staff told us that during MDT meetings professional views and opinions from all disciplines are sought and staff felt respected and valued by each other. We observed one Morning Meeting and it was evident that discussions were patient focused and concentrated on patients' ongoing care and recovery. We could see that patients' families were part of the care planning process and involved in various aspects of care.

At the time of our visit the Hospital Manager had been in post less than one year and was currently in the process of registering as Registered Manager of St Peter's Hospital.

Privacy and dignity

All patients had their own bedroom on gender specific wards. Patients were able to lock their own bedrooms which staff could over-ride if required. Patients had adequate space in their bedrooms to store their belongings.

Patients can make phone calls in private. The hospital allows patients to use the telephone in the nurses' office during the day to contact solicitors and advocates and after evening meal to contact family and friends. Patients can also use the visitors room to meet family and friends in private.

Throughout the inspection we observed patients privacy being maintained and patients were being treated with dignity and respect. We spoke to patients' relatives who commented that the staff were kind, compassionate and attentive. They felt informed and involved in their relatives' care.

Patient therapies and activates

St Peter's Hospital had a well developed designated Activity Block. Staff and patients spoke positively about the range of activities and therapies on offer. Activities were wide ranging and suitable to the patient group.

Occupational therapy were working with patients and new admissions to provide more personalised plans. An interest list is used to capture a person's likes and dislikes and their strengths and weaknesses. This information helps formulate a timetable specifically for each patient.

Activities were a mix of individual and group sessions and included breakfast club, daily newspaper group, painting, walking group, gardening. We observed patient's participating in rumination activities such as listening to music from 1960's and looking at Welsh History as part of the Hospital's My Life Programme.

The My Life Programme is an electronic programme that assists people with memory problems. It can also be used by patient's families and friends, staff and volunteers to communicate effectively with patients and offers a person-centred approach to care.

Food and nutrition

On the whole patients and staff said food was good. Within the MDT there is a Dietician that is involved in identifying patients' dietary requirements. Staff prepared dining tables with tablecloths and napkins and ensuring that meals were presented well, this ensured that the dining experience was part of the therapeutic care.

The speech and language therapist works with staff and patients to assess individual patient's swallowing capabilities and advice on specific requirements. St Peter's Hospital had enlisted a specialist catering supplier that provides specialist meals suitable to the clients resident at the hospital.

Patients are offered a range of options for each of their meals throughout the day. The menus provided have large pictures of each option which can assist patients to make their choices.

Training

Statistics provided to us regarding mandatory training showed a high percentage of compliance rates, including 100% completion of physical intervention training. In other areas, compliance rates ranged from between 75% and 95%. Training is monitored centrally by the Hospital Manager on a RAG (Red Amber Green) system and reported in to the monthly Clinical

Governance Meeting. It was noted that since the Hospital Manager's appointment completed training statistics have improved over this period. The training for the organisation's bank staff is co-ordinated centrally by the registered provider.

Staff confirmed that the organisation uses mainly e-learning packages for its training, but class room style training is used for specific areas including medication and first aid training. Each member of staff attends Primary Team Days which allows for staff to attend group training sessions, supervision and allocate time for e-learning.

Staff told us that the registered provider is supportive regarding training and development for staff, including opportunities to attend external training which can include professional qualification.

A system of supervision was in place for all staff. Supervision takes place every four weeks, or within eight weeks if a member of staff is unavailable due to leave, staff said that the Supervision sessions were meaningful. The hospital records and logs dates of the last supervision which enables the organisation to maintain an oversight of this process and ensure staff are receiving regular supervision.

We reviewed the staff recruitment files and we noted that there was evidence that recruitment was undertaken in an open and fair manner, references were taken and, where applicable, that qualifications were confirmed.

The induction process was commented upon favourably by staff. A two week induction at head office takes place before any new members of staff start at the hospital. A yearly refresher is also organised for all staff to ensure competence in policies, procedures and corporate communications.

A review of staff files identified that no regular Disclosure Barring Service (DBS) checks take place for existing staff, with one member of staff having last been checked in 2010. Discussions with staff regarding this issue identified that the organisation does check compliance when new staff are recruited. The organisation has stated that it will write to employees asking them to confirm there are no changes to their DBS status. HIW would recommend undertaking regular DBS checks for staff as good practice because they provide an independent check that would enhance the organisations ability to assess a person's integrity and character.

St Peter's Hospital record client complaints and these are monitored through the monthly Clinical Governance Meetings.

Recommendation

Review the Disclosure Barring Service (DBS) process and consider Ludlow Street Healthcare pro-actively checking DBS when renewals are due.

Application of the Mental Health Act

On arriving unannounced at St Peter's Hospital on the first evening of the inspection we met initially with the Senior Nurse on Shift (SNOS). It was concerning to note that whilst the SNOS knew how many patients were on each of the wards at St Peter's Hospital they were unable to state how many patients were detained under the Mental Health Act, Deprivation of Liberty Safeguards (DoLS) or being treated informally. It took considerable time for the SNOS to gather and provide HIW with this information. Later that evening we met with the Hospital Manager who was able to confirm there was a centralised electronic system that nursing staff can access, however the SNOS that evening was unaware how to access this information from the system. The Hospital Manager provide us with correct details from the system, disappointingly this information did not correlate with the information provided by the SNOS.

Through discussions it was established that the SNOS had returned from annual leave on the first evening of the inspection. It is clearly inappropriate that a nurse returning from annual leave is allocated as SNOS as they may need to review changes to their ward's patient group on their return.

We met with the two Mental Health Act Administrators who work across the three Ludlow Street Healthcare Hospitals and community placements within South Wales. It was clear that the Mental Health Act Administration Team had robust processes and audit procedures in place to ensure that the Mental Health Act was complied with. However, we were concerned about the capacity of the Mental Health Act Administration Team with the two members of staff each working three days a week, equivalent of 1.2 WTE. We were informed that the team was stretched to complete their workload within the timescales required under the Act and regularly required to work in excess of their contracted hours.

We reviewed the mental health documentation kept within patients' files on each of the wards; this was poorly maintained and inconsistently filed. This makes it difficult for ward staff to verify legal status and review information of patients. It was evident that the Mental Health Act Administrators did not have sufficient time to undertake audits of ward documentation and ensure copies of legal papers were appropriately filed and maintained on the wards.

We also identified that there were delays and difficulties in ensuring that the patients' Responsible Clinician completed reports for the Mental Health Review Tribunal, Hospital Managers' Hearings and Second Opinion Appointed Doctor (SOAD) requests and reports to Healthcare Inspectorate Wales. This is unacceptable practice that impinges on patients' safeguards and rights that are in place under the Mental Health Act.

Recommendation

Ensure that any registered nurse that undertakes the Senior Nurse on Shift (SNOS) role are made aware of how to access essential information regarding the patient group.

Review the establishment of the Mental Health Act Administration Team for Ludlow Street Healthcare to ensure sufficient capacity to safeguard detained patients.

Ensure that the Responsible Clinician performs their functions within given timescales of the Mental Health Act and associated Code of Practice for Wales.

Monitoring the Mental Health Measure

We reviewed the Care and Treatment Plans and other care planning documentation at St Peter's Hospital. We noted that the Care and Treatment Plan for the Welsh patients were reviewed were comprehensive and detailed. However, we did notice that not all Care and Treatment Plans were signed by the Care Co-ordinator nor the patient or their representative.

It was observed when reviewing patients from England that because the Care and Treatment Plan is not implemented for these patients that their care plans were less detailed. The organisation, in consultation with the English Commissioners, should consider replicating, as much as possible, the Care and Treatment Plans for English patients.

We noted that for patient LSH 582 that the care and risk assessments appeared to have been undertaken in isolation from each other. The Behavioural Management Guidelines and Psychological Behaviour Management Guidelines had not been incorporated into the care plans. There was also a lengthy assessment undertaken for the use and risk of bed rails for the patient, despite the patient did not require bed rails. In addition, some care interventions were not specific enough, e.g. fluid and dietary intakes not stating specific measurements, and signatures were omitted from All Wales Food Record Charts.

Recommendation

Ensure that patients' care plans and associated documentation reflect the up-to-date treatment being given and are appropriate to the patients' needs and complete.

6. Next Steps

St Peter's Hospital 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 St Peter's 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/learning disability process.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Ludlow Street Healthcare Group

Hospital: St Peter's Hospital

Date of Inspection: 17, 18 and 19 February 2015

Page Number	Recommendation	Regulation	Independent Provider Action	Responsible Officer	Timescale
11	A review of the cleanliness of the toilets on Brecon Ward is required to ensure they are clean for patient use.	26(2)(a)	The toilet referred to was made of a resin material which had unfortunately been stored outdoors, consequently it had been affected by weathering and appeared stained and yellowed. This toilet has now been removed and replaced. Housekeeping check toilets on a 2-hourly basis throughout the day and sign that they have been checked. This is also continued throughout the night shift by	Registered Manager	Completed 25th February 2015

			support staff.		
11	Review the storage facilities for equipment	26(2)(c)	We have a large storage unit at the back of SPH, however, specific equipment is needed on site for patient care. These are currently kept in locked unused spaces where other patients cannot access. Appropriate signage has been fixed.	Registered Manager	Complete
11	A review of the garden area to provide a therapeutic environment.	15(1)(a) 26(2)(c)	Currently plans are being drawn up for most appropriate use of outside space within SPH.	Registered Manager/ Estates	End May 2015
12	Ensure all damaged fixtures and fitting on Upper Raglan ward need to be replaced.	15(1)&(2) 26(2)(b)	All furniture and fixtures have now been replaced and are replaced as they are damaged. Where significant amounts of damage are caused, priority lists are developed.	Registered Manager/ Estates	Ongoing
13	Review the enhanced observations implementation with regards to staff members undertaking long duration on enhanced observations throughout their shifts.	15(1)(b)	Given the complex and challenging presentation of the patients we provide a service for, the majority of patients will be on enhanced observations. Observations are reviewed daily at morning meeting to ensure that the appropriate	Registered Manager Unit Managers	Ongoing

			levels of observations are prescribed for individuals. All efforts are made to ensure that staff do not spend prolonged periods on such observations with an individual.		
16	Review the Disclosure Barring Service (DBS) process and consider Ludlow Street Healthcare pro-actively checking DBS when renewals are due.	16(1)(a)	We use a risk based approach to renewal of DBS checks. This includes the use of intelligence and staff declarations (which are retained on HR files) at the time where renewal would be due. All staff are aware, and included in contracts and communications, that all contact with criminal justice systems at any level is required to be reported to the managers. Where there is any cause or suspicion of concern, staff are required to submit to a new DBS check, regardless of currency of their last check.	Responsible Individual HR Department All managers	Ongoing

18	Ensure that any registered nurse that undertakes the Senior Nurse on Shift (SNOS) role are trained to access essential information regarding the patient group.	20(1)(a) 20(2)(a)	SNOS protocol and Patient Information Spreadsheet has been discussed with all nurses during 1-1 supervisions with the Registered Manager. Regular spot checks of staff knowledge.	Registered Manager Unit Managers	End May 2015
18	Review the Mental Health Act Administration Team for Ludlow Street Healthcare to ensure sufficient capacity to safeguard detained patients.	20(1)(a)	A review is currently underway to consider the workloads, capacity and future needs of the team	Medical Director	End May 2015
18	Ensure that the Responsible Clinician performs their functions within given timescales of the Mental Health Act and associated Code of Practice for Wales.	20(3)(a) 20(4)	The Mental Health Act administrators monitor this area. Reports will be made to the Medical Director for any actions required.	Mental Health Act administrators Medical Director	Complete and Ongoing
19	Ensure that patients' care plans and associated documentation reflect the up-to-date treatment being given and are appropriate to the patients' needs and complete.	15(1)(a)-(c) 23(3)(a)	All care plans are being converted into the same format as the Welsh Care Plans with full MDT involvement.	Multi-Disciplinary Team	End June 2015