

## **Mental Health Act Monitoring Inspection (unannounced)**

● Hywel Dda University Health  
Board: **Tudor House**

6 May 2015

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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 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:

- 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 Tudor House, Carmarthen located on St David's Parc Hospital site on 6 May 2015.

Tudor House is a Learning Disability hospital consisting of a six bedded ward providing care for patients with a dual diagnosis of learning disabilities and mental health. The ward has four beds allocated to Assessment and Treatment care and two beds that are currently being used for long-stay rehabilitation provision. Tudor House is part of Hywel Dda University Health Board.

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

Tudor House is a Learning Disability ward located on St David's Parc Hospital. The health board have combined two services that were previously two separate units, Bro Myrddin which was a five bedded assessment and treatment ward and the current setting Tudor House which was previously a six bed step down Rehabilitation ward. This has created a ward that is running as a dual-purpose setting with fewer beds. Four beds allocated for Assessment & Treatment service and two beds providing long-stay rehabilitation whilst the patients await appropriate community placements to be identified; this is not an appropriate patient mix.

There was an associated pressure on the availability of beds and the admission of patients to the ward through crisis because of community placement breakdown.

Tudor House provided space for patients on the ward. However, there were a number of environmental and maintenance issues that require addressing to ensure that the ward is suitable for the patient group.

Patients we spoke told us that they felt safe and well cared for at the hospital and that staff were helpful.

We reviewed a sample of statutory documentation and found that they were compliant with the Act.

## 5. Findings

### *Core Standards*

#### **Ward environment**

On the day of the inspection the entrance door to Tudor House was locked to prevent patients leaving the ward unauthorised; it is the health board's policy to keep Tudor House a locked ward. The ward displayed information explaining to those patients who are able to leave the ward of how to do so if they wished.

Tudor House was spacious and appeared clean, generally clear of clutter and free from any unpleasant or clinical odours. However, the ward was in need of redecoration and there were a number of areas of the environment that required maintenance.

Some of the communal furniture around the ward was worn and in need of replacing. We were informed by staff that new furniture had been recently ordered and the ward were awaiting delivery.

Following a recent incident where a curtain rail was used as a weapon the health board had been removed these curtain rails from the patient areas. This had resulted in curtain rails in a number of communal areas and one patient's bedroom being removed; the health board were exploring alternative curtain-rail options to be installed. Therefore some areas of Tudor House did not have curtains in place; this issue needs to be addressed as a priority. We were informed that in the meantime appropriate interim privacy measures for the patient's bedroom window were in place during the evening and night.

One of the windows panels on a ward door had been damaged and temporary replaced by a wooden panel; we were informed that the ward were awaiting the maintenance department to replace the panel.

Patients had direct access from the communal areas and some of the bedrooms to a number of enclosed garden areas.

We were informed that patients smoke on one of the patio areas; which was sheltered and had wall mounted ashtrays, there were a further two areas where all mounted ashtrays were in place.

#### ***Requirement***

***The health board must confirm that the worn communal ward furniture has been replaced.***

***The health board must ensure that appropriate curtain rails and curtains are installed to Tudor House window.***

***The health board must ensure that the missing window panel is replaced.***

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

The core number of staff for the Hospital was two registered nurses and four support workers during the day; however the split can on occasions be one registered nurse and five support workers. During the night the ward team comprised of one registered nurse and three support workers until 1130 pm and then one registered nurse and two support workers. If required Tudor House use health board bank staff who were familiar with the patient group.

Registered nurses at Tudor House were Learning Disability trained or registered Mental Health Nurses with experience of working with learning disability patients.

We were informed that approximately half the staff working at Tudor House were able to speak Welsh which was of considerable benefit to some patients who are Welsh speakers.

We were informed that there were support worker vacancies at the time of our inspection. The ward did not have Occupational Therapist input to the ward; however there was an Occupational Therapy Technician. We were informed that the health board were in the process of advertising for an Occupational Therapist whose role would include providing occupational therapy input to Tudor House.

The ward does not have psychology input, which would be a great benefit to the patient group. We were also informed that Tudor House does not have junior doctor cover.

There were weekly Multi-Disciplinary Team Meetings which patients can attend if they wish.

### ***Requirement***

***The health board are requested to update HIW with the recruitment to the Occupational Therapist role.***

***The health board must provide psychology input to Tudor House.***

***The health board must provide Junior Doctor cover for Tudor House.***

## **Safety**

The patients that we spoke to said they felt safe at Tudor House. Hospital staff were able to access the health board's Observation Policy on ward and 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.

All staff working at the hospital were Positive Behaviour Management<sup>1</sup> (PBM) Trained. We observed staff, de-escalating and redirecting patients in a dignified and caring manner. The hospital does not use Seclusion<sup>2</sup>.

On the day of the inspection staff were carrying personal alarms, we were informed that this was standard practice for the unit.

The patient group at Tudor House at the time of our inspection was a mix of patients admitted during periods of crisis for assessment and treatment and the longer-stay patients on the ward awaiting community placements. Staff said that the current patient group at Tudor House provided difficulties for the current staffing levels and skill mix as a number of patients require intensive support throughout the day. Staff also commented that on occasions the patient mix can have a detrimental effect on patients' recoveries. The behaviours of some patients when admitted to the ward can impact on the recovery of some patients who were more settled on the ward.

Staff felt that due to the in-patient capacity demands on both the Learning Disability and Mental Health services within the health board that there were pressures ensuring that patients were able to access a bed on a ward suitable to their need at the time of their admission. The on occasions choosing between admission to a learning disability ward or mental health ward was based on bed availability rather than whether the admission was more suited to learning disability services or mental health services.

Staff also raised their concerns with the acuity of some patients that were admitted to the unit and they felt that on occasions some patients require higher level of security than what was available at Tudor House. This can particularly be the case for female patients as there was no female low secure service available within the health board. If higher levels of security for short periods were required the patients could access the Psychiatric Intensive Care Unit on St David's Parc hospital site.

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<sup>1</sup> Positive Behavioural Management is an approach used to understand what maintains an individual's challenging behaviour and how to interact with the individual to reduce their challenging behaviours

<sup>2</sup> The supervised confinement of a patient in a room, which may be locked

During the inspection feedback on the day of the inspection we were informed by the health board that they were reviewing the provision of Learning Disability services across the health board.

### ***Requirement***

***The health board should review what service Tudor House is to provide and therefore what the admission criteria for Tudor House is.***

***The health board are requested to provide HIW with an update of the Learning Disability service review.***

### **Privacy and dignity**

Patients had individual bedrooms, two of which were en-suite. There were communal toilets and bathrooms on the ward for the other patients. Patients were able to personalise their own bedrooms with pictures and posters, patients could also provide their own bedding if they wished.

If required staff were able to access aids to assist patients with personal hygiene.

Throughout the inspection we observed staff interacting with patients in a caring and respectful manner. The patients that we spoke with said that staff were helpful and kind.

There were meeting rooms available at Tudor House where patients could meet with visitors. Child visiting on the unit was risk assessed on an individual basis; and could usually be accommodated by managing the environment, otherwise meeting rooms were available on the hospital site to facilitate the visits. Patients were able to access their mobile phones; however this was risk-assessed and restricted when necessary.

### **Patient therapies and activities**

Patients had individual activity and therapy plans based on individual patient's interests and capabilities. In one of the garden areas there was a gardening poly-tunnel that was used by patients.

Depending on the individual patient, patients were able to access the community by themselves, with family, carers and/or ward staff. Tudor House had a vehicle to assist in facilitating trips to the community. Patients undertook various activities such as shopping trips, bowling, fishing, walks and dog walking.

### **General healthcare**

Patients' physical health needs were provided for by doctors at Tudor House and access general hospital services when required. Patients generally stay registered with their own physical health services such as GP surgeries and dentists. However, patients also had access to a community dentist and if required staff can refer patients to chiropody services.

Patients accessed local hairdressers and barbers in the community or if required a local service would attend Tudor House.

### **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 and the catering department were able to cater for specialist dietary requirements. The hospital operates a protective mealtime policy.

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

The hospital had input from the health board's dietician and speech and language therapy (SALT) services.

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

There were six patients being cared for at Tudor House, all between the ages of 18 and 65 at the time of our inspection, however there was no upper age limit for the unit. A number of patients were detained under the Mental Health Act at the time of our inspection.

We reviewed all sets 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 good practice.

### **Patient Detention**

Where patients had been detained under section 2, *Admission for assessment*<sup>3</sup>, at least one of the doctors providing the recommendation Section 12 approved<sup>4</sup>. Not in every case did at-least one of the doctors had a previous acquaintance with the patient. There was limited information recorded by the Approved Mental Health Professional<sup>5</sup> (AMHP) why a doctor with previous acquaintance with the patient was unable to provide a recommendation. For one detention the AMHP had just stated that the assessment was out-of-hours. In each case, the statutory documentation stated why detention under the Act was the most appropriate way of providing care.

For all detentions under Section 3, *Admission for treatment*<sup>6</sup>, at least one of the doctors providing the recommendation was Section 12 approved and at-least one of the doctors had a previous acquaintance with the patient. In each case, the statutory documentation stated why detention under the Act was the most appropriate way of providing care and that the appropriate medical treatment was available at Tudor House.

For all detentions under Section 2 and Section 3 AMHP involved had identified the patient's nearest relative<sup>7</sup> and contacted them.

The statutory documentation had been completed correctly for patients who had been recalled to hospital from their Community Treatment Order (CTO) and subsequently had their CTO revoked. The statutory documentation stated

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<sup>3</sup> Section 2 - admission for assessment, 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> 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>6</sup> Section 3 - admission for treatment, patient detained under the Mental Health 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

why detention in hospital under Section 3 of the Act was the most appropriate way of providing care.

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

Where patients were initially detained under Section 5(4)<sup>9</sup> holding powers it was evident that the patient was an in-patient at the time of use and Section 5(4), that it was necessary to apply the section and that it was applied by a nurse of appropriate grade. The patient was then subsequently held under Section 5(2)<sup>10</sup> within the six hour timescale and detained under Section 2 within 72 hours.

No patients had been subject to Section 4 holding powers.

#### **Ongoing detention**

Where patients had been subject to the renewal of detention the correct prescribed 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, not all the renewal statutory documentation was available on the ward files or the health board's electronic system.

#### ***Requirement***

***The health board must ensure that copies of all statutory documentation are available to ward staff.***

#### **Appealing against detention**

Patients had been informed of their right to appeal against their detention; it was evident that if patients wished to appeal to the Hospital Managers' Hearings and Mental Health Review Tribunals that the processes were followed. Hearings were held within the correct detention periods.

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

There was clear evidence that patients were provided with regular information about their detention and their rights under the Act. When necessary, where patients refused to engage with staff or were unable to understand the information, staff would regularly attempt to provide the information to patients.

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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

An Independent Mental Health Advocate<sup>11</sup> (IMHA) from the designated independent mental health advocacy service attends Tudor House.

### **Consent to treatment**

Patient subject to Consent to Treatment provisions of Sections 58<sup>12</sup> of the Act were correctly documented and authorised. A copy of the consent to treatment certificates were kept with the patients' Medication Administration Record (MAR Chart) where applicable. Where a Second Opinion Appointed Doctor<sup>13</sup> (SOAD) had been required to authorise consent to treatment certificate, a record of this process was entered in to the patient's notes.

### **Section 17 leave<sup>14</sup> of absence**

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

The Section 17 leave authorisation forms were completed with accompanying risk assessments that detailed the risks, likelihood and impact.

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.

### ***Requirement***

***The health board must ensure that all expired section 17 leave forms were clearly marked as no longer valid.***

### **Restricted patients**

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

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<sup>11</sup> An advocate independent of the team involved in patient care available to offer support to patients under arrangements which are specifically required to be made under the Act

<sup>12</sup> A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for mental disorder for detained patients after an initial three-month period

<sup>13</sup> An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorders should be given without the patient's consent.

<sup>14</sup> Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

## 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 Tudor House 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.

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## Appendix A

**Mental Health Act Monitoring:** Improvement Plan  
**Health Board:** Hywel Dda University Health Board  
**Setting:** Tudor House  
**Date of Inspection:** 6 May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Core Standards</b>				
7	The health board must confirm that the worn communal ward furniture has been replaced.	New furniture was on order at the time of the inspection and has subsequently been delivered.	Head of Learning Disabilities Service	30 June 2015 Achieved
8	The health board must ensure that appropriate curtain rails and curtains are installed to Tudor House window.	To progress anti ligature fittings with estates department in conjunction with other service areas.	Assistant Director of Mental Health and Learning Disabilities	October 2015
8	The health board must ensure that the missing window panel is	Specialist replacement panel to be sourced and purchased by estates to	Ward Manager / Service manager	August 2015

	replaced.	prevent continued cycle of works.		
8	The health board are requested to update HIW with the recruitment to the Occupational Therapist role.	Post to be advertised and recruited to.	Service Manager Learning Disabilities	September 2015
8	The health board must provide psychology input to Tudor House.	Psychology input for each client to be determined and put in place.	Head of Learning Disabilities Service	September 2015
8	The health board must provide Junior Doctor cover for Tudor House.	Assistant Medical Director to review arrangements, amend as necessary and feedback to Tudor House.	Assistant Medical Director	September 2015
10	The health board should review what service Tudor House is to provide and therefore what the admission criteria for Tudor House is.	The Learning Disabilities Service will instigate a wider inpatient LD service review as outlined in the integrated medium term plan and the Directorate will consider it's recommendations.	Head of Learning Disabilities / Assistant Director of Mental Health and Learning Disabilities	December 2015
10	The health board are requested to provide HIW with an update of the Learning Disability service review.	The Learning Disabilities Service will instigate a wider inpatient LD service review as outlined in the integrated medium term plan and the Directorate will consider it's recommendations.	Head of Learning Disabilities / Assistant Director of Mental Health and Learning Disabilities	December 2015
<b>Application of the Mental Health Act</b>				
13	The health board must ensure that copies of all statutory documentation are available to ward staff	The Mental Health Act Administrator to ensure processes are in place for the timely delivery of statutory document for ward areas.	Mental Health Act Administrator	August 2015

13	The health board should ensure that all expired Section 17 leave authorisation forms are clearly marked as no longer valid.	The Mental Health Act administrator to reinforce best practice with medical staff and review service areas to ensure compliance.	Mental Health Act Administrator	August 2015
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