

Mental Health / Learning Disability Inspection (Unannounced)

Ty Catrin Independent Hospital Partnerships in Care Ltd

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

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- 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 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
- 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
- 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.

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.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Ty Catrin Hospital, Cardiff on the evening of 23 February 2016 and all day on the 24 and 25 February 2016.

In April 2015 Partnerships in Care Ltd became the registered provider for Ty Catrin Independent Hospital ('Ty Catrin'). Ty Catrin was first registered in October 2009 by Pastoral Cymru (Cardiff) Ltd. Ty Catrin is currently registered to provide treatment or nursing (or both) for a total of forty five (45) persons who maybe liable to be detained under provisions of the Mental Health Act 1983.

Ty Catrin consist of five wards for up to forty two (42) adult patients requiring care and treatment for a mental disorder in a low secure environment² and up to three (3) patients who require treatment in a locked rehabilitation ward environment.

During the three day inspection, we reviewed the 6 ward areas, examining 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 a member of HIW staff.

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.

4. Summary

Our visit to Ty Catrin was a satisfactory one in which improvements were noted since our previous visit in March 2015. We are grateful to all staff and patients who assisted us during the inspection and appreciate the openness and engagement of everyone who assisted us during the inspection.

On the evening of the first night of the unannounced inspection we were unable to notify the hospital of our arrival as there was no response via the intercom. Once we were in the hospital the Senior Nurse on Site was knowledgeable about current patient numbers in the hospital, however they were unclear as to the staff numbers and any enhanced patient observation levels.

There had been improvements to the hospital environment, with ward kitchens being refurbished and new patient furniture for communal ward areas. However, the environment of each of the Intensive Mental Health Care Areas on Roath Ward and Sophia Ward need to be reviewed to ensure they are suitable for the intended use of these facilities.

Ty Catrin was in the process of transferring from a paper based patient care notes system to an electronic system, this was ongoing with no planned completion date. It is essential that a completion date is established to ensure that all patient records are maintained and available on one system so that information is not separated.

We reviewed six sets of patient Care and Treatment Plans, five of which had significant general health input, monitoring and treatment. Reviewing the care notes it was evident that the physical health care was detailed and appropriate to each of the individual patients.

We observed some good relationships and interactions between staff and patients during our inspection. However, some patients said staff did not always respect their privacy by knocking on their bedroom door prior to entering or not leaving enough time for patients to answer which impacted on their privacy.

We reviewed staff training and identified that there were a number of courses where a significant proportion of staff's training had lapsed passed the renewal date. At the time of the inspection Ty Catrin were developing their training programme to ensure that staff training requirements will be completed in time.

There were a number of other system developments in progress of implementation at the time of the inspection, such as staff supervision and incident recording. These processes were in an early stage implementation but will provide Ty Catrin with additional governance for monitoring and developing its service.

Findings

5.1 Core Standards

Hospital Environment

Ty Catrin hospital is located in Cardiff. The building is on three levels and access to the hospital is via the main entrance and reception area.

Access to the grounds is controlled by a secure gate with electronic fob lock for staff or via an intercom for visitors. However, on arrival to Ty Catrin on the first night of our unannounced inspection at 21:30 we were unable to announce our presence at the hospital via the intercom to gain access to the site. We attempted to use the intercom on a number of occasions without reply. To gain access we had to telephone the hospital directly which was answered by staff on one of the wards.

Requirement

The registered provider must ensure that there are appropriate communication arrangements to contact Ty Catrin 24 hours a day.

The reception area is a bright space and access to the ward areas is via an air lock system. All visitors are provided with a safety alarm when accessing the ward areas.

Ty Catrin is a 45 bedded low secure hospital and has two male wards, two female wards, a high dependency ward and a step down facility. Ty Catrin also has training and conference room facilities which are used by clinical and academic staff.

Smoking was prohibited on the Ty Catrin site. Patients who wish to smoke were able to when they had leave from the hospital. Patients have been supported to reduce and stop smoking, which has been successful for a number of patients. However, not all patients were able to leave Ty Catrin and when patients leave to smoke patients often congregated just outside the hospital. Staff and patients informed us that this had a negative impact on the residents of Ty Catrin and the local community and businesses surrounding Ty Catrin.

We were also informed that due to the smoking ban at Ty Catrin there had been a number of incidents of patients smoking in their bedrooms, which has resulted in smoke alarms going off. Some patients stated that they were anxious about the risk of fires due to the potential of patients attempting to smoke in their bedrooms.

Requirement

The registered provider must review the smoking arrangements at Ty Catrin to ensure the safety of patients and enhance the hospital's relationship with its local community.

Bute Ward

Bute Ward is situated on the ground floor of Ty Catrin and is accessible through a locked door. The ward provided accommodation for eleven male patients. At the time of our inspection ten patients were being cared for on the ward, with two of the patients on extended over-night leave to supported living settings. Each patient had an individual bedroom with en-suite shower facilities. The bedrooms had adequate storage for patients to store possessions within their bedrooms. However, larger items or items which maybe misused were stored in locked storage room on the ward.

The ward had lounge and dining area with the nurses' station that over looked this area. There was a ward Medication Room adjoining this area for nursing staff to prepare medication for patients.

The ward had been decorated since our previous inspection in March 2015 and appeared well maintained with new lounge and dining furniture. The ward kitchen had also been refurbished and was a suitable space for preparing drinks or meals.

There was a patient quiet room adjacent to the lounge which could be use by individual patients or for individual or small group sessions with staff.

Patients had direct access to a pleasant enclosed garden area that they were able to access with staff supervision during daylight hours.

The ward displayed appropriate information for patient concerning their rights and information about advocacy services.

Roath Ward

Roath Ward is situated on the ground floor of Ty Catrin and is accessible through a locked door. The ward provided accommodation for eight male patients, at the time of our inspection the ward was fully occupied. Each patient had an individual bedroom with en-suite shower facilities. The bedrooms had adequate storage for patients to store possessions within their bedrooms. However, larger items or items which maybe misused were stored in locked storage room on the ward.

The ward had lounge and dining area with the nurses' station that over looked this area. There was a ward Medication Room adjoining this area for nursing staff to prepare medication for patients.

The ward had been decorated since our previous inspection in March 2015 and appeared well maintained with new lounge and dining furniture. The ward kitchen had also been refurbished and was a suitable space for preparing drinks or meals.

There was a patient quiet room adjacent to the lounge which could be use by individual patients or for individual or small group sessions with staff.

Patients had direct access to a pleasant enclosed garden area that they were able to access with staff supervision during daylight hours.

The ward displayed appropriate information for patient concerning their rights and information about advocacy services.

Roath Ward had an Intensive Metal Health Care Area. This area was used for patients who require additional support from staff away from the main area of the ward. However, if the behaviours of a patient being cared for within this area was challenging there were a number of fixtures and features of the room that could pose a risk of harm to a patient or staff.

Requirement

The registered provider must ensure that the Intensive Metal Health Care Area is appropriately constructed to meet the purpose of the facility.

Victoria Ward

Victoria Ward is situated on the first floor of Ty Catrin and is accessible through a locked door. The ward provided accommodation for eleven female patients, at the time of our inspection the ward was fully occupied. Each patient had an individual bedroom with en-suite shower facilities. The bedrooms had adequate storage for patients to store possessions within their bedrooms. However, larger items or items which maybe misused were stored in locked storage room on the ward.

The ward had lounge and dining area with the nurses' station that over looked this area. There was a ward Medication Room adjoining this area for nursing staff to prepare medication for patients.

The ward had been decorated since our previous inspection in March 2015 and appeared well maintained with new lounge and dining furniture. The ward kitchen had also been refurbished and was a suitable space for preparing drinks or meals.

There was a patient quiet room adjacent to the lounge which could be use by individual patients or for individual or small group sessions with staff.

Patients could be escorted by staff to a pleasant enclosed ground floor garden area that they were able to access during daylight hours.

The ward displayed appropriate information for patient concerning their rights and information about advocacy services.

Sophia Ward

Sophia Ward is situated on the first floor of Ty Catrin and is accessible through a locked door. The ward provided accommodation for eight female patients, at the time of our inspection the ward was fully occupied. Each patient had an individual bedroom with en-suite shower facilities. The bedrooms had adequate storage for patients to store possessions within their bedrooms. However, larger items or items which maybe misused were stored in locked storage room on the ward.

The ward had lounge and dining area with the nurses' station that over looked this area. There was a ward Medication Room adjoining this area for nursing staff to prepare medication for patients.

The ward had been decorated since our previous inspection in March 2015 and appeared well maintained with new lounge and dining furniture. The ward kitchen had also been refurbished and was a suitable space for preparing drinks or meals.

There was a patient quiet room adjacent to the lounge which could be use by individual patients or for individual or small group sessions with staff.

Patients could be escorted by staff to a pleasant enclosed ground floor garden area that they were able to access during daylight hours.

The ward displayed appropriate information for patient concerning their rights and information about advocacy services.

Sophia Ward had an Intensive Metal Health Care Area. This area was used for patients who require additional support from staff away from the main area of the ward. However, if the behaviours of a patient being cared for within this area were challenging there were a number of fixtures and features of the room that could pose a risk of harm to a patient or staff. The floor of the area was also heavily stained and walls were marked.

Requirement

The registered provider must ensure that the Intensive Metal Health Care Area is appropriately constructed to meet the purpose of the facility.

Trelai Ward

Trelai Ward is situated on the first floor of Ty Catrin and is accessible through a locked door. The ward provides high dependency care for up to four female patients, at the time of our inspection two patients were being cared for on the ward.

Each patient had an individual bedroom with en-suite shower facilities. The bedrooms had adequate storage for patients to store possessions within their

bedrooms. However, larger items or items which maybe misused were stored in locked storage room on the ward.

The ward had lounge and dining area with the nurses' station that over looked this area. The ward Medication Room was separated from the patient area with a locked door; this prevented patients disrupting nursing staff whilst they prepared medication for patients.

The ward was being refurbished at the time of our inspection; two bedrooms were being refurbished with the other two bedrooms next along with the communal areas. The ward kitchen had also been refurbished and was a suitable space for preparing drinks or meals.

Heath Ward

Heath Ward is situated on the second floor of Ty Catrin and is accessible through a locked door. The ward provided step down locked rehabilitation accommodation for three patients. At the time of our inspection two female patients were residing on Heath Ward.

Patients had individual bedrooms with en-suite facilities. The ward provided bright and clean areas for patients to live in and replicated a step down flat. The furniture and decorative state of the ward were in a good condition and patients were able to access the ward via fob entry.

Safety

During our visit we noted that staffing levels were appropriate for the number of patients on the wards and to undertake enhanced observations where required. Staff on all wards had safety alarms which would raise the alarm to other staff members in the event of an emergency incident. Staff reported that these were responded to quickly.

Ty Catrin had two work shifts of 7:30 to 19:45 through the day and 19:30 to 7:45 through the night; each shift would be allocated a Senior Nurse on Site (SNOS). The SNOS was planned out on a timetable for each month with the On Call Manager and On Call Doctor for detailed for each night.

On the first night of the unannounced inspection we were met by the SNOS on arrival, they were able to provide details of the number of patients on each ward and the number of patients on overnight leave. However, the SNOS was unable to confirm the number of staff on each ward and the number of enhanced patient observations required for the shift. The SNOS had to collate this information by contacting each of the wards.

It would seem appropriate for patient numbers, staff numbers and enhanced observations information to be provided to the night shift SNOS at the start of their shift by the hospital. The night shift SNOS could up date this with any

changes overnight, i.e. patient had to attend an emergency appointment off the hospital site or changes to staff numbers on each ward.

Requirement

The registered provider must ensure that the Senior Nurse on Site is provided with essential information at the start of their shift.

The SNOS was able to contact the On Call Manager to inform them of our arrival, who attended the hospital with a senior colleague to meet with us during that evening.

An Environmental Shift Check is undertaken on each of the wards twice during each day shift and night shift. The check includes: a whereabouts and wellbeing of the patients on the ward, Door Check to ensure all door locks are working properly and have not been tampered with, Medication Room Check, Emergency Equipment check, and patient communal area check including garden area. Any problems are identified on the checklist and what action has been taken and signed off by the shift leader. This process assists in ensuring the safety of patients, staff and visitors.

Each ward had an Emergency Bag in case immediate first aid is required, however the checklist photograph displayed above the Emergency Bag did not correlate with the contents of the Emergency Bag. This could result in items not being included in the Emergency Bag. We brought this to the attention of the senior management who removed all checklist photograph displayed, the Emergency Bag provided had their own checklist included.

During our review of the environment we noted that a repair to an anti-ligature fitting had resulted in the fitting no-longer being anti-ligature, resulting in a serious safety risk to patients. We notified senior management on the discovery of this situation and the provider ensured that this was rectified immediately. It is essential that any repairs to the environment maintain the required level of safety when completed.

Requirement

The registered provider must ensure that repairs are completed and checked to ensure the safety of the environment is maintained.

Five of the wards at Ty Catrin are Low Secure ward, therefore there are items that patients are unable to have on the wards or access to them that is restricted to under staff supervision or for a short time period based on individual patient risk. These items were securely stored on the wards, with small items such as razors, cosmetics kept within the ward office and larger items kept in a storage room on each of the wards.

Most staff referred to the large storage area as a Contraband Cupboard. However, the items in the cupboard were mostly patient possessions that were

not suitable to be left on the ward, such as a computer printer, *Scalextric* set, coffee machine. We feel that the name Contraband Cupboard gives the wrong perception as contraband is commonly used to describe criminal activities such as smuggled or illegal items.

Recommendation

It would be more appropriate for the area to be referred to as something more suitable such as Patient Property Cupboard.

From January 2016 Ty Catrin have implemented an electronic incident reporting system. All incidents are now recorded on the electronic system IRIS (Incident Reporting Information System) with incidents involving patients automatically included in to the electronic patient notes.

We reviewed the incident reporting process. Each incident included relevant information regarding the incident such as the type of incident and a level of severity, any injuries the date, time and location where it occurred. Who were the persons involved and what interventions were undertaken. If physical intervention was required then the incident record included detailed information regarding this.

The individual incidents were reviewed by an independent person not involved with the incident and signed off. Incidents were being reviewed and monitored for trends and learning opportunities.

Privacy and dignity

Patient feedback regarding privacy and dignity at Ty Catrin was mixed, with most patients having no issues in this area. Most patients reported staff treated them with respect and we observed good patient staff interactions.

Patients had their own bedrooms which helped maintain their privacy. Patients were able to lock their bedroom doors which staff could over-ride if required. Some patients however said staff did not always respect their privacy by knocking on their bedroom door prior to entering or not leaving enough time for patients to answer before entering their room; a number of patients said that this behaviour was more common amongst agency staff. This was also raised as an issue during our previous inspection in March 2015.

Requirement

The registered provider must ensure that all staff maintains patients' privacy by taking appropriate steps prior to entering patient bedrooms.

Patient's bedroom doors had viewing panels on them which staff could open when undertaking general observations during the night. This allowed for staff to view patients without opening the bedroom door which could potentially

disrupt the patient's sleep. If patients were required to be on enhanced observations then a staff member would position themselves appropriately as required.

There was a hospital laundry service at Ty Catrin. In addition each ward kitchen had a washing machine that patients could use to do their own laundry. However, during our inspection the washing machine on Victoria Ward was not working.

Requirement

The registered provider must ensure that all patients have access to washing machine facilities.

It was pleasing to note that following our previous inspection the location of some of the ward telephones had been relocated. During our inspection it was noted that each of the wards had a telephone available to patients within a private area so that patients could make phone calls with privacy from the ward. However, due to individual risks some patients would require a staff member to be present.

There were visitor rooms also available for patients to meet with family and friends or professional visitors.

It was noted that on some wards patient identifiable information could be viewed from the communal areas through the window of the nursing offices. Information such as patient observation level and legal status under the Mental Health Act were maintained on white boards in some of the ward offices with no mechanism for covering the information when not being referred to by staff. This reveals information about patients that should be maintained confidentially by staff. Whilst this had been addressed on one ward following our previous inspection, this situation remained on other wards.

Requirement

The registered provider must ensure that all patient identifiable information is maintained confidentially and can not be viewed by unauthorised persons.

Ty Catrin had implemented an electronic complaints system since our previous inspection, with complaints categorised as formal and informal complaints. The electronic system allowed for an overview and review of complaints and trends. Of the complaints we reviewed there was a detailed record of the complaint and of the action undertaken by Ty Catrin. A number of complaints were ongoing, where complaints had been completed; there was a record of the outcome of the complaint. However, a number of patients stated that they hadn't received responses to some of their complaints that they had previously raised. We were unable to establish from our conversations with the patients how recent

these complaints were. Ty Catrin must ensure that all formal and informal complaints are responded to and the outcome notified to the parties concerned.

The multi-disciplinary team

Since our previous inspection in March 2015 the registered provider for Ty Catrin changed to Partnerships in Care Ltd in April 2015. The provider appointed a new hospital director in October 2015 and Lead Nurse in January 2016. The majority of staff we spoke to commented positively on change of the registered provider and the new processes and structures being implemented.

On the whole staff spoke positively about multi-disciplinary team (MDT) working at Ty Catrin. MDT meetings take place on a weekly basis and all disciplines are represented including Psychology, Occupational Therapy, Doctors and Nurses. Staff spoke of the mutual respect member of the team have established. Ty Catrin also holds a MDT morning meeting each day. 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.

Ty Catrin had two Consultant Psychiatrists, with one allocated to the female patients and the other to the male patients. There are three psychologists and a psychology assistant employed by Ty Catrin; however one psychologist was on long-term leave which reduced the psychology provision at Ty Catrin. Some staff stated that that with the reduced psychology input it was difficult to provide the level of psychology service required by the patient group and develop the psychology input with other disciplines.

Ty Catrin should review the current psychology provision to ensure that sufficient psychology input is available for patients and to support other clinical staff.

Requirement

The registered provider must ensure that there is sufficient psychology provision at Ty Catrin.

Partnerships in Care Ltd reviewed Ty Catrin's organisational structure and created Charge Nurse roles to support each of the Ward Managers; with two Charge Nurses per ward. Staff spoke positively about this development. Ward Managers were supernumerary to the ward staffing numbers which provides suitable time to undertake their ward manager role.

The hospital was meeting its staffing levels on each of the wards and the ward staff we spoke to felt that staffing levels met the needs of the patient group. However, at the time of our visit there was regular use of bank and agency staff in place. The use of bank and agency staff can impact on the continuity of care for patients, however were possible the organisation was using bank and agency staff familiar to Ty Catrin, its wards and patient group.

Daily handover meetings take place at the hospital, in which handover notes from the previous shift are communicated to the next shift.

Recruitment and Training

We reviewed staff files and noted the neat layout the files had which ensured easy access to relevant information. Each file had a table of contents with information filed in the appropriate section and a checklist was attached to the inside cover which provided an overview of the status of essential employee checks, including, references, a Disclosure Barring Service (DBS) check, professional registration, medical questionnaire and so on. There was no duplication of information within the files.

All the files reviewed contained information regarding an employee's employment including references, interview notes, job description, application form, offer letter and so on.

We noted and endorse the good practice adopted by Ty Catrin to renew DBS checks for all staff every three years. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a person's integrity and character.

Reviewing the organisation's database of DBS checks it was clear that the organisation had identified that three members of staff required a renewal check. For two members of staff the previous check was in excess of three years, and for the third member of staff the DBS was approaching three years old. It was evident that for two of the members of staff the organisation was awaiting the response from DBS and for the third member of staff to provide ID to Partnerships in Care's human resources department.

Requirement

The registered provider must ensure all staff have an up-to-date Disclosure Barring Service check.

In January 2016 Ty Catrin had implemented a new staff supervision monitoring system. The supervision completion rates for January 2016 were very high with supervision in February ongoing at the time of our inspection. Whilst this was a new system staff we spoke to were complimentary about the arrangements. However, a number of staff felt that the supervision they had undertaken was managerial supervision and that they lack clinical supervision. It is important for professional development that clinical supervision is undertaken by clinical staff.

Requirement

The registered provider must ensure that staff are equipped to undertake clinical supervision.

The registered provider must ensure that clinical supervision is undertaken as per Partnership in Care's policy.

At the time of the inspection Ty Catrin were reviewing the training provision and staff completion rates. Training was provided to staff as class room and computer based e-Learning. There were a number of courses where a significant proportion of staff's training had lapsed passed the renewal date. At the time of the inspection Ty Catrin were developing their training programme to ensure that staff training requirements will be completed in time. Ty Catrin must ensure there is an appropriate training programme in place to ensure the safety of patients and staff.

Requirement

The registered provider must ensure that there is a mandatory training programme for all staff at Ty Catrin to attend.

The registered provider must update HIW on the training programme and staff completion rates for mandatory training

Patient therapies and activities

Each ward had space to undertake ward activities with patients, either as one-to-one sessions or as group sessions. Ty Catrin also had an arts and crafts room and Occupational Therapy kitchen. There was an onsite gym and swimming pool; however they were being repaired at the time of the inspection.

Requirement

The registered provider must ensure that the onsite gym and swimming pool facilities are available to patients.

Ty Catrin had outside area that could be used to undertake gardening activities. The occupational therapy team was also starting a cycling group for patients.

There was an education centre in the community that some patients accessed along with undertaking voluntary work at local charity shops.

The Occupational Therapy team assess and review patients to develop individual patient activity plans, with the aim to be patient focused and meaningful for the patient.

Patients told us of a range of activities that they undertake, however there were a number of patients that felt that there wasn't always sufficient staff for one-to-one chats or activities.

Food and nutrition

Ty Catrin provided patients with food from an onsite hospital kitchen. At the time of our inspection there was a head chef and a kitchen assistant, there was one chef vacancy that was being covered by an agency chef.

Requirement

The registered provider must ensure that there is sufficient permanent catering staff employed at TY Catrin.

Patients are provided with breakfast, lunch and evening meal which they choose from a 4 weekly menu that was displayed on each of the wards. Discussions with patients and staff highlighted a mixed response in relation to the food served at Ty Catrin. A number of patients we spoke with were complimentary of the food available at the hospital. However, a number felt that portion sizes were inadequate and that the menu was repetitive.

Some patients raised a concern that on weekends the hospital supplies a cooked meal at lunchtime and then sandwiches in the evening at 5pm. However, patients felt that this wasn't sufficient to sustain patients through the evening and night.

Staff stated that the menus do not change regularly and that the current 4-week cycle has been ongoing for a long time and hasn't changed seasonally. The menus were devised with input from a dietician but Ty Catrin do not currently have input from a dietetic service. This would be a beneficial service to Ty Catrin to ensure that the meal options are appropriate for the patient group and to provide specialist dietary advice for specific patients where required.

Patients also raised their concerns that they were unable to have slight variances to the meal options, which they felt could be reasonably accommodated by the kitchen staff. It was also noted that not all wards had a comments book to communicate opinions to the kitchen staff.

Requirement

The registered provider must ensure that there is dietetic input to the provision of food for the patient group and to individual patient needs at Ty Catrin

The registered provider must review the provision of food at Ty Catrin

The registered provider must ensure that all wards have catering comments books.

Each ward had their own newly refurbished ward kitchen, however each of the wards were very warm. This made it uncomfortable to spend long periods in the kitchens.

Requirement

The registered provider must review the temperature control in each of the ward kitchens.

The ward kitchens gave patients access to hot and cold drinks, fresh fruit and snacks. The kitchens were equipped with appliances such as fridge-freezer, toaster and microwave. However we'd been informed that the microwave on Victoria Ward had not been replaced since it was removed when it become broken.

Requirement

The registered provider must ensure that all patients have access to microwave facilities.

Patients had a lockable cupboards to store their own items in the kitchen, however not all kitchens had sufficient storage space for each patient to have a cupboard, therefore some patients either shared a locked cupboard or did not have one. This means some patients were not able to store their own food securely.

Requirement

The registered provider must review the storage space in the ward kitchens to ensure that patients can securely store their own food.

5.2 Application of the Mental Health Act

We reviewed the statutory detention documents of seven of the detained patients across four wards who were being cared for at Ty Catrin at the time of our visit. The statutory documentation we reviewed was well organised and compliant with the Act.

The majority of patients being cared for at Ty Catrin are transferred in to the hospital and detained under the Mental Health Act. The transfer papers reviewed were completed in accordance with the Act.

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. Hospital managers' hearings were held as required on the renewal of detention.

Patients were supported to appeal against their detention to the Mental Health Review Tribunal for Wales, or referred on the patient's behalf if patients had not appealed within the statutory timeframes.

Where patients were detained under Part 3 of the Act, *Patients concerned in criminal proceedings or under sentence*, documentation regarding their hospital orders were available.

Where patients were sectioned at Ty Catrin hospital it was evident that at least one doctor had a previous acquaintance³ with the patient and at least one doctor was Section 12 approved⁴. Each of the doctors involved in the sectioning of the patient were independent of the Registered Provider which ensured there was no conflict of interest with the doctors involved. Clear reasons were given why detention under the Act was the most appropriate way of providing care and the detention papers confirmed that medical treatment was available at Ty Catrin Hospital. The detention papers were completed within the required timescales.

All Section 17 leave⁵ 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.

There was a record of a discussion with patients about their rights under Section 132 of the Act. An Independent Mental Health Advocacy service attends Ty Catrin twice-weekly. However, whilst some patients said the advocacy representative was great, a number of the patients we spoke to were unaware of the advocacy service or unclear on how to meet with a representative.

³ Where practicable, one of the recommending doctors should have previous acquaintance with the patient, Section 12(2) of the Act.

⁴ 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.

⁵ Patient leave from the hospital grounds authorised by the patient's Responsible Clinician

Requirement

The registered provider must review the provision of Independent Mental Health Advocacy so that all patients are informed of how to access this if they wish.

5.3 Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation at Ty Catrin. At the time of our inspection Ty Catrin was implementing electronic patient care notes; the organisation was in a transitional period moving from paper records to the electronic system. Some parts of patient records were still on paper whilst other areas of patient records had been transferred to the electronic system. Staff were unable to confirm the planned completion date for the transition to electronic patient notes. Therefore there was a risk of the process remaining 'on-going' and separation and/or loss of care information.

Requirement

The registered provider must ensure that there is a completion date for the electronic transfer of patients notes.

The electronic care notes provided staff with the domains of the Care and Treatment Plan as set out by the Measure, the system was not easily navigable for ease of use. Patients unmet needs were recorded on the electronic care notes there wasn't a specific area for this to be recorded, staff would record unmet needs in the summary of the Individual Care Review. Whilst this identified the unmet needs for the individual patients there was not a collation of unmet needs information for the hospital to review their provision of the service provided at Ty Catrin to inform service development.

Requirement

The registered provider must ensure that it collates the unmet patient needs information to review the service provision.

Current patient medication was not recorded on the electronic care notes system, medical staff have to review this on the Medication Assessment Record (MAR Chart) kept on the ward. It would be beneficial to medical staff if this information was available on the electronic care notes. We did note that when medication was changed or PRN medication was administered this was documented in patients electronic care notes.

Recommendation

The registered provider should consider including current patient medication on the electronic care notes.

We reviewed six sets of patient Care and Treatment Plans, five of which had significant general health input, monitoring and treatment. Reviewing the care notes it was evident that the physical health care was detailed and appropriate to each of the individual patients.

Ty Catrin has a clinic room with a Practice Nurse based on the ground floor of the hospital. The Practice Nurse undertakes physical health screening of every patient with an evidence based tool. Patients attend the clinic room, however if patients were unable to leave their ward the practice nurse would see the patient on their ward. We were informed that there was previously two practice nurses at Ty Catrin but this has reduced to one, the provider should ensure that there is sufficient physical health provision available at Ty Catrin.

Requirement

The registered provider must ensure that there is sufficient practice nurse provision at Ty Catrin

6 *Next Steps*

Ty Catrin 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 Ty Catrin 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.

Mental Health / Learning Disability:

Provider:

Hospital:

Date of inspection:

Improvement Plan

Partnerships in Care Ltd

Ty Catrin Independent Hospital

23, 24 and 26 February 2016

Requirement/ Recommendation	Regulation	Provider Action	Responsible Officer	Timescale
The registered provider must ensure that there are appropriate communication arrangements to contact Ty Catrin 24 hours a day.	15(2) 26(2)(a)	New Monitor ordered for Roath ward Office which monitors the main entrance gate. Telephone intercom to the gate is in good working order. Out of hours telephone is also directed to Roath ward	Cerys Morris/ maintenance	1 month completed
The registered provider must review the smoking arrangements at Ty Catrin to ensure the safety of patients and enhance the hospital's relationship with its local community.	26(4)(a)	Smoking arrangements are discussed in Patient forum meetings so all issues are discussed and addressed in collaboration with the patients Contact with a local resident has been made, will arrange community liaison meetings with wider community.	Cerys Morris	One month

The registered provider must ensure that the Intensive Mental Health Care Areas are appropriately constructed to meet the purpose of the facilities.	26(2)(a) 26(2)(b)	Review of both areas will be carried out by Estates Team	Cerys Morris Estates	One month
The registered provider must ensure that the Senior Nurse on Site is provided with essential information at the start of their shift.	20(1)(a)	Night Manager post advertised	Cerys Morris	One month
The registered provider must ensure that repairs are completed and checked to ensure the safety of the environment is maintained.	26(2)(a)	Anti-ligature fixing changing same day, all other wardrobes checked, no further ligature points found	Cerys Morris Maintenance	Completed
The registered provider must ensure that all staff maintains patients' privacy by taking appropriate steps prior to entering patient bedrooms.	18(1)(a) 20(3)(a) 20(3)(b)	All staff have been reminded of importance of maintain privacy for patients.	Cerys Morris	Ongoing
The registered provider must ensure that all patients have access to washing machine facilities.	15(2) 26(2)(b)	Review of laundry facilities on all wards	Cerys Morris	6 weeks

The registered provider must ensure that all patient identifiable information is maintained confidentially and can not be viewed by unauthorised persons.	15(1)(b)	White boards ordered with doors to cover patient information's, will be relocated to another wall	Cerys Morris	one week
The registered provider must ensure that there is sufficient psychology provision at Ty Catrin.	20(1)(a)	Interviews held. Fixed term contract has been offered and accepted to cover maternity leave post. Post holder will commence employment in April Full time post has also been offered and accepted. Successful candidate will commence employment in May	Cerys Morris	Completed
The registered provider must ensure all staff have an up-to-date Disclosure Barring Service check.	21(2)(a)	Full audit completed on all files at Ty Catrin, full database in place. Also moving across to online DBS application Peer audit between PIC hospitals within Wales on HR files	Cerys Morris HR	Ongoing
The registered provider must ensure that staff are equipped to undertake clinical supervision.	20(2)(a)	Training will be facilitated to all those who provide clinical supervision to staff	Cerys Morris	3 months

The registered provider must ensure that clinical supervision is undertaken as per Partnership in Care's policy.	20(2)(a)	Supervision stats have improved each Month since introduction of PIC policy. January 73%, February 91% and March 99%	Cerys Morris	Completed and ongoing
The registered provider must ensure that there is a mandatory training programme for all staff at Ty Catrin to attend.	20(2)(a)	Mandatory training all in place. ILearn system now fully operational since March 1 ST . Dates booked for classroom based learning. Training needs will be reviewed monthly in Governance to ensure any new requirements are identified and actioned.	Cerys Morris	Completed and ongoing
The registered provider must update HIW on the training programme and staff completion rates for mandatory training.	20(2)(a)	As above	Cerys Morris	Monthly updates.
The registered provider must ensure that the onsite gym and swimming pool facilities are available to patients.	15(2) 26(2)(b)	Gym facility is now available. Sports therapist and OTA post advertised Swimming pool currently under review by external pool services.	Cerys Morris	3 months
The registered provider must ensure that there is sufficient permanent catering staff employed at TY Catrin.	20(1)(a)	One chef came into post on March 1 st	Cerys Morris	Completed

The registered provider must ensure that there is dietetic input to the provision of food for the patient group and to individual patient needs at Ty Catrin.	15(9)(a) 15(9)(b) 20(1)(a)	Post advertised	Cerys Morris	3 month
The registered provider must review the provision of food at Ty Catrin.	15(1)(a) 15(9)(b)	Discussed catering manager, New menus form May 1 st 2016. Menus will change quarterly	Cerys Morris	One month
The registered provider must ensure that all wards have catering comments books.	15(1)(a)	All wards now have comments books for patients and staff.	Cerys Morris	completed
The registered provider must review the temperature control in each of the ward kitchens.	26(2)(b)	Estates to review ventilation system in all ward kitchens	Cerys Morris	1 month
The registered provider must ensure that all patients have access to microwave facilities.	15(2) 26(2)(b)	Microwave purchased	Cerys Morris	completed
The registered provider must review the storage space in the ward kitchens to ensure that patients can securely store their own food.	26(2)(c)	Ward managers to audit use of kitchen by patients and identify if further units are required.	Cerys Morris	1 month

The registered provider must review the provision of Independent Mental Health Advocacy so that all patients are informed of how to access this if they wish.	15(1)(a)	Meeting held with Advocate, they attend Ty Catrin every Friday, all patients were informed of the new days/dates in their community meetings and this was further discussed in patient forum meeting. Posters are displayed around the wards	Cerys Morris	Completed
The registered provider must ensure that there is a completion date for the electronic transfer of patient notes.	23(1)(a) 23(3)(a)	All paperwork will have transferred over to the electronic system by April 30th	Cerys Morris	April 30 th 2016
The registered provider must ensure that it collates the unmet patient needs information to review the service provision.	23(3)(a)	IT has been contacted and agreed to add a Tab to our electronic patient records system to identify unmet needs.	Cerys Morris/IT	3 months
The registered provider must ensure that there is sufficient practice nurse provision at Ty Catrin	20(1)(a)		Cerys Morris	Completed