

**Mental Health/Learning  
Disability Inspection  
(Unannounced)**

**St David's hospital: Mental  
Health Care UK**

9<sup>th</sup> – 10<sup>th</sup> March 2016

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## 1. Introduction

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)<sup>1</sup>
- 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

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<sup>1</sup> 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**

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability visit to St David's hospital on the evening of the 9 March and all day on the 10 March 2016.

St David's is an independent hospital which was first registered with HIW in March 2010. At the time of our visit the hospital was registered to provide care to 15 patients. The hospital is registered to provide rehabilitation treatment to male adults over the age of 18 years with a borderline to moderate learning disability, whether or not they are detained under the Mental Health Act 1983.

During our visit we reviewed the areas identified, including reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one peer reviewer, one lay reviewer and three members of HIW staff.

## 4. Summary

Our visit to St David's hospital highlighted a number of noteworthy areas of practice and included:

- the effective way staff dealt with a number of incidents that we observed during the visit
- the way staff engaged with the inspection process
- the improved social and recreational therapies including some evening activities and further development of community links
- the food served was commented upon favourably by both staff and patients. Variety and quality in particular was remarked upon as very good
- the Mental Health Act was well administered and the paperwork was of a good standard
- my 'communication passport' and positive behaviour support plans were well formulated
- there was clear and significant evidence of psychology input within the patient documentation examined and following an untoward incident
- morale amongst staff was good and many commented favourably regarding team work within the hospital. This was despite the considerable length of time to complete the refurbishment.

Despite the good practice we identified, we also found some areas that require improvement. Following our visit we issued an immediate assurance letter regarding the extensive refurbishment works that we observed and the significant amount of time the wards had been disrupted for. The building and refurbishment works were running alongside an occupied and fully operational hospital and were having a significant impact on the day to day operations of the establishment. In particular we observed some occupied patient bedrooms that were or had recent plastering works undertaken and the ceilings in the hallways were missing because of the wiring, cable and pipework alterations and relocation.

A response to our immediate concerns has been submitted and an action plan has been presented which we will monitor.

The other areas we have identified for improvement include:

- the MDT clinical records for a patient had been entered retrospectively and this resulted in a lack of space for a third absconction to be entered

in a chronological order. This could easily lead to confusion and a lack of clarity within the notes.

- In terms of appraisals and supervision, whilst we acknowledge that the majority of staff had received one, there were significant length of time recorded from the last appraisal/supervision
- The hospital must provide a framework of accreditation for its numerous courses to allow patients to gain a formal educational qualification
- A memo dated 4 March 2016 was inappropriate and targeted all staff and not the individuals who were the perpetrators
- A review of the excessive amount of documentation contained on patient files needs to be undertaken.

## 5. Findings

### *Core Standards*

#### **Ward environment**

St David's is a 15 bedded hospital which provides care and rehabilitation to an all male patient group. The hospital is situated on the outskirts of Carrog, near Corwen. The building was built in the 1930s and is surrounded by large grounds with mature trees and shrubbery.

Extensive refurbishment work was being carried out throughout the hospital at the time of our visit. Upon our arrival, the impact of the works being undertaken caused some concern for HIW because of the state of the areas. On entering the hospital we noted the ceilings were missing because wiring and pipe works were being completed. The walls in the hallways were being stripped back to prepare them for plastering and painting and some rooms, mainly staff areas were closed off because they were being renovated.

It was pleasing to see two patient lounges situated on the ground floor had been completed and were finished to a high standard. The rooms were decorated and the wood block flooring had been restored. There was a TV and pictures on the walls and the sofas and chairs had cushions on them which gave the lounges a homely feel.

Upstairs were the patient bedrooms and bathrooms. We saw four bedrooms and one bathroom that had been completed to the new standard and specification. The bedrooms contained new furniture and fittings, flooring and had been decorated. The bathroom had also been redecorated and contained new furniture and fittings including a bath, shower and sink all with automatic sensor activated taps.

The rest of the upstairs mirrored the incomplete areas downstairs. Exposed ceilings were visible showing electrical cable and pipe works, the temporary COSHH (Control of Substances Hazardous to Health) cupboard was messy, with stored mops, buckets, cleaning materials and clothing. We observed two occupied patient bedrooms, one of which had a hole in the ceiling and the plastering was unfinished. The other bedroom (situated downstairs) had wiring exposed which we identified as a possible ligature risk and this was highlighted to the hospital manager at the time of our visit.

The bathrooms observed required redecoration because the ceiling was covered in mildew due to poor ventilation and the flooring was marked and stained. The toilet in one bathroom had no seat, was stained and soiled toilet paper was on the floor.

The occupied patient bedrooms we observed were large. One bedroom was stark with only a bed and seating contained in the room. The bedding was crumpled and gave the bedroom an impression of being uncared for. The other bedroom had evidence of personalisation with photos displayed on the

walls and shelves, a TV and seating was also in the room and other nick-nacks were displayed.

The attic space situated above the second floor provides offices for the hospital manager, responsible clinician (RC) and psychology, which will also be refurbished.

Coed Bach is a purpose built facility providing activities and therapies for the patient group. Coed Bach is referred to as the day centre and is situated down the drive from the main hospital building. The day centre has a number of rooms in which activities can take place, including cooking, computers and arts and crafts. Inside the day centre rooms and walls display notices, posters and art work patients have completed. Outside the day centre is an area which houses some chickens.

Discussions with staff highlighted some frustration and disruption because of the building works. The building work has been on-going for 18 months and due to contractor issues has taken longer than anticipated to complete. However, due to the state of the building at the time of our visit we issued an immediate assurance letter to the organisation because the building and refurbishment works were running alongside an occupied and fully operational hospital and were having a significant impact on the day to day operations of the establishment. The organisation has responded and confirmed that no new admissions will take place for a period of time until certain areas of the hospital are completed.

## **Requirements**

Following the immediate assurance letter, continued monthly progress updates are to be provided to HIW regarding the extensive refurbishment work at the hospital.

## **Safety**

All the staff we spoke to said they had no safety concerns other than the disruptiveness of the building works. We observed staff wearing personal alarms and all staff had their own set of keys to provide access to secure areas.

The staffing numbers and skill mix of staff during our visit were sufficient to ensure patients were cared for and activities and therapies provided. None of the staff we spoke to raised specific concerns regarding staffing numbers or staff skills/knowledge.

The patients we spoke to told us they felt safe at the hospital.

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

A multi-disciplinary team (MDT) was in place which included the responsible clinician (RC), psychologist, occupational therapist, nursing staff and a social worker. The staff we spoke to were very positive about MDT meetings stating they worked in a professional and collaborative way.

MDT meetings take place on a monthly basis and staff told us they felt respected and that their professional views were valued and respected.

Daily handover meetings take place between each shift to ensure staff are aware of key issues regarding patient care.

Staff said they attend regular staff meetings in addition to MDT and handover.

### **Privacy and dignity**

All patients had their own bedrooms which provided them with sufficient space to store and display personal belongings. Patients had access to shared toilet and showering/bathing facilities and all the patients we spoke to said they felt their privacy and dignity was respected at the hospital.

A payphone was situated near the main entrance of the hospital and patients could also use their own mobile phones to maintain contact with family and friends.

All of the patients we spoke to said they felt safe at the hospital and none of the staff we spoke to raised any privacy and dignity issues.

### **General Healthcare**

During our visit we observed a number of incidents which were handled very effectively by staff. One incident observed had immediate psychology intervention which was positive to see because of the support provided to the patient and staff group.

### **Patient therapies and activities**

Coed Bach is a purpose built day centre situated within the grounds of the hospital that provides a hub for patient activities and therapies. Due to the building works taking place at the hospital, patients were encouraged to spend the majority of their day at the day centre. During our visit we spent time at the day centre and observed a number of activities taking place, including some patients cooking and three patients going out on a day trip.

The day centre had their own weekly timetable of activities that patients could participate in. In addition, patients had their own specific timetables that were devised specifically for their needs and goals. These timetables were developed in part by the interest checklist and assessments that occupational therapy staff complete for each patient.

A review of the timetables and discussions with staff and patients highlighted that there were lots of activities and therapies available for the patient group, some of these included shop and cook, baking, basic maths, art and crafts, computers and social skills. A dragon had been built and was being painted by patients which would eventually be placed within the hospital grounds. The hospital also had chickens which patients feed and take care of.

It was pleasing to note that there was improved social and recreational therapies available which included evening/night activities three evenings per week. Apart from activities organised in the hospital, patients had the opportunity to attend local groups, which included the local Phab<sup>2</sup> club. In addition to the evening/night activities patients had an opportunity to undertake voluntary work in the community.

At the time of our visit there were no patients attending local colleges/classes to gain formal qualifications. To enhance the opportunities already offered to the patients, the hospital must provide a framework of accreditation to allow patients to gain formal qualifications.

Staff told us that patients were taken out regularly, at least once a day and that on the majority of days most patients go out. We observed this during our visit and were pleased to be told by staff that sufficient staffing numbers and access to vehicles supported this achievement.

Psychology services and therapies were also provided to the patient group and we identified clear and significant evidence of their input within the patient documentation we reviewed. In addition, we observed an immediate psychology intervention following an incident with a patient.

A social worker provided support to the patient group three days per week and an advocate visited the hospital on a regular basis. The staff and patients we spoke to were aware of this service and knew how to make contact with the advocate if required.

Patient access to other healthcare services, such as a GP and dentist was good and was facilitated by staff.

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<sup>2</sup> Phab – National charity dedicated to the integration of people with and without physical disabilities in the community. <http://phab.org.uk/>

Maintaining contact with family and friends was encouraged and patients had access to a payphone or could use their own mobile phones.

## **Requirements**

The hospital must provide a framework of accreditation to allow patients to gain a formal qualification.

## **Food and nutrition**

Feedback from patients and staff was positive regarding the food served at the hospital. Patients are provided with three meals per day, including breakfast, lunch and tea. The menus are rotated on a 4-weekly basis and were displayed in the dining room with a clear indication which menu was currently in use.

The menus provided patients with two choices at lunch and tea time as well as lighter options including salad and sandwiches. Any patient with a specific dietary requirement was catered for.

The hospital at the time of our visit offered a snack in the afternoon, however access to hot and cold drinks were available as and when a patient required one.

The variety, quality and portion sizes of the food served were commented upon favourably by both patients and staff. Patients could buy and store their own snacks and take away meals were purchased by patients on occasions.

At the time of our visit, due to the building works being undertaken, only the evening meal was served in the dining room. Breakfast and lunch were being served at Coed Bach, the patient day centre. Discussions with the chef confirmed that lunch was transported from the kitchen in insulated catering boxes to the patients day centre via a hospital vehicle.

During our visit we observed a lunchtime at the day centre. The food was displayed and patients and staff chose their options which the chef served. A choice of jacket potatoes and various fillings as well as salad was offered. Tables and chairs were set up, however, as the food was served in take away trays, patients had the option of sitting in other rooms to eat their food. We noted that the dining experience could be enhanced by giving consideration to the presentation of the dining tables and consider having table cloths and condiments available. These thoughts were discussed with staff during our visit who said they will consider the options.

## **Training**

A review of five staff files was undertaken and we noted how consistent the information contained in the files was. All the files reviewed had a personnel file checklist at the front of the file which provided a quick overview of the employment checks that had been completed to date, including references, name of the employee, start date and their job role/title.

An index sheet at the front of the files provided quick and easy access to information contained in the file. All the files reviewed had evidence of an application form, offer letter, interview notes, two references, contract and medical questionnaire. There was no induction form on one file and one personnel file checklist had not been signed or dated by the person completing the checks.

A system was in place to record and monitor Disclosure and Barring Service (DBS) checks and we noted that all the files reviewed had a DBS.

A system was in place for staff to receive supervision and an annual appraisal. It was pleasing to note that the majority of staff had received an annual appraisal and the compliance rate at the time of our visit was 89%. There was a small number of staff who had not had an appraisal for a significant period of time, some since 2012 and 2013. These members of staff need to have an appraisal as soon as possible.

The statistics provided for staff supervision highlighted that although staff receive supervision, there are some staff with considerable periods of time since their last session. Thirty-two members of staff are listed as having their last supervision recorded in 2015. Discussions with some staff also confirmed this to be the case, stating supervisions are sporadic. A review of staff supervisions is required to ensure regular sessions are undertaken and recorded.

A programme of mandatory training for all staff was in place and the statistics provided highlighted an overall compliance rate of 90%. The management of actual or potential aggression (MAPA) training had a 76% compliance rate. Management confirmed that all the staff shown as expired have been booked onto a course. Discussions with staff confirmed that opportunities to undertake additional training were also available.

We noted a memo dated 4 March 2016 from the registered hospital manager in which the content was inappropriate. The memo targeted all staff rather than the individuals who were the perpetrators. The content and tone of the memo was discussed at the time of our visit with the hospital manager.

Discussions with staff confirmed that morale was good amongst the team and positive comments regarding team working were highlighted to us, despite the considerable length of time the building works was taking.

## **Requirements**

A review of staff supervisions and appraisals is required to ensure those staff with significant gaps since their last supervision and/or appraisal are undertaken as a matter of priority.

Communications to staff need to be appropriate in terms of content, tone and who they are intended for, with specific reference to the memo dated 4 March 2016.

### **Governance**

Under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, the registered provider submitted their last report in December 2015.

## *Application of the Mental Health Act*

We reviewed the statutory detention documents of two of the detained patients being cared for at the hospital at the time of our visit. The following observations were noted:

- The Mental Health Act was well administered and paperwork examined was of a good standard
- Easy read material regarding section 132 was available on the files reviewed
- Within the files examined there was a chart of when the rights were read to the patient and a column for if the patient understood their rights or not.

## *Monitoring the Mental Health Measure*

We reviewed the care and treatment planning documentation for two patients at St David's hospital and identified the following observations:

- The files we reviewed demonstrated a good standard of care plan documentation, with comprehensive information including risk assessments, medication regimes that had been discussed with the patient, MUST (malnutrition universal assessment tool) assessments used to assess the patient's dietary needs and physical intervention plans which had evidence of psychology input.
- Despite the good standard of documentation observed, a review of the excessive amount of documentation contained on patient files needs to be reviewed
- The 'My communication passport' was an excellent initiative
- My communication passport and the positive behavior support plans reviewed were well formulated
- The standard of written daily entries in multi disciplinary team records was unacceptable. There was no entry for 9 March 2016 and we questioned why the registered nurse on duty did not complete this.

(During the feedback meeting the hospital were provided with any patient initials to ensure entries could be updated/amended)

### **Requirements**

A review of the excessive amount of documentation contained on patient files needs to be reviewed.

A review of the MDT clinical records needs to be undertaken to ensure all entries are added appropriately so they read in a chronological order.

## 6. Next Steps

St David'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 David'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:** Mental Health Care UK  
**Hospital:** St David's  
**Date of Inspection:** 9<sup>th</sup> – 10<sup>th</sup> March 2016

Page Number	Requirement	Regulation	Action	Responsible Officer	Timescale
11	Following the immediate assurance letter, continued progress updates are to be provided to HIW regarding the extensive refurbishment work at the hospital.	26 (2) (a) (b) (c)			
14	The hospital must provide a framework of accreditation to allow patients to gain a formal qualification.	15 (1) (a)			

16	A review of staff supervisions and appraisals is required to ensure those staff with significant gaps since their last supervision and/or appraisal are undertaken as a matter of priority.	20 (2) (a)			
16	Communications to staff need to be appropriate in terms of content, tone and who they are intended for, with specific reference to the memo dated 4 March 2016.	18 (2) (a)			
18	A review of the excessive amount of documentation contained on patient files needs to be reviewed.	19 (1) (a)			
18	A review of the MDT clinical records needs to be undertaken to ensure all entries are added appropriately so they read in a chronological	23 (1) (a) (i)			

	order.				
Recommendation					
	The dining experience could be enhanced by giving consideration to the presentation of the dining tables and consider having table cloths and condiments available.	n/a			