

**A Review of Care Provided  
to patients with a learning  
difficulty or mental health  
issue at:**

**Ty Cwm Rhondda Independent  
Mental Health Hospital**

**Date of visit: 17 August 2011**

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# 1. Introduction and Background

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

1.2 Independent healthcare <sup>1</sup>providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at [www.hiw.org.uk](http://www.hiw.org.uk).

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

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

- Safe.
- Cared for in a therapeutic, homely environment.
- In receipt of appropriate care and treatment from staff who are appropriately trained.
- Encouraged to input into their care and treatment plans.
- Supported to be as independent as possible.
- Allowed and encouraged to make choices.
- Given access to a range of activities that encourage them to reach their full potential.

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<sup>1</sup> Independent healthcare – services not provided by the health service.

- 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.

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

## Ty Cwm Rhondda

1.6 Ty Cwm Rhondda independent hospital was first registered with HIW in October 2007 and at the time of our visit was registered to provide low secure service<sup>2</sup> for the treatment and nursing care of 20 patients with a mental illness and/or personality disorder<sup>3</sup> who are liable to be detained under the provisions of the Mental Health Act 1983. The hospital's registered provider is Pastoral Cymru Limited.

1.7 HIW undertook unannounced visit to Ty Cwm Rhondda on 17 August 2011.

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<sup>2</sup> 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.

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

1.8 The findings arising from this visit are set out Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 3 of this report sets out HIW's requirements for action.

1.9 Detailed verbal feedback was given to the strategic director of the organisation at the end of our visit and Ty Cwm Rhondda was required to submit an action plan to HIW that addressed the regulatory breaches. An action plan detailing actions, timescales and outcomes was forwarded to HIW.

## 2. Our Findings

2.1 The terms of reference for this review were structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services<sup>4</sup> would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

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

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

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

2.2 At the time of our visit 17 patients were being cared for on the two wards at Ty Cwm Rhondda. Eight patients were being cared for on Clydwch ward and nine patients were being cared for on Cilliad Ward (each ward can accommodate 10 patients).

### **Cilliad Ward**

2.3 All bedrooms on the ward had en-suite facilities and were personalised with posters, pictures and other personal items. The ward was decorated to a satisfactory standard.

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<sup>4</sup> Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

2.4 There was sufficient seating in the lounge to accommodate all the patients and the seating had been arranged according to patients' preferences and appeared homely.

2.5 Information boards were situated around areas of both wards. Information was available with regard to advocacy, how to make a complaint, legal support, helpful telephone contact numbers, activities and activity programmes. However, it was noted that there was inconsistency in the information provided on the wards. Since our visit we have been advised that a member of staff has been made responsible for making sure that ward information boards are regularly updated.

## **Clydwch Ward**

2.6 The bedrooms on the ward had en-suite facilities and the ward was clean and well maintained. Ward areas were decorated with pictures.

2.7 When we visited on 17 August 2011 it was noted that a number of chairs required repair and that some curtains needed to be re-fitted. Backboards in one bathroom required attention to prevent water seepage. Since our visit the registered manager has confirmed that maintenance repairs have been undertaken and a rolling programme of maintenance put in place.

2.8 A call bell system is operated within the hospital. This system alerts staff if assistance is required by patients i.e. if a patient should feel unwell.

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

## **Staff Numbers**

2.9 While without exception all the staff we met were personable and spoke of their commitment to encouraging independence and choice for patients, there were

on occasion shortfalls in staffing numbers, specifically during the evenings and at the weekends. This meant patients' involvement in activities and opportunities for leave were affected.

2.10 There was evidence of planned annual leave. The hospital had also recently recruited and increased the numbers of bank staff. However, some of the required information/checks i.e. references, Criminal Records Bureau (CRB) were still outstanding. Until this information was available, new staff could not commence work at the hospital.

2.11 It is important that patients have consistency in the staff members providing care to them in order to build up successful therapeutic relationships and trust. It is equally just as important that these staff members have the training and capability to implement and establish person-centred relationships with individual patients. However, Ty Cwm Rhondda needs to review staffing levels to ensure that there are appropriate levels of staff on duty at the weekend and contingency plans should be in place to ensure that it can appropriately manage and deal with staff shortage i.e. staff sickness.

2.12 There was evidence that management accessibility and responsiveness to staff queries and concerns was good and the manager believed in the importance of *'walking the floor.'*

2.13 Staff told us that they enjoyed working at the hospital for a number of reasons, including the positive approach and accessibility of the manager, opportunities for staff members to work together and thus maximising input into patient care and treatment for example the joint working that was evident between the occupational therapist and social worker.

## Staff training

2.14 We interviewed six members of staff during our visit including permanent and permanent bank staff<sup>5</sup>. There was evidence of a rolling programme of training for all staff members which included training in the Protection of Vulnerable Adults (POVA), mental capacity, consent etc. However, we noted that training in the Protection of Vulnerable Children (POVC) had not been included within this programme. This training is necessary to ensure that appropriate staff have sufficient knowledge to enable child protection procedures to be effectively implemented when necessary. For example, the hospital social worker who co-ordinates visits and home leave would benefit from such training.

2.15 Feedback from staff indicated that a formal structure and programme of supervision and appraisal was in place at the hospital. However, we were unable to evidence this in the staff training records as these were unavailable at the time of the visit. We requested that a copy of the training and supervisory and appraisal programme be forwarded to HIW and this was received on 29 August 2011. The documentation provided evidence of a comprehensive staffing strategy, HR processes and training matrix. The training matrix included details of all staff members, the training requirements and dates on which training was undertaken. This record enables members of the senior management team to plan and co-ordinate staff training and also monitor due dates and non-attendance.

## Policies and Procedures

2.16 If an organisation is to operate safely and consistently, all staff should know how to access policies and procedures and should be able to demonstrate knowledge of them. Examples of key policies that staff must have knowledge and access too include, medicines management, Section 17 – leave when detained under the Mental Health Act 1983, community escorting of patients and complaints.

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<sup>5</sup> Bank staff - staff employed by an organisation on a sessional basis when required not necessarily full or part time but some bank staff may be contracted on a regular basis.

Ty Cwm Rhondda had a range of policies and procedures in place and staff were aware of where the policies and procedures files were located. However, we found evidence of non-compliance with Ty Cwm Rhondda's own medication policies and procedures. For example, some medication sheets were unsigned and when medication was not given, no explanation was provided as to the reason why.

2.17 There was evidence of clinical governance<sup>6</sup> arrangements and processes in operation. Audits had been developed and were being implemented at the time of our visit. These related to patient care<sup>7</sup> documentation and the quality of treatment and services provided. Initial audit results indicated where patient care documentation and quality of care and service provision needed to be reviewed and strengthened.

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

## **Review of Care Plan Documentation**

2.20 We reviewed care planning documentation and found evidence of patients being involved in the care planning process. The preferences and needs of patients were documented and it was evident that changes to plans were discussed with patients. While discussions with patients were not always documented in patients notes we were able to evidence that such discussions took place through our discussions with patients and the notes of care team meetings.

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<sup>6</sup> Clinical governance - a system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

<sup>7</sup> Patient documentation consists of care plan, risk assessment, therapeutic activities, medication sheet, and clinical team meeting notes.

2.21 Patient care plan goals were specific and there was evidence of person-centred care. However, there was no evidence of patient information being available in different formats i.e. large print formats, pictorial, audio. Relatives were involved in care planning; however there was a lack of documentation providing explanation of occasions where there was a lack of involvement. In addition we found that the notes and outcomes from the clinical team meeting (CTM) were not always entered in CTM patient care plan notes. A system of monitoring, review and audit was in place for patient documentation. However, senior management team members may wish to review and strengthen their current audit timetable in order to make audits more frequent.

2.22 A range of different types of individual patient risk assessments including self-harm, absconding, mobility, environmental awareness were in place and we noted that these had been regularly monitored and updated with regard to patient care and outcomes. However, it was also noted that some documents had not been signed and it was not clearly documented that these decisions had been discussed with the patient. All decisions must be based on a sound and reasonable rationale which should be explained to patients, clearly documented in patient notes and signed by the individual making the entry.

2.23 There was evidence of the Care Programme Approach<sup>8</sup> (CPA) being in place. There were references in the documentation we examined to patients being seen by their community care co-ordinator<sup>9</sup> and to families being invited to CPA meetings. Joint working between the social worker and occupational therapist was evident, for example they made joint home visits. This is noteworthy practice which promotes and enhances a co-ordinated approach to individual patient care. A systematic approach to discharge planning was also in place.

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<sup>8</sup> Care Programme Approach - this is a co-ordinated system of care management, based on a person centred approach determined by the needs of the individual. There are four elements within CPA; a systematic assessment, the development of a care plan, the appointment of a care co-ordinator and regular reviews of the plan.

<sup>9</sup> Community Care Co-ordinator - A qualified health or social care professional who designs and oversees a care plan as part of the CPA.

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

## **Patient Activities**

2.24 We discussed a range of issues with patients focusing on whether they felt safe and properly supported. Overall patients felt able to make decisions regarding their daily routine but a recurring theme was that patients felt *‘bored.’* Particularly, few activities were available on weekends and in the evenings. A number of the patients raised with us the fact that activities, leave and even access to the garden could be curtailed or cancelled if there was not enough staff on duty.

2.25 A programme setting out the range of activities on offer to patients was displayed on wards. However, it was noted that an individualised programme was not set out as part of each patients care plans. Activities are an important component of patient care and a programme of activities that meets the needs of the individual patient should form part of his/her care plan. At the time of our visits we witnessed two group activities taking place on the wards and a number of patients were going out on community leave. Individual therapy sessions were taking place on wards.

2.26 Individual community activities were arranged for individual patients including educational programmes covering computer, stats, construction and building skills, experience and voluntary work.

## **Nutrition**

2.27 In terms of diet and nutrition, we found that patients’ preferences were catered for. Patients could cook their own food under supervision and there was variety and choice. Patients were positive about the hospital’s food in regard to variety and portion size.

2.28 Patients did have opportunities to shop, store and cook their own food. They could make their own drinks as required and could also purchase and store beverages of their choice.

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

## **Access to Services**

2.29 There was a good level of understanding amongst patients of how to raise any concerns and complaints; in addition patients knew how to access advocacy services. Both wards displayed information about advocacy services or how to make a complaint.

2.30 The complaints process and procedure was clear and comprehensive in recording actions, outcomes and *‘lessons learnt.’* Overall, we found that complaints were well documented, managed and records contained the required details. However, information in relation to the the feedback given to the complaints was not always consistent, and sometimes such detail was missing from the complaints log.

2.31 We reviewed incidents over the last twelve months and noted that the focus was on reporting the event and there were gaps in the follow-up process. This could lead to issues not being properly examined. Staff need to complete detailed and comprehensive reports of the outcomes and *‘lessons learnt’* from incidents to ensure that the process has been completed properly with appropriate follow up, including feedback to patients and staff and a review of care plans.

2.32 We found examples of restraint incidents not being recorded in the restraint log and restraint interventions leading to incidents not being recorded in the incident log. There is therefore a need for separate logs for the recording of incidents and restraint to be introduced as this will ensure that a clear audit record is maintained of each individual incident and/or restraint. In addition, the policy and process for

restraint recording needs to be reviewed to ensure that all appropriate information is recorded. This will ensure that a clear audit record is maintained for each individual incident and/or restraint. This is important with reference to the following:

- Possible investigations.
- May assist in indicating trigger factors which could impact on patient care and/or treatment.
- All staff should be aware of and follow the agreed hospital policies and procedures; this reduces risk to all parties and also assists in 'lessons learnt' discussions.

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

## **Support for Patients to Maintain Contact with Friends and Family**

2.33 There was a telephone room available on the ward and ward staff would also put through calls to the telephone room from the ward office, if there was no one available near the telephone room, i.e. patients were in their rooms or engaged in activities.

2.34 A number of patients were receiving Section 17 leave<sup>10</sup> and they told us that this was having a positive impact upon their ability to maintain family relationships. Visiting areas were available and there was a visitors' room available in the reception area of the hospital.

2.35 There was evidence that patients felt able to discuss concerns and problems with staff members and also that staff treated patients with dignity, respect and care.

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<sup>10</sup> Section 17 leave - formal permission for a patient who is detained in hospital to be absent for a period of time. Patient remains under the powers of the Act when they are on leave and can be recalled to hospital at anytime.

### 3. Conclusion

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

3.1 HIW's visit undertaken on 17 August 2011 identified a number of regulatory breaches. One of which was the low staff levels within the hospital at weekends, which can impact on the quality of patient care and the involvement in activities and community leave.

3.2 The staff group were committed and a good rapport between patients and staff was observed throughout the inspection visit.

3.3 At the end of our visit we gave detailed feedback to the representative of the registered provider which outlined the issues that required action. In response to our letter, the registered provider submitted an action plan to HIW, and has subsequently sent HIW updates in relation to the issues raised.

3.4 The action taken by the registered provider included:

- Reviewing staffing numbers for evenings and weekend periods. **Action completed. Review ongoing.**
- Undertaking minor works repairs and the introduction of a maintenance programme. **Action completed. Review ongoing.**
- A review of patient documentation audit systems. **Action completed 24 August 2011. Review ongoing.**
- Confirmation of a staff training and hospital training matrix. **Action Completed. Copy of staff training and hospital training matrix received 23 August 2011.**
- Audit of staff understanding and compliance with hospital's policies and procedures. **Action Completed 24 August 2011. Review on-going.**

3.5 Whilst there are a number of issues identified in the report, the registered provider has implemented and re-developed an action plan and forwarded copies to

HIW. Action has already been taken and there are set timelines with regard to other action outcomes.

## 4. Requirements

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

National Minimum Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
11	16 (1) (a) & 20 (1) (a) & (b) & 21 (2) (b)	2.11 & 2.14	The registered person must ensure that at all times suitably qualified, skilled and experienced persons are working in the establishment. This includes staff have appropriate levels of training in child protection.	Confirmation that staff have been trained in child protection is required by 30 December 2012.
12	26 (2) (a) & (b)	2.7	The registered person must ensure that the premises provide a clean environment that is in a good state of repair.	Immediate and on-going.
2 & 3	15 (1) (a) & (b)	2.11 & 2.25	The registered person must ensure that a range of activities are available for patients, including at weekends.	Immediate and on-going.
23	19 (2) (c) (i) & (ii)	2.30; 2.31 & 2.32	The registered person is required to ensure staff debriefing sessions held following complaints, incidents and restraints are	A system to be introduced by 30 October 2011.

			documented. Also staff training in following the hospital process with the recording of restraints and incidents. Policy and process for restraint recording should be reviewed.	
8	15 (1) (a) (b) & (c)	2.20; 2.21 & 2.25	The registered person must ensure that all care plans are accurate and updated following a CTM. An individual programme of activities should form part of the patients care plans.	Immediate and on-going.
8	15 (1) (a) & (b)	2.23	The registered person must ensure that if appropriate all families are encouraged and supported to be involved in patient care planning. Their involvement (or reason/s for not being involved) must be carefully documented.	Immediate and on-going.

## 5. Next Steps

5.1 The registered provider is required to send an action plan to HIW addressing all the regulatory areas identified within this report within the timescales identified within the above table of requirements.

5.2 It is acknowledged that the registered provider has already begun addressing some of the areas following our feedback session and subsequent discussions.