

Mental Health/ Learning Disability Inspection (Unannounced)

Pinetree Court, Ludlow
Street Healthcare Group,
Larch and Juniper Wards

9 - 11 December 2014

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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 offered 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 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; and
- 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).

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.

HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

HIW undertook an unannounced Mental Health and Learning Disability visit to Pinetree Court Hospital, Cardiff on the evening of the 9 December and all day on the 10 and 11 December 2014.

Pinetree Court was first registered with HIW in November 2007 and is currently registered to accommodate 29 patients within three separate units. Larch Ward is a 12 bedded male unit, Juniper Ward is a 14 bedded female unit and Cedar Lodge is a three bedded unit. Pinetree Court provides a rehabilitation service for persons with a primary diagnosis of learning disability or autistic spectrum disorder who may be liable to be detained under the Mental Health Act 1983.

During the three day inspection, we reviewed two wards, reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our inspection to Pinetree Court Hospital in December 2014 was a positive visit with many areas of noteworthy practice in operation. The general decoration was noted to be of a good standard with a regular maintenance presence on site. Our visit on the first night however did uncover unclean and stained toilets on the male ward, with patients making comments regarding the cleanliness of the toilets on occasions. The wards we visited did not have toilet roll holders, soap dispensers or notice boards because of recent incidents, however we were pleased to see the quick action of the hospital to rectify these issues.

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

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

The range of activities and the relevance to individual patients was noted to be good practice. Patient care records contained good pictorial information which was deemed to be noteworthy.

Patients had access to regular GP and chiropody services and these were commented upon favourably by patients and staff.

Patient participation in the preparation of meals for other patients which was overseen by the head chef is to be commended. However, the dining experience we observed during our visit was disappointing and was not conducive to a positive experience, mainly because of the way food was served to patients. Food was served in foil wrappers and covered in cling film and where relevant did not come served on a plate. Patients and staff also told us of the inconsistencies in the standard and presentation of food when the head chef was not on duty.

5. Findings

Core Standards

Ward Environment

Juniper Ward

Juniper Ward is a female ward which has 12 single bedrooms situated upstairs. Two bedrooms have en suite facilities, the remaining ten bedrooms each have a sink in the room and share toilet and showering facilities. At the time of our visit all the toilet roll holders and soap dispensers were broken and had been pulled from the wall, as a result patients had to request toilet paper from staff which was not good for the patients dignity. We were told that maintenance had been informed and during our visit were told that these issues were being addressed.

Downstairs on Juniper Ward there were a number of rooms, including the nurses' office, a quiet room, kitchen/dining room and patients lounge. There were two notice boards available, one in the foyer and one in the lounge. The notice boards were informative with information about what was going on in the local area, meetings, diet and healthy eating information as well as specific news about Pinetree. A third notice board had been recently pulled down in the dining area by a patient. Staff told us that maintenance had been informed and the notice board would be replaced.

The dining area had only ten chairs available. We were informed that this number of chairs was sufficient because there were two sittings at mealtimes. Patients had access to outside space in which facilities were provided for those patients who smoke.

The decoration throughout the ward, except for the area around the toilet roll holders and soap dispensers was adequate. The ward was clean in appearance and appliances and furniture was well maintained and in good working order.

Larch Ward

Larch ward is a male ward, providing 14 single occupancy bedrooms. The toilet roll holders and soap dispensers on this ward had also been removed from the walls. The toilets at the time of our visit were unclean and stained.

The lounge was well decorated and the furniture was well maintained. The appliances on the ward were in good working order and patients had access to a computer in the conservatory.

Notice boards were visible and information about a men's health clinic, minutes of meetings and offers of support following incidents was displayed.

Patients had access to an outside space which was not large but well kept. Designated smoking places were also outside for those patients requiring this option.

Patients' belongings were found to be stored in the shower room. As the patient had left in the summer time we were unsure why the belongings were still on site and hadn't been transported to the patient at the time of them leaving.

Recommendation

All fixtures and fittings, including toilet roll holders, soap dispensers and notice boards need to be replaced.

A review of the cleanliness of the men's toilets is required to ensure they are kept clean for patient use.

Safety

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

During our visit we noted that the staffing levels were appropriate for the number of patients on the wards and this included those staff on patient observations. Staff confirmed that they had no issues or concerns regarding staffing levels at the hospital. Some patients we spoke to did comment that if a patient required one to one nursing, or there was a staff absence, then on some occasions activities had not been facilitated.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a weekly basis and all disciplines are represented including psychology, occupational therapy, doctors, nurses and support staff.

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.

Daily morning meetings also take place at the hospital, in which handover notes from the previous shift are communicated with the next shift. Staff told us that doctors attend this meeting and as a result there is good collaboration between professions.

Privacy and dignity

The majority of patients we spoke to felt their privacy and dignity was respected at Pinetree Court Hospital. Nearly all the patients we spoke to confirmed they had a named nurse and that they could speak with them in private regarding any issues.

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

All patients had their own bedroom and were able to store their own belongings. Very few patients had keys to their own rooms and if access was required staff would open the door. Some patients did comment on staff not knocking loud enough on bedroom doors if they were to gain access, therefore stating that their privacy and dignity was not always maintained.

Patients told us that they would prefer en-suite shower and toilet facilities instead of the shared amenities because sometimes they were not left clean. On Juniper and Larch ward, patients had to ask staff for toilet paper which had an effect on the patients dignity.

On the whole, patients said they felt safe at the hospital.

Recommendation

To ensure that necessary facilities such as toilet paper is readily available in bathrooms to avoid the indignity of having to ask for toilet paper.

Patient therapies and activities

Staff and patients spoke positively about the range of activities and therapies on offer. Activities were wide ranging from internally organised groups and interests including 'Cuppa with a Copper' whereby a local policeman visits the hospital and chats with patients about local issues, pampering sessions and Soap Shop. In addition, a number of community based activities were offered

and included swimming, bingo, trips out, using the local gym, shopping, cycling, charity shop and animal working at Walnut Tree farm.

Patients spoke enthusiastically of the opportunity to prepare and make meals for other patients which is overseen by the head chef. The Pinetree café, which is run by patients for patients, was another activity enjoyed by service users. The café opens set evenings each week and enables both male and female patients to socialise in a café style environment.

Occupational therapy (OT) were working with patients and new admissions to provide more personalised plans. An interest checklist is used to capture a person's likes and dislikes and this information helps formulate a timetable specifically for each patient. The majority of staff we spoke to confirmed that patients had enough activities on offer and that protected time is in place for patient activities.

Staff told us of the reward system in place, in which patients collect stamps for each completed activity. Collected stamps can then be exchanged for rewards, which ranged from meals out, going to football matches, or weekend theatre trips.

The therapies offered to the patient group included a well women clinic as well as a male clinic, bi-weekly health clinics and health promotion. An independent GP visited on a weekly basis seeing patients referred by nursing staff.

Food and nutrition

On the whole patients and staff said food was good, especially if the head chef was on duty. However, patients stated that if the head chef was not on duty the food and its presentation was poor.

A dietician is used to oversee menu changes and choices. Taster menus are offered to patients when new dishes are being proposed to get their opinions. Staff said portion sizes were adequate and the quality of the food served was good. Fruit is available all day to patients and they also had their own cupboards to store snacks.

Some patients complained about the food stating it was not appetising and some patients were extremely disappointed by the restricted supply and consumption of cola. This was in place to encourage healthier options and to assist with weight management.

Our observations of the patients' dining experience at the time of our visit were not good. On both wards we observed baguettes being served to patients still in their foil wrap and not served on a plate. Soup was provided to patients which still had the cellophane attached and bread to go with spaghetti was taken from the packet and dropped on the table. These observations were not conducive to a positive dining experience.

Recommendation

A review of the inconsistencies in food quality and presentation when the head chef is not on duty must be looked at and addressed.

The dining experience needs to be reviewed to ensure that food is presented to patients appropriately and professionally, including using the suitable tableware to serve food on.

Training

Statistics provided to us regarding mandatory training showed a high percentage of compliance rates, including 100% completion of food hygiene and physical intervention training. In other areas, compliance rates ranged from between 80% and 90%. Staff confirmed that the organisation uses mainly e-learning packages for its training, but class room style training is used for specific areas including medication and first aid training. Staff told us that the registered provider is supportive regarding training and development for staff, including opportunities to attend external training.

A senior staff nurse acts as the hospital mentor for all newly qualified nurses, ensuring that their nursing development portfolio is updated and all training is captured for evidence to the Nursing Midwifery Council (NMC). This role has ensured that all newly qualified nurses are given the same mentorship therefore contributing to high standards of nursing staff.

A system of supervision was in place for all staff. Supervision takes place on average every four to eight weeks and staff said the discussions were meaningful. The hospital records and logs dates of the last supervision which enables the organisation to maintain an oversight of this process and ensure staff are receiving regular supervision.

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

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

We reviewed Pinetree Court Hospital's client complaints register and noted that in general the log appeared to be thoroughly completed. However, from July 2014 onwards the outcome column did not provide the detail that subsequent months provided. We questioned this at the time with the Responsible Individual who confirmed he would follow this up.

At the time of our visit the interim hospital manager had been in post at Pinetree Court hospital since September 2014. HIW has not received an application form to date. It is the responsibility of the registered provider to notify HIW of a new manager and to submit the necessary application form. A completed application form is required by March 2015.

Recommendation

An update regarding the outcome column on the complaints register is required to confirm why there is an absence of detail after July 2014.

A completed manager application form is required by March 2015.

Application of the Mental Health Act

We reviewed the statutory detention documents of six of the detained patients being cared for on two of the wards at the time of our visit. The following noteworthy issues were identified:

- The statutory documentation that we reviewed was compliant with the Mental Health Act 1983
- The statutory documentation files on both wards were kept in exemplary order allowing for easy access and review
- Regular audits and monitoring were undertaken by the Mental Health Act Team.

Four of the patients were detained under Section 3 of the Act. All statutory documentation to each individual patient's initial and ongoing detentions was accurately completed and maintained on file. In addition, each of the Approved Mental Health Professional (AMHP) reports were with the detention papers.

Two patients were detained under Part 3 of the Act, Patients concerned in criminal proceedings or under sentence. The statutory documentation regarding their detentions was available in their files, however, the doctors' assessments of the patients are not sent from the courts and therefore these were not available within the patients' files.

There was a clear record of patients being informed of their rights under Section 132 in each of the individual patient's files. It was evident that, where applicable, patients had appealed against their detention either to the Mental Health Review Tribunal (Section 65) or to a Hospital Managers' Hearing. Where these had occurred it was clear that the decision had been conveyed to the patient.

All medication under Section 58 had been authorised correctly. Copies of Consent to Treatment Certificates were kept with each patient's Medication Administration Record (MAR) Chart. We also noted a detailed Allergy Sheet in the medication files.

Where patients had Section 17 Leave of Absence the conditions of leave were clearly stated on the authorisation form and signed by the patient's Responsible Clinician.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation on Larch ward and identified the following observations:

- The Positive Behavioural Support (PBS) plan for a patient was in picture format which was very detailed and patient focussed
- The PBS plan was written in June 2014 however the CB5 self harm was still being assessed. There were no slow/fast triggers for behaviours and maintaining functions
- Section 17 leave form was comprehensively completed
- There were comprehensive levels of detail in psychology and behavioural observation reports.

Patients and staff commented on the recent withdrawal of the Advocacy Matters service due to funding (not a funding issue with the hospital). This service was very popular with patients and the advocates regularly visited the hospital, developing positive relationships with patients. Another advocacy service is now in place, although patients have to telephone and make an appointment to discuss issues.

6. Next Steps

Pinetree Court 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 Pinetree Court Hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A

Mental Health/ Learning Disability: Improvement Plan

Provider: Ludlow Street Healthcare Group

Hospital: Pinetree Court

Date of Inspection: 9, 10 & 11 December 2014

Page Number	Recommendation	Regulation	Health Board Action	Responsible Officer	Timescale
8	All fixtures and fittings, including toilet roll holders, soap dispensers and notice boards need to be replaced.	15(1) & (2) 26 (2)(b)	All fixtures and fittings are regularly replaced as they become damaged. Work continues to identify items which will withstand concerted attacks on these. Currently one male and two female clients damage these items regularly, clinical work continues with these individuals to assist in ameliorating the functions of these behaviours.	S James	End March 2015
8	A review of the cleanliness of the mens toilets is required to	26(2)(a)	All toilet areas are regularly inspected and cleaned by the housekeeping team. When housekeeping staff are off duty, this is	S James J Nolloth	Complete and ongoing

Page Number	Recommendation	Regulation	Health Board Action	Responsible Officer	Timescale
	ensure they are kept clean for patient use.		undertaken by care staff. All staff have been reminded to be extra vigilant in this situation.	C Wilson	
9	To ensure that necessary facilities such as toilet paper is readily available in bathrooms to avoid the indignity of having to ask for toilet paper.	18(1)(a)	All clients are being risk assessed to be issued with keys to toilet facilities. This is to allow those who do not deliberately cause damage to toilet roll holders and soap dispensers access to facilities where the provision of such can be guaranteed. Clients will additionally be provided with a personal supply in their rooms subject to risk assessment.	MDT J Nolloth C Wilson	End March 2015 Complete
11	A review of the inconsistencies in food quality and presentation when the head chef is not on duty must be looked at and addressed.	15(9)(b)	This issue is currently being addressed with the staff concerned. This will result in a consistently high standard of food quality and presentation.	C Kerslake M Light HR Team	20th March 2015
11	The dining experience needs to be reviewed to ensure that food is presented to patients	15(1)(a)	All staff have been reminded of the required standard for serving food to clients. This has been fully rectified.	S James All Staff	Complete and ongoing

Page Number	Recommendation	Regulation	Health Board Action	Responsible Officer	Timescale
	appropriately and professionally, including using the suitable tableware to serve food on.				