

Quality Check Summary

Cefn Carnau Uchaf

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cefn Carnau Uchaf as part of its programme of assurance work.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to the registered manager on 12 August 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that the environment is safe and suitable for the needs of patients at this time? What changes, if any, have been made to the physical environment, ward routines and patients' access to leave as a result of COVID-19?
- How is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- Considering the impact of COVID-19, how are you discharging your duty of care against the Mental Health Act and how are patients' rights being safeguarded?
- How are you ensuring that there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider mental health professionals where needed?

COVID-19 arrangements

During the quality check we spoke to the registered manager to find out how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

Cefn Carnau has encouragingly reported relatively few positive cases of coronavirus for patients. All presumptive cases were reviewed by clinical staff daily and confirmed cases were isolated and barrier nursed with appropriate PPE in line with government guidance. The hospital provided weekly updates about their COVID-19 status to NHS Wales throughout the pandemic.

Checks of PPE supplies are undertaken twice a week and stock is automatically replenished based on this information. Staff have viewed videos on how to correctly put on and take off PPE safely to reduce the risk of infection.

During lockdown more emphasis was placed on ensuring patients had a clean and comfortable living area. For example, bedrooms were deep cleaned more frequently and sensory items were purchased to help create an enjoyable space to reside in. During this period staff also had more time to work with patients to encourage and help them with their domestic and personal care regimes.

No improvements were identified.

Environment

During the quality check we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and use of restraint and seclusion. We also questioned the setting on the changes they have made to make sure patients continue to receive the care and treatment according to their needs.

The following positive evidence was received:

We were told that adjustments had been made to the environment and to the movement of patients and staff throughout the hospital to reduce any potential spread of the virus. Due to the relatively small number of patients on each of the three wards, each ward was treated as a separate 'household'. This attempted to reduce the impact of lockdown on patients and allow them an element of consistency to their daily routines. For example, this meant patients who did not display any symptoms were allowed to spend time together in the communal areas and during meal times, which remained the same.

Due to the restrictions placed on patient leave during the pandemic an occupational therapy assistant was allocated to each ward to implement an adapted therapeutic timetable for patients to engage with. Patients have been able to take a virtual online tour to learn about different museums across the world and a patient shop was set up onsite for patients to practice engaging in activities they would undertake when patient leave is reinstated. The

use of outdoor space has been promoted wherever possible. Community meetings have been hosted outdoors and patients have been helping to maintain the greenhouses and polytunnels in the garden. We noted these initiatives described to us by the registered manager as good practice.

Patients have been encouraged to speak to friends and family on the phone and have been able to speak to an advocate twice a week to help protect their rights and talk about any difficulties they may be having.

The hospital is gradually working towards safely reintegrating patients throughout the hospital with the easing of lockdown restrictions. A new visitor policy has also been created to reintroduce and safely co-ordinate visits to patients from their families and friends again.

Staff have been monitoring the impact of these changes on patients and the registered manager confirmed that the hospital has not generally seen an increase in challenging behaviours throughout this period.

No areas for improvement were identified.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We saw that COVID-19 specific protocols and guidance has been developed to outline the new additional infection prevention and control arrangements at the hospital. We were told that these have been made available to all staff to ensure they are aware of their responsibilities. Posters have been displayed throughout the hospital to remind patients and staff of the importance of regular handwashing. Latest government advice or changes to local arrangements have been communicated to staff via email and staff meetings and to patients during their daily patient meetings.

The registered manager confirmed that the frequency of cleaning throughout the hospital has increased and especially within each ward to help reduce cross infection. PPE stations have been set up and a dedicated area has been set aside for staff to safely don and doff PPE. A ward manager or clinical services manager is on site between 9am and 5pm on the weekends to help maintain consistency with infection prevention and control responsibilities with staff who may not work during the week.

Standard infection prevention and control audits are carried out annually across the hospital. We saw that such audits were last undertaken on each ward in March 2020 which

did not identify any issues or concerns. The registered manager confirmed that they would arrange for these audits to take place again in September 2020 and HIW would expect the audits to be amended to monitor compliance on the new infection control arrangements implemented during the pandemic.

The following areas for improvement were identified:

We saw that Cefn Carnau's infection prevention and control policy was a standard policy used across all Elysium healthcare settings. The policy references the Care Quality Commission and guidelines and legislation that is relevant only to England. We recommend that the infection prevention and control policy is amended to be more applicable to the local arrangements in place at Cefn Carnau. The policy must also make reference to the situation in Wales; for example, reference to HIW and The National Minimum Standards for Independent Health Care Services in Wales.

Governance

As part of this standard, HIW considered how the setting ensures there are sufficient numbers of appropriately trained staff to meet patients' needs, with access to wider mental health professionals where needed.

We also questioned the setting about how, in light of the impact of COVID-19, they are continuing to discharge their duty of care against the Mental Health Act and safeguarding patients' rights.

The following positive evidence was received:

The registered manager told us that 'safe staffing' forms are completed by ward managers every day to ensure there are always an appropriate number of trained staff on duty within each ward. The hospital suffered with staff absence during the early stages of the pandemic with a number of staff having to either shield or isolate. This meant that a higher number of agency and bank staff have been used to cover the shortfall. The registered manager confirmed that the use of agency and bank staff is expected to decrease in the coming months with staff returning to work after shielding. We reviewed the number of staff on duty on the day of the quality check and found that the staffing numbers were appropriate for the number of patients.

New initiatives have been introduced during the pandemic by Elysium Healthcare head office to help maintain staff well-being. The central well-being team issued regular updates and advice regarding the latest COVID-19 guidance and a 'Star Award' and gifts were given to reward staff. We were told that risk assessments have been completed for staff who had concerns about working safely during the pandemic and staff due to return from shielding have been offered shorter shifts initially to help them integrate back to work.

Multi-disciplinary team meetings continued to be held monthly for each ward throughout the pandemic and emergency appointments have been made with other professions where necessary. Patients' rights to have their cases reviewed by the Mental Health Review Tribunal for Wales have been protected with meetings taking place virtually.

Staff completion of training has been a challenge for the hospital throughout the pandemic due to staff absences and the restriction of close proximity training; for example, we saw that compliance with breakaway training was 63% and overall compliance with mandatory training by staff was 88%. The registered manager told us about upcoming training courses that have been booked to remedy this and HIW would expect to see a continued improvement in overall compliance with mandatory training by staff at the time of our next inspection of the hospital.

No areas for improvement were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the below:

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

Improvement plan

Setting: Cefn Carnau Uchef

Date of activity: 12 August 2020

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas. Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	The infection prevention and control management policy must be amended to reflect the situation in Wales and outline the local arrangements in place at Cefn Carnau.	National Minimum Standards for Independent Health Care Services in Wales Standard 13	To amend the infection control policy to reflect that the Hospital is under PHW and HIW.	Claire Cawley Andrew Goldsworthy	October 1 st

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Andrew Goldsworthy

Date: 03 September 2020