

# Quality Check Summary

## New Hall Independent Hospital

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of New Hall Independent Hospital, Ruabon, Wrexham, 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 hospital manager on 21 October 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 considered 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).

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**The following positive evidence was received:**

We were reassured from the documents submitted, and from discussions with the hospital manager that any patient or staff diagnosed with an infectious disease would be managed appropriately.

We saw evidence to show that the service has conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were told that staff have been issued with COVID-19 specific guidance which is being updated on a regular basis

We were told that no confirmed cases of COVID-19, or any other infectious diseases, have been reported within the patient group. One member of staff had tested positive. However, they were on leave at the time, so had no contact with hospital staff or patients prior to, or after testing positive. Other staff members suspected of having COVID-19 have had to self isolated. However, none have tested positive.

The hospital manager told us that cleaning schedules have been increased and the use of PPE has been optimised with adequate stocks sourced at the outset, and that they were confident that adequate stocks of PPE would be available going forward.

We saw evidence to show that a COVID-19 specific infection control risk assessment had been completed in September 2020, and an infection control audit conducted at the beginning of October 2020. We were told that appropriate action has been taken to address the issues highlighted in the risk assessment and audit.

We were told that patients and staff have been receiving regular COVID-19 updates and that written information relating to the management of COVID-19 has been made available to staff, patients and visitors. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

**No areas for improvement 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 changes have been made to the environment as a result of COVID-19 including the two hourly sanitising of high contact areas and PPE availability in all areas.

Telephones and tablet devices have been made available in order for patients to maintain contact with family and friends.

We were told that multi-disciplinary team meetings involving external professionals have continued, and that all reviews scheduled under the Mental Health Act 1983, have been undertaken within prescribed timeframes. Face to face meetings were suspended at the outset of the pandemic, with telephone and video calls used to ensure patients continue to have access to external professional services, including advocacy. Some face to face visits have recently resumed with adherence to social distancing guidelines.

We saw records of incidents and use of restraint for the months of July, August and September 2020. Records reflect the nature of the incidents and actions taken. The hospital manager explained that the incidents had been reviewed and a conclusion formed that incidents were not directly linked to changes in ward routines as a result of COVID-19, but were reflective of the general care needs of individual patients.

We saw evidence to show that an environmental risk assessment and ligature risk assessment were undertaken on 05 October 2020. We were told that any areas for action have been addressed.

We were told that patients are supported to engage in activities based on individual risk and need assessments. Patients are able to make use of the hospital grounds for exercise etc, and some patients have been able to go fishing, on the basis of there being a low risk of contact with others.

**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

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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 evidence to show that there are policies and procedures in place for the prevention and control of infection. These have been amended to reflect the management of COVID-19. The policies and procedures are reviewed and updated regularly. We were told that patients, relatives and staff are informed of any updates.

Each ward within the hospital has implemented a COVID-19 specific screening tool, in the form of a questionnaire, for any visitors to complete. All staff and visitors are reminded of the need to wear masks at all times and to maintain social distance.

Any staff member displaying COVID-19 symptoms are told not to attend work and follow the guidance on isolation. Staff who are isolating are supported through regular phone calls. Any patients displaying symptoms would be isolated within their own bedrooms, all of which have en-suite facilities. The hospital manager told us that they have been in contact with Public Health Wales, NHS Wales and the health board for guidance and advice to arrange testing where this was needed.

An electronic COVID-19 information folder has been made available to all staff. The information contained in the folder is also shared with the patients.

Regular audits are undertaken to assess and manage the risk of infection. The most recent infection control audit was undertaken on 05 October 2020. A copy of the report was presented with the service's self-assessment document.

**No areas for improvement were identified.**

## 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 hospital manager told us that they are well supported by the hospital's Operational Director, Medical Director and the Learning and Development Manager.

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We were told by the hospital manager that staff sickness levels had been comparatively low over the past three months. This was reflected in the supporting documentation provided. There had been some use of agency staff but this has been minimal. We were told that the same agency staff are used wherever possible to maintain continuity of care.

We were told that the patient dependency level is assessed regularly and additional staff rostered to cover any increase in demand. The hospital manager confirmed that there were no issues in securing more staff.

The service can currently accommodate up to 32 patients with mental health care needs. However, HIW have received an application to vary the conditions of registration to reduce the number of beds to 15 and to provide care for patients with a learning disability, challenging behaviour and autism.

We were told that staff training is on-going with use of in-house facilities and e-learning. Documents provided as part of the service's self-assessment showed good compliance with staff mandatory training. We were told that staff support and supervision takes place informally, on a day to day basis. More formal, bi-monthly support sessions and monthly staff meetings also take place.

We were told that Mental Health Act reviews, and other contact with external professionals, to include advocacy, has continued through phone calls and video conferencing. The service had been responsive to the lifting of restrictions put in place due to COVID-19 through reviewing risk assessments, and allowing more on site visits to take place. However, more restrictions have had to be implemented recently due to an upsurge in COVID-19 cases across Wales.

Patient leave, where appropriate, is managed on an individual case-by-case basis, and is dependent on the patient's capacity, understanding and ability to adhere to current guidance on social distancing and the wearing of masks etc.

**No areas for improvement were identified.**

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## What next?

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

Where an improvement plan is required, it 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.

The improvement plan, once agreed, will be published on HIW's website.