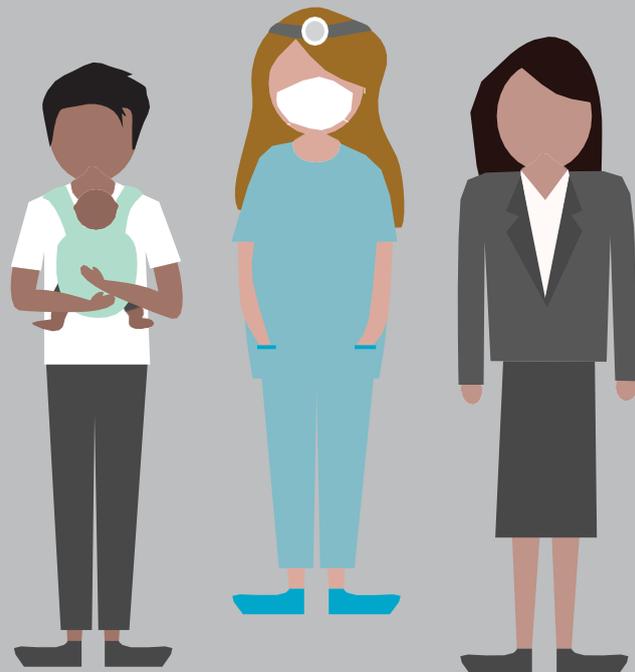


# Quality Check Summary

## Ablett Unit (Glan Clwyd Hospital)

Activity date: 20 November 2020

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Ablett Unit at Glan Clwyd Hospital as part of its programme of assurance work. The Ablett Unit provides NHS mental health services and is managed by Betsi Cadwaladr University Health Board.

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 Health and Care Standards 2015 (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 are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the Interim Acute Care Clinical Site Manager on 20 November 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?

## 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 Ablett Unit has traditionally been an acute care admissions unit for adults and functional older persons. However, in April 2020, the Ablett Unit was temporarily recommissioned to be the Acute Care Admissions Unit for all adult patients across North Wales. These new regional arrangements were implemented by the health board in an attempt to safely manage acute patients during the pandemic. Non-acute patients at the unit were relocated to other sites to accommodate this change.

### **The following positive evidence was received:**

We were told that patients are generally very unwell when being admitted into the unit and therefore the new care pathways for patients through the temporary regional model in North Wales are communicated to the families and advocates of patients wherever possible.

We were provided with documentation that outlined the significant changes undertaken to ensure the unit could safely provide care to acute adult patients. Wards were designated as 'red', 'amber' and 'green' to help separate and manage patients according to their COVID-19 status. This has meant that for short periods the 'amber' ward will become a mixed ward. We were told that this had been risk assessed, and that bedrooms and bathrooms are segregated as much as possible to maintain the privacy and dignity of patients, and that staff monitor any shared spaces at all times.

We were told that the long stay rehabilitation ward was closed to allow for anti-ligature risk assessments to be undertaken. We saw evidence of the existing and additional control measures and modifications put in place to ensure the ward environment was appropriate and safe for acute patients. The other wards are subject to anti-ligature risk assessments annually.

We were told that visiting arrangements during COVID-19 shifted to virtual communication due to the national restrictions on visitors in healthcare settings. Patients have been able to stay in contact with their families, friends and/or carers using their own mobile phones or using an iPad made available to patients by the hospital.

We were told that all patients have risk management plans that include an assessment on

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whether patients are eligible for Section 17 leave<sup>1</sup>. The Interim Acute Care Clinical Site Manager described how changes to granting patients' leave had been managed during COVID-19. Patients were typically not granted leave from hospital during periods of lockdown and staff undertook shopping on behalf of patients. When patient leave was granted after lockdowns had been lifted, we were informed that appropriate PPE was worn by staff and patients and social distancing was adhered to.

We reviewed data on the amount of incidents involving challenging behaviour and restraint at the unit and discussed this information with the Interim Acute Care Clinical Site Manager. We were told that the majority of such incidents that have occurred over the last three months involved a small number of patients with demanding acute needs. We saw that reviews of incidents had taken place and that learning opportunities and training needs had been identified and actioned where necessary.

**The following areas for improvement were identified:**

The Interim Acute Care Clinical Site Manager told us about a serious incident that occurred at the unit a few months ago, whereby a patient was admitted to the unit's Section 136 suite<sup>2</sup> instead of being admitted to a more appropriate setting. HIW understands the difficulties involved with identifying an appropriate placement for this patient, but the health board must ensure that patients are not inappropriately admitted to the unit to help protect staff and ensure patients receive the right care and treatment when needed.

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. 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. We reviewed key systems including the use of personal protective equipment (PPE).

**The following positive evidence was received:**

We spoke to the Interim Acute Care Clinical Site Manager about the arrangements in place to help stop the transmission of COVID-19 throughout the unit. Patients are triaged in the community by the Home Treatment Team to check for symptoms of COVID-19. All patients are then tested for COVID-19 upon admission to the unit and initially placed on the 'amber' ward. Patients are then either moved to the 'green' or 'red' ward depending on the result of their COVID-19 status. We were informed that appropriate Personal Protective Equipment

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<sup>1</sup> Section 17 of the Mental Health Act allows detained patients to be granted leave of absence from the hospital for a defined purpose and duration to help patients in their recovery for discharge back into the community.

<sup>2</sup> A Section 136 suite is a facility for people who are detained by the Police under Section 136 of the Mental Health Act.

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(PPE) is available for staff to barrier nurse patients on the ‘amber’ and ‘red’ wards in line with national guidance. Encouragingly, the unit has only reported two positive cases of coronavirus for patients.

We were told that all staff have been made aware of how to safely don and doff PPE and on which PPE to wear during different situations, for example, when undertaking a planned necessary restraint. The Interim Acute Care Clinical Site Manager confirmed that regular PPE refresher training is available for staff and that daily audits are undertaken to check their competency and understanding of their responsibilities in relation to PPE. Daily stock checks of PPE are undertaken by staff to ensure there are no incidents of shortages at the unit.

We saw that a COVID-19 social distancing action plan had been completed for the unit to ensure it could adhere to social distancing guidelines. The Interim Acute Care Clinical Site Manager confirmed that patients were being encouraged to socially distance wherever possible. Mealtimes have been split into two separate sittings to help facilitate extra space amongst patients and staff.

We saw evidence of a recent Infection Prevention (IP) Review Visit undertaken by the Clinical Service Lead for Infection Prevention at the health board, to check the infection prevention and control (IPC) arrangements in place at the unit. We noted that the review was positive.

We were provided with mandatory training statistics for staff and saw that compliance with IPC training was high across all staff members within each ward at the unit.

**The following areas for improvement were identified:**

We were told that there were no specific health board policies available in relation to infection prevention and control or in response to the COVID-19 pandemic. However, HIW are aware from previous quality checks undertaken recently within Betsi Cadwaladr University Health Board, that such policies are available. We were previously informed that relevant policies were being reviewed and were pending approval at the Infection Prevention Sub Group scheduled for 13 October 2020. The health board must ensure that all staff are aware of such policies and that findings from quality checks undertaken by HIW are recognised and shared across all health board settings.

The Interim Acute Care Clinical Site Manager told us that cleaning rotas have been altered to reflect the enhanced programme of cleaning undertaken at the unit since the onset of COVID-19. However, recent COVID-19 daily audit checklists show that domestic enhanced cleans are not being performed (e.g. additional cleans of high touch points) across the unit. The service must ensure that surfaces are regularly wiped down to help stop the transmission of COVID-19 throughout the unit.

## 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.

During the undertaking of the quality check it was apparent that staff have worked tirelessly and selflessly to meet the new challenges faced at the unit since the onset of COVID-19. This has included staff working overtime or working bank shifts to help ensure the unit can deal with the high volume of admissions of acute adult patients. HIW understands that plans are being implemented across the health board to move away from the regional model and move back to settings providing their traditional mental health services. We would support this move to help protect the health and wellbeing of staff working within mental health services across the health board. HIW will continue to seek assurance around the impact of the regional model, including the pressures faced by mental health services across North Wales through its Relationship Manager<sup>3</sup> role.

### **The following positive evidence was received:**

We discussed the arrangements in place to help ensure that there is the right skill mix and number of staff on the unit during each shift. Rotas are normally reviewed on a monthly basis and we saw evidence of Staffing Escalation Procedures developed by the health board to help staff understand the steps required to ensure there are adequate numbers of staff working on each shift to meet the needs of patients. However, staffing requirements are now subject to daily scrutiny since the unit became the Acute Care Admissions Unit for all adult patients across North Wales.

We were informed that staffing levels are monitored constantly and any risks are escalated through either the acute care meetings held daily or the local safety huddles held three times a day. Staff are typically allocated to specific wards for an extended period of time to allow an element of consistency to the care provided to patients throughout their short stay on the unit. However, we were told that staff are redeployed based on need to areas identified as having the highest levels of risk at any given time when required.

The Interim Acute Care Clinical Site Manager described the support provided to staff in their roles. This included regular clinical supervision opportunities and the completion of annual Performance Appraisal and Development Reviews (PADR), to discuss objectives and to help identify any learning requirements. We were told that 83% of staff had received their annual PADR and that plans were in place to ensure those outstanding would be completed within the

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<sup>3</sup> HIW Relationship Managers work closely with each health board and trust across Wales to understand the risks and issues faced by each organisation to help provide HIW with assurance on their performance.

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next month. We saw evidence that compliance with mandatory and statutory training was high amongst staff working at the unit. Initiatives such as relaxation sessions have also been offered to help support staff with their wellbeing.

We were told that the needs of patients have continued to be met by involving patients and their families in the development and review, of their care and treatment plans. This has had to take place virtually during COVID-19, but has still involved relevant clinicians and multidisciplinary team members. We were informed that there were issues initially working remotely with Community Mental Health Teams (CMHTs) across North Wales. This was because patients were often admitted to the unit a long way away from their local area and support teams. Encouragingly, we understand communication has since improved and the required documentation is being provided by CHMTs to allow the unit to plan for the timely and appropriate discharge of patients.

The Interim Acute Care Clinical Site Manager told us that support is available to help the unit discharge its duties to patients with regards to the Mental Health Act (MHA). The MHA administration team at the health board provide guidance to staff when necessary to help ensure patients are aware of their rights. Patients have continued to have their cases reviewed by the Mental Health Review Tribunal for Wales and access to wider health professionals such as advocacy has been made available to patients remotely.

**No improvements 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.

# Improvement plan

Setting: Ablett Unit, Glan Clwyd Hospital

Date of activity: 20 November 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 health board must ensure that patients are admitted to mental health units across North Wales where they can receive the appropriate care and treatment for their needs.	Health and Care Standards Wales Standard 3.1 Safe and Clinically Effective Care	The MHL D Division has plan in operation to transition patient admissions within the Local Authority areas as per process pre pandemic.  Each locality has submitted plans in liaison with Infection Prevention Team for their units regarding segregation and isolation of patients in relation to Covid. They are now progressing with any works required to complete the transition.	Heads of Operations	31 <sup>st</sup> January 2021
2	The health board must ensure that findings from quality checks undertaken by HIW are recognised	Health and Care Standards Wales Standard 6.3	There is a governance process for communication regarding feedback such as findings from HIW reviews.	Director of Nursing	31 <sup>st</sup> December 2020

<p>and shared across other health board settings.</p>	<p>Listening and Learning from Feedback</p>	<p>Communication through local and Divisional Quality Safety Experience Meetings and subsequently shared with equivalent meetings across the rest of the Health Board.</p> <p>Whilst each individual service/area take responsibility for their Improvement Plans and report via the internal governance reporting structure to ensure learning and communication, the Health Board also have a Corporate HIW Action Tracker which is overseen by Corporate Nursing.</p> <p>Bi-monthly reporting on progress against all actions, including matters for escalation, go to the Patient Safety and Quality Group which is chaired by the Executive Director of Nursing and up to the Corporate Quality and Safety Committee, when required.</p> <p>Collectively, these raise staff awareness to HIW Inspections and aid learning across the Health Board.</p> <p>To strengthen learning further, we are working to ensure the triangulation of data from intelligence such as Datix. Datix is an information system, which captures Risk, Complaints, Incidents, and Patient Experience. A HIW 'Test' Module has been built into Datix. Moving forward, this should allow us to triangulate and strengthen our learning from HIW and across other intelligence</p>		
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			as listed above.		
3	The service must ensure that domestic enhanced cleans are being undertaken to help stop the transmission of COVID-19 throughout the unit.	Health and Care Standards Wales Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	<p>The Acute Care Manager already escalated this prior to the quality check with Facilities Manager which is aligned to ensuring domestic staff are cleaning the unit as per expectation. The Acute Care Manager is monitoring this on a daily basis during their walk around and escalates any ongoing issues with Facilities Manager.</p> <p>Additionally, the Infection Team also carry out walk rounds on the unit and provide feedback regarding any issues and assist with any escalation.</p> <p>Locality Infection Prevention Group (LIPG) meetings are scheduled on a monthly basis are also in situ with MHL D included. Exceptions regarding any issues with audits such as Credits 4 Cleaning are received at this forum for assurance and any assistance, reporting any matters of significance into the Environmental Group.</p>	Ablett Acute Care Manager.	Complete.

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: Tom Regan, Head of Nursing, Mental Health & Learning Disabilities

Date: 10 December 2020