

Quality Check Summary

Ty Cwm Rhondda

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ty Cwm Rhondda as part of its programme of assurance work. Ty Cwm Rhondda is a 20-bedded, low secure mental health hospital offering treatment and rehabilitation services for males with complex mental health needs, serious mental illnesses, including treatment-resistant presentations and challenging behaviour. The hospital is owned by Partnership In Care (Rhondda) Ltd, which is part of The Priory Group.

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 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. Information on our approach to inspections can be found [here](#).

We spoke to the registered manager, who is also the hospital director, on 27 January 2021, 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 following positive evidence was received:

We were told that more space has been freed up to allow for social distancing in communal areas within the hospital. Social distancing has also been encouraged by having smaller numbers of people attend group sessions and there have been fewer opportunities for patients from the two wards to mix in order to reduce the risk of cross infection. Shared spaces, when accessed by groups of staff or patients are subject to enhanced cleaning.

We were told that the activities programme has been reviewed and amended to provide more on site activities, with access to external spaces.

Patients have been supported to deal with the change through daily meetings to ensure they understand the rules and regulations. Written guidelines are made available on notice boards in order to ensure that patients understand any changes and to reduce anxiety levels as much as possible. Easy read guides are also available. Increased virtual contact with their families has also been enabled to assist patients in adjusting to the changes.

We were provided with a copy of the most recent environmental risk assessment which was conducted in November 2020, together with comprehensive ligature risk assessments for October 2020. These show that the organisation is making every effort to ensure the health and safety of patients, staff and visitors is properly considered through robust and comprehensive audits and risk assessments.

We were provided with copies of reducing restrictive practice meeting minutes for September, October and November 2020, which show that incidents are recorded and reported on appropriately.

No improvements were identified.

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 were told that there were no current, confirmed cases of COVID-19, within the staff or patient group.

We were provided with copies of the policies and procedures in place for the prevention and control of infection, which included specific COVID-19 policies and guidance. These were seen to be comprehensive and reflective of current COVID-19 national guidance. The guidelines are circulated to all staff following any amendments. There is also a COVID-19 communication board on both wards.

Regular infection control audits are undertaken within the hospital. We were provided with copies of the most recent audit reports. These showed very high infection prevention and control compliance. The audits are comprehensive and any issues requiring attention are highlighted and actioned.

We were told that enhanced cleaning schedules have been introduced to ensure that touch points and the general environment is cleaned more frequently. In addition, each office/shared space and department have their own ad-hoc cleaning schedules. All areas within the hospital have been decluttered to remove unnecessary items that increase the risk of cross infection.

We were told that the hospital has sufficient PPE for staff, patients and visitors, and that stocks are regularly audited to ensure adequate levels are maintained.

We were told that signage has been placed in shared work spaces, entrances and exits to all areas with reminders of expectations in relation to distancing, hand hygiene and sanitation of work spaces. Face masks are handed out by reception staff to clinical staff on arrival on shift to ensure compliance. Refusals to adhere to site protocols are appropriately escalated.

We were told that patients admitted into the hospital require a negative COVID-19 test result and a pre admission COVID-19 questionnaire must be completed by the referring service.

We saw from the documents submitted, and from discussions with the hospital director, that any patient diagnosed with an infectious disease would be managed appropriately. Should a patient have to isolate due to suspected or diagnosed COVID-19, then they would be cared for in their bedroom to limit any risk of cross-infection.

No improvements 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:

Discussions with the hospital director highlighted a good understanding of their responsibilities and the hospital's escalation and reporting processes. The hospital director told us that they are well supported by the wider organisation's senior management team and have access to advice and guidance when required.

We were told that agency staff are used to cover staffing shortfalls. We were also told that every effort is made to ensure that the same agency staff are secured to provide cover. This provides a level of continuity in the care provided and ensures that the agency staff are familiar with the hospital layout and working practices, and are familiar with the patients' individual care needs.

The hospital director explained that staff recruitment was on-going, with interviews currently being held for a number of vacant nurse and support worker posts.

We were told that patient dependency levels are assessed regularly and additional staff brought in to cover any increase in demand. We were also told that the agencies used were very responsive and accommodating which helped ensure that sufficient staff were available to cover shifts at short notice.

We were provided with training statistics and saw a generally high compliance rate for mandatory training. The hospital director told us that there have been some issues arranging face to face training on prevention and management of violence and aggression and basic life support training due to COVID-19 restrictions. However we were assured that this is being addressed.

The hospital director told us that staff support and supervision takes place informally, on a day to day basis. More formal, documented support is provided to staff through the annual appraisal process.

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 time frames. Where face to face meetings have not been

possible, telephone calls have been used to ensure patients continue to have access to external professional services, including advocacy.

We were told that patients' leave had been restricted initially in accordance with government guidelines. However, as COVID-19 restrictions have changed, patients' leave status has been reviewed and amended to reflect the changes. Where appropriate, staff have continued to support all patients to safely access the community throughout the period, in line with individual risk assessments and care and treatment plans.

No improvements were identified.

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.

Improvement plan

Setting: Ty Cwm Rhondda

Date of activity: 27 January 2021

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
	No Improvements Needed				

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:

Date: