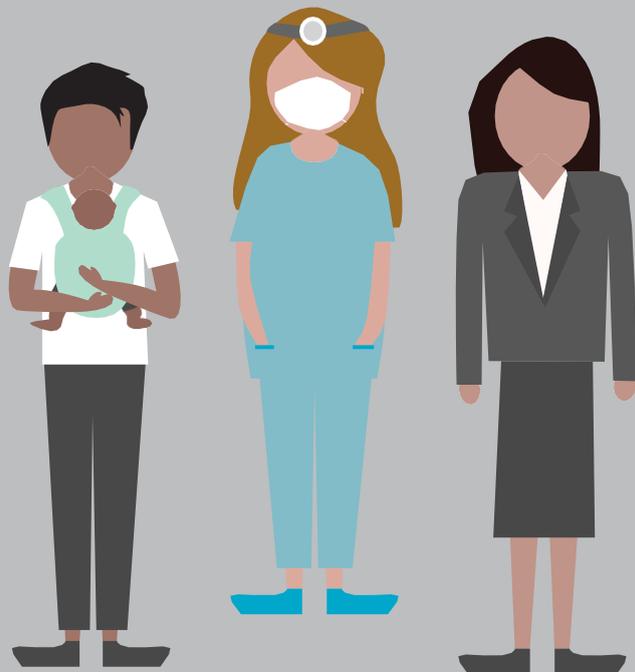


Quality Check Summary

East 12, University Hospital Llandough

Activity date: 10 March 2021

Publication date: 14 April 2021



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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of ward East 12, in the University Hospital Llandough as part of its programme of assurance work. East 12 is a 14 bedded ward providing acute dementia assessment for male patients.

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 ward manager and senior nurse manager on 10 March 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 a number of changes had been made to the ward environment as a result of the pandemic. East 10 ward became a designated COVID-19 ward for patients in the Mental Health Services for Older Persons directorate. As a result of this East 12 ward changed to an acute dementia assessment ward for male patients.

East 12 ward have reduced their bed numbers from 16 to 14 to ensure that single occupancy rooms are available for new admission patients whom require a period of isolation from the main patient group. Social distancing measures have been put in place, which included rearranging the dining area so more space is available between tables and patients. Also, the staff room displays a maximum number of people allowed in at a time.

We were told that visiting arrangements have been changed in line with government and health board guidelines. Whilst visitors were not permitted to the ward, visits are currently limited to palliative care or specific needs as identified in the guidance.

A designated visitors pod is available and allows families to visit (when permitted by government guidance) whilst maintaining social distance measures. Changes to visiting times and patient leave is being monitored in multi-disciplinary team meetings to ensure risk and patient capacity/understanding is being checked.

Due to the restrictions in place, alternative means of communication are being utilised for patients to maintain contact with their family and friends. We were told that throughout the duration of the pandemic, video calls have been facilitated by a newly established designated team called the Family Liaison Team. These staff work shift patterns and ensure patients receive calls with family throughout the day.

We were told that patient routines were being maintained as normally as possible. To help staff deal with peaks in challenging behaviours, additional initiatives were put in place to reduce these. Occupational therapy staff offered additional activities and therapies and physiotherapy sessions were delivered to patients requiring this. Staff communicated to patients individually to ensure messages were being received and understood. The ward manager expressed their gratitude of the staff and their achievements during the pandemic to keep patients active and engaged.

We were reassured from discussions with the ward manager that any staff or patient diagnosed with COVID-19 would be managed appropriately.

The following areas for improvement were identified:

We were told that a formal environmental risk assessment has not been completed for East 12 since 2019. Despite measures undertaken at ward level to ensure the ward remains safe and fit for purpose, a formal risk assessment must be completed.

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 provided with the policies and procedures in place for the prevention and control of infection, which included their COVID-19 Infection Prevention and Control Guidance.

We were told that advice and guidance is received from the infection control team to ensure best practice and that they undertake regular visits to the ward. We were told staff have increased cleaning throughout the hospital for all patient and staff areas alongside the implementation of PPE stations and temperature checking upon entering the ward. Hand washing facilities are available for patients and staff throughout the ward.

We were told of the systems and procedures in place to identify any staff or patient who may be at risk of developing COVID-19. We were told risk assessments have been completed for all staff. Depending on the outcome of the assessment, the organisation will determine if the staff member needs to be removed from patient areas or self isolate. In addition, any member of staff that is symptomatic had access to COVID-19 testing and results shared with necessary parties to ensure appropriate measures were taken.

We were told of the systems in place to ensure all staff were aware of and discharged their responsibilities for preventing and controlling infection. This was evidenced by the compliance data submitted for infection, prevention and control training. In addition, PPE donning and doffing training and FFP3¹ mask training had been delivered for staff. As a result

¹ A FFP3 mask is worn when carrying out potentially infectious aerosol generating procedures

of these measures the current infection rates for Clostridium Difficile² and Norovirus³ were nil.

The following areas for improvement were identified:

We were told that due to COVID-19 restrictions, a formal infection, prevention and control risk assessment has not been completed for East 12 since 2019. Despite measures undertaken at ward level to ensure the ward remains safe and fit for purpose, a formal infection, prevention and control risk assessment must be completed.

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:

We were provided with staffing numbers that we were told are considered sufficient to maintain patient care and safety on the ward. We were told that patient acuity can fluctuate with no predictable pattern. As a result of this the staffing levels and requirements are reviewed on a daily basis in order to support the team in providing safe and efficient care. We were told of the ways staffing has been adjusted to ensure sufficient numbers on the wards. This included community nursing staff being deployed from their community posts to work on the ward. The hospital has issued a number of fixed term contracts that increased staffing numbers. In addition, there is a pool of nursing staff that can be used to support wards when staffing levels need to be adjusted at short notice.

The data provided showed the ward had two staff on short term sick leave and one staff member on long term sick leave. There are currently vacancies for staff nurses and these are being recruited into.

We were provided with compliance data for staff mandatory training. Whilst the majority of completed training showed a high rate of compliance, there were some areas that were under

² Clostridium difficile, also known C. diff, is bacteria that can infect the bowel and cause diarrhea. The infection most commonly affects people who have recently been treated with antibiotics.

³ Norovirus, also called the "winter vomiting bug", is a stomach bug that causes vomiting and diarrhea. It can be very unpleasant, but usually goes away in about 2 days.

50% compliance (fire safety and information governance). We were told that COVID-19 had impacted training, especially classroom style. Training statistics are reviewed regularly and assurance was given to improving those areas that have been affected by the pandemic.

We were told of the physical health care training provided for staff on East 12 during the beginning of the pandemic. This ensured that the physical health of patients was being maintained by East 12 ward staff and helped to reduce the need of additional staff entering the ward. We were told of the benefits this training had during the second and third lockdowns for the ward.

We were told that there was adequate support in place for staff. The ward manager told us that in addition to the daily handovers, staff meetings had been conducted to ensure staff had up to date information. In addition to the employee well-being programme, the psychology team were offering support to any member of staff who may be experiencing anxiety or similar as a result of COVID-19. The ward manager conducts monthly supervisions with all staff and has an open door policy in place. In addition, we were told of the support provided by the senior nursing team and of the communications being discussed and received to ensure up to date information and guidance. The ward manager was very complimentary about the staff and the work that they had accomplished during the pandemic.

We were told that there was no formal escalation policy, however, we were provided with an escalation process. We were told that staff are aware of the escalation process. Therefore it was recommended that the process is made into a policy so all staff have an official document to refer to.

We were told that the clinical treatment and intervention for patients has mainly stayed the same during the pandemic. Multi-disciplinary team meetings, involving external professionals, have continued with all reviews scheduled under the Mental Health Act 1983, conducted 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.

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: University Hospital Llandough

Ward: East 12

Date of activity: 10 March 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
1	The health board must ensure that a formal environmental risk assessment is completed for East 12	Health & Care Standards - Governance, leadership & accountability	The directorate is making arrangements for internal inspections /risk assessments for all MHSOP wards to be carried out as soon as possible.	Directorate Manager / Ward Managers	April 2021
2	The health board must ensure that a formal infection, prevention and control audit is completed for East 12	Health & Care Standards - Governance, leadership & accountability	An infection, prevention and control audit was completed for East 12 on 23 rd March 2021	Directorate Manager / Ward Managers	March 2021 Completed
3	The health board should use the escalation process to make a formal escalation policy	Health & Care Standards - Governance,	The Mental Health Clinical Board will develop a shared escalation policy	Clinical Board / Directorate Managers	June 2021

		leadership & accountability			
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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: Joanne Wilson

Date: 25.03.21