

Quality Check Summary

Clywedog ward, Llandrindod Wells
Memorial Hospital

Activity date: 23 March 2021

Publication date: 29 April 2021



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Clywedog ward, Llandrindod War Memorial Hospital as part of its programme of assurance work. The ward provides care to older adults with organic and functional care needs. It has a capacity of ten beds, although this was reduced to nine throughout the pandemic due to the need to retain one room as an isolation facility.

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 Service Manager and the Deputy Ward Manager on 23 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 patients are encouraged to use the day room at the start of each morning in order to help provide patients with a daily routine. The ward also had access to several other communal areas, including a TV area, a secure garden and a dining room, which could be used as a breakout room if needed.

We found that restrictions to visiting caused by the pandemic had been difficult for both patients and their relatives. However, we were told that visiting with purpose had been permitted, in line with the latest Chief Nursing Officer for Wales guidelines. This had been achieved through creating a visitor booking system, ensuring that all visitors are symptom checked and are supplied with appropriate personal protective equipment (PPE) before they enter the designated visitor meeting space. We were also told that relatives were provided with daily updates at the peak of the pandemic, in order to provide additional reassurance at a time when visiting was further restricted.

We found there to be an overall low number of incidents reported at the site, which included no incidences of restraint within the last three months. The site placed an emphasis on verbal de-escalation techniques, distraction techniques and through providing meaningful activities for patients. It was positive to hear that thorough patient histories are taken, with the involvement of relatives, at the point of admission in order to establish a patient's preferred routine and to help staff to understand any triggers.

We found that there was a single bedroom which had been fitted with anti-ligature fixtures and fittings. This was supported by a comprehensive anti-ligature risk assessment, however, the health board must ensure that this is reviewed on an annual basis.

We found that multi-disciplinary team (MDT) meetings had continued throughout the pandemic and that these were held virtually, wherever possible. This ensured that patient care and treatment needs could continue to be met.

We noted that a recent deprivation of liberty safeguarding (DoLS¹) application had also been undertaken by virtual means, with the involvement of relatives and the patient as far as

¹ The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

possible. This means that patients' rights are protected by ensuring that best interest's assessments² are undertaken in a timely manner.

Ward management told us that ward routines had overall remained stable throughout the pandemic, with patients still receiving the required levels of direct patient care and having access to activities. Staff told us that, due to COVID-19 restrictions, access to some services (e.g. hairdressing) had paused and that, whilst was difficult for some patients, staff were hopeful that these services would soon resume.

We found that access to wider health professionals had continued wherever possible, but that there had been occasional difficulties in receiving on-site visits from all services. We acknowledge that the pandemic will have impacted the ability of some services to engage on-site, however, the health board is advised to monitor and review this to ensure that care and well-being needs are met.

The following areas for improvement were identified:

We found that the ward provides care for older adults with organic³ and functional care needs. This means that, at times, care for these two distinct groups of older people may lead to challenging behaviours or frustration between patients. This is compounded by the use of two and three bed bays, rather than single patient rooms.

Management explained to us how they are able to work with patients in order to successfully de-escalate or mitigate any challenging behaviours or frustrations. Despite this and, as identified in our previous inspection report (2019), the health board must provide HIW with assurance as to how the site can best meet the needs of these patient groups in both the short term and longer term, specifically if the use of bays in accommodating patients with organic and functional needs fully promotes patient wellbeing and dignity.

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 evidence was received:

We found that the site had remained COVID free until the end of 2020 when a COVID-19 outbreak occurred. However, we confirmed that an investigation by the health board was

² The purpose of a best interests assessment is to decide whether a deprivation of liberty is happening or may happen, and if it is whether this is in the best interests of the person affected.

³ This may include conditions such as dementia or Alzheimer's disease

underway, including a root cause analysis, in an effort to determine the cause and to aid any learning.

Despite this, ward management confirmed that there had been good support from the IPC link-nurse throughout the pandemic in order to review and maintain local IPC arrangements. We also saw evidence to show that positively-scored IPC audits had been undertaken by ward management since the outbreak, with the outcomes reported to the health board through an appropriate governance mechanism.

We were told that up-to-date information related to IPC is regularly communicated verbally to staff and that staff were encouraged to use the intranet for policies and sources of support. Information was also disseminated through daily ward rounds and at regular team meetings.

We confirmed that staff had received donning and doffing training in order to be able to correctly apply and dispose of PPE. Staff also confirmed that stocks of PPE and other supplies, such as hand gel, was in plentiful supply.

We saw evidence to confirm that COVID-19 related updates had been communicated to visiting professionals and relatives. This included use of a booking system to control the number of visitors on-site, as well as posters and stickers to remind staff and visitors of the need to maintain good IPC practice (e.g. hand hygiene and social distancing).

It was positive to hear that service had recognised the difficulties faced by patients with cognitive impairments in understanding and retaining new IPC habits, such as social distancing, and perceived trip hazards associated with placing stickers on the floor. Staff told us that posters and stickers had been carefully positioned around the ward to maintain visibility and that patients had been gently supported to help them understand. Staff told us that overall patients had responding positively to these changes.

We found that the ward had taken additional steps to help prevent the transmission of COVID-19, this included working with the health board estates department to limit the cross-over of domestic staff entering the ward. Also, access points had been limited, including the use thoroughfares leading onto and off the ward in an effort to reduce unnecessary footfall.

The following areas for improvement were identified:

We were told that all patients will be tested for COVID-19 prior to their admission, unless an urgent admission is required. In this case, the patient would undergo a period of isolation in a single bedroom that had been re-designated for this purpose until a negative COVID-19 test result is received. However, we found that this had not always been possible due to the presentation of the patient (e.g. a wandering patient).

Whilst we found that the COVID-19 related environmental risk assessment had identified this risk, there was a lack of documented mitigation identified within the assessment to control

and reduce this risk. The health board is advised to review and update the risk assessment.

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 service manager spoke highly of the committed, team approach that all staff have demonstrated throughout the pandemic in an effort to ensure that patients care and well-being needs were met. It was also positive to note that the need for visible ward management was emphasised, particularly throughout the pandemic, when staff and patient anxieties can be heightened.

Ward management described how they ensure that there are sufficient numbers and an appropriate skill mix of staff in order to meet patient needs. This included taking into account safe nurse staffing levels, existing skill mix, on-going patient risk assessments and other factors, such as newly admitted patients, who may require increased observations.

We confirmed that there was an appropriate process in place to escalate any staffing concerns and we found that staff were familiar with how to escalate concerns at both a ward and health board level.

We found that staff sickness and leave associated with the pandemic had impacted staffing on the ward. However, staff were able to describe the support and oversight they had received from the health board in managing these situations, such as access to additional bank or agency staff. It was positive to note that emphasis was placed on using a small pool of bank staff, which helped with patient familiarity and IPC purposes.

We found that all staff had completed a COVID-19 workforce risk assessment. It was also emphasised to us that staff could contact ward or service management at any time should they require any additional support.

We were provided with the mandatory training statistics and found mixed levels of compliance in some areas. However, we acknowledge that these training areas had been affected by COVID-19 due to the lack of face-to-face training options. We were told that these areas would be prioritised as and when they become available.

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: Llandrindod Wells Memorial Hospital

Ward: Clywedog Ward

Date of activity: 23 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 provide HIW with assurance as to how the site can best meet the needs of these patient groups [functional and organic] in both the short term and longer term, specifically if the use of bays in accommodating patients with organic and functional needs fully promotes patient wellbeing and dignity.	Standard 12 Environment Regulation 26/40	Due to the Covid-19 pandemic, engagement on new models of inpatient services has been suspended. The mental health service will follow national guidance around the option of progressing this work until such time as it becomes possible to fully consult in a face to face manner with our communities, to consider the best way forward. Risks to service users are identified, assessed, managed,	Assistant Director Mental Health/ Learning Disabilities	Workshop with stakeholders in the autumn of 2021 to produce bed configuration options including the potential for separating clinical needs for

			<p>recorded and reviewed on an individual basis through the WARRN assessment.</p> <p>Necessary action is taken as quickly as possible to mitigate risks and safeguard the wellbeing of each individual patient. Care and Treatment Plan (CTP) Audit will identify the effectiveness of this.</p> <p>Wherever possible, we seek to separate patients with functional and organic needs from sharing accommodation within the same bay.</p>		<p>the benefit of patient care. 31st October 2021</p> <p>CTP Audit is annual next due: December - January 2022</p>
2	The health board is advised to review and update its environmental / COVID-19 related risk assessment(s).	<p>Standard 7 Safe and Clinically Effective care Regulation 15</p> <p>Standard 13 Infection Prevention and Control (IPC) and Decontamination Regulation 9, 15</p> <p>Standard 22 Managing Risk and Health and Safety</p>	<p>The Risk Assessment has been reviewed and updated 12.04.2021</p> <p>Next review of the Environmental Risk Assessment will become due on October 12th 2021 or sooner if any changes prompt this.</p>	Service Manager/ Head of Operational Services	Completed

		Regulation 9, 19, 26			
--	--	---------------------------------	--	--	--

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: Ruth Derrick, Head of Nursing, Quality and Safety, Mental Health

Date: April 12th 2021