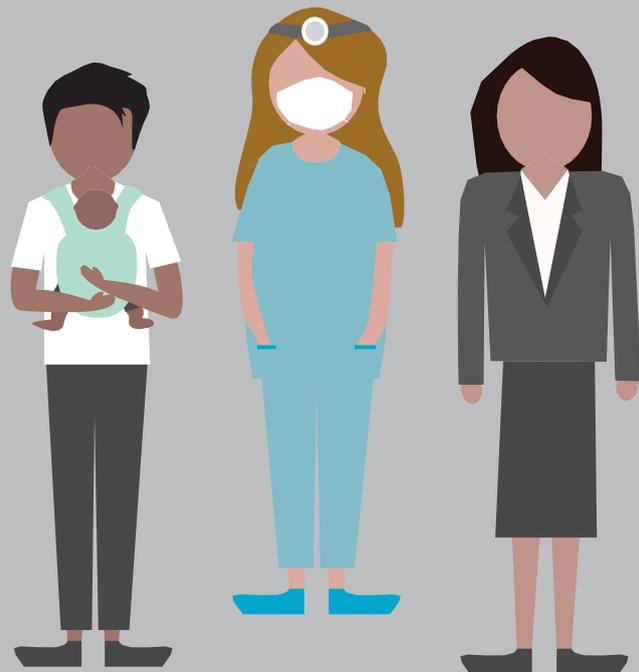


Quality Check Summary

Coed Celyn Hospital

Activity date: 17 March 2021

Publication date: 7 May 2021



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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Coed Celyn Hospital as part of its programme of assurance work. Coed Celyn is a rehabilitation unit for adults who experience mental health issues. The hospital can accommodate up to eight patients and forms part of Betsi Cadwaladr University Health Board's Mental Health and Learning Disability Specialist Services provision.

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 on Wednesday 17 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 Coed Celyn was closed in April 2020, at the start of the COVID-19 pandemic, due to concerns around the lack of adequate ventilation on the first floor corridor. After consulting with the health board's health and safety lead and the Fire Officer, measures were set in place to improve ventilation by fitting sound activated retaining devices to fire doors on the first floor corridor. Coed Celyn re-opened on 18 September 2020.

We were told that all communal rooms are clearly marked with the maximum number of people allowed to enter/occupy the space at the same time. One way systems have been introduced on the first floor corridor to reduce the likelihood of patients and staff coming into close contact in the narrow space.

We were told that, due to the layout of the building, indoor visits with family and friends has not been possible. However, a meeting room can be booked for visits, within an adjoining building which houses the health board's Community Rehabilitation Team, as this enables social distancing and complies with the visiting risk assessment. We were told that money has been made available and a wooden gazebo has been purchased, which is to be erected in the garden, in order to facilitate outdoor visiting when restrictions allow.

We were told that patients have access to an electronic tablet device, loaned through the health board, in order to maintain contact with friends and family. Staff also support patients to use their own devices to keep in touch with loved ones.

We were told that each patient has an individualised rehabilitation programme based on their needs. However, lockdown measures have significantly affected the availability of activities as most of the patients' rehabilitation programme is centred on community integration and accessing community groups, activities and other opportunities. Measures have been set in place to compensate for this by providing more on-site groups which are led by the Occupational Therapy, nursing and healthcare support staff.

Patients have been supported to deal with the change through daily meetings to ensure they understand changes to treatment and restrictions.

We were provided with copies of the health and safety assessment conducted in September 2020, which shows high compliance. We were also provided with a copy of the generic environmental risk assessments completed in July and August 2020, together with a copy of

the most recent ligature risk assessment, which was undertaken on 9 March 2021. These show that the organisation is making every effort to ensure the health and safety of patients, staff and visitors through robust and comprehensive audits and risk assessments.

We were told that restrictive interventions are not routinely used to manage challenging behaviour. We were provided with data relating to incidents of challenging behaviour over the past five months. This data shows that incidents were low in numbers and managed appropriately, and that the health board has robust recording, reporting and review processes in place.

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, and that all staff and patients had been offered a vaccination.

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.

We were also told that there were good links with the health board's specialist infection control nurses and the Occupational Health department for guidance and advice on the management of COVID-19 and other infection prevention and control matters.

We were told that monthly, comprehensive cleaning audits are undertaken.

We saw from the documents submitted, and from discussions with the ward manager, 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 one of three designated bedrooms to limit any risk of cross-infection.

We were told that all health and safety policies have been updated. A COVID-19 specific environmental risk assessment has been developed which covers social distancing, visiting and the management of COVID-19 symptomatic/positive patients. PPE stocks are audited

every night to ensure sufficient supply and patients are encouraged to wear them.

We were told that regular health board COVID-19 communication is shared with all staff via e-mail. Daily safety huddles are held to enable all staff to raise any concerns and discuss issues relating to the service development, COVID-19 planning and care provision. These meetings also afford staff the opportunity to share ideas and recommendations on how we can improve the environment and processes for patients and staff. A daily morning meeting is also held with the patients and this affords them the opportunity to ask questions and be updated with the most recent guidance. In addition, there is a COVID-19 information file available to staff which contains relevant risk assessments and guidance.

We were told that meetings are held with every patient, prior to admission to Coed Celyn, to discuss their understanding of COVID-19 and what would happen should they become symptomatic. This is then reflected in a COVID-19 specific care plan. The care plan is discussed and reviewed during weekly one to one meetings with patients to ensure their continued understanding and co-operation.

We were told that all staff have completed training on infection prevention and control which included specific modules on the management of COVID-19.

The following areas for improvement were identified:

We were told that Coed Celyn has not had a recent infection control audit. This has been escalated by the ward manager who is awaiting a response. The health board must arrange for an infection control audit to be carried out at Coed Celyn, as soon as it is deemed safe to do so under COVID-19 guidelines.

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

We were provided with a copy of Coed Celyn's standard operating procedure document which

was completed prior to the re-opening of the hospital. The document covers arrangements around the management of COVID-19, with specific reference to environmental and procedural adaptations, maintaining safety of staff and patients, procedure for admissions and discharges, procedure for patients presenting with symptoms of COVID-19 and staff support and wellbeing.

We were told that the hospital has a multidisciplinary team consisting of mental health nurses, healthcare support workers, occupational therapist, activity co-ordinator, consultant psychiatrist and psychologist.

The information provided shows that there is currently one Band five vacant post at the hospital. We were told that there is no intention to advertise this post at present as two preceptorship¹ nurses are due to join the team in April and May 2021. Both nurses have selected Coed Celyn as their preferred place of employment after completing placements at the hospital and also having worked bank shifts there.

We were told that agency staff are rarely used to cover staffing shortfalls with the hospital's permanent staff members willing to cover additional shifts where required. This provides a level of continuity in the care provided and ensures that staff are familiar with the hospital layout and working practices, and are familiar with the patients' individual care needs.

Daytime staffing levels were reported as being Registered Mental Health nurses (RMN), two health care Support workers. From Monday to Friday, this is complemented by the ward manager, deputy ward manager, occupational therapist and activity co-ordinator. Night time staffing levels are, one RMN and one health care support worker. We were told that patient dependency levels are assessed regularly and additional staff brought in to cover any increase in demand.

We were provided with training statistics and saw a high compliance rate for mandatory training.

We were told that multi-disciplinary team meetings, involving external professionals, have continued and that 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 was being managed in accordance with government guidelines and individual risk assessments.

No improvements were identified.

¹ Preceptorship is a process to guide and support all newly qualified nurses to make the transition from student and to develop their practice further.

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: Coed Celyn Hospital

Date of activity: 17 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 arrange for an infection control audit to be carried out at Coed Celyn, as soon as it is deemed safe to do so under COVID-19 guidelines.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	An infection control audit has been arranged for 15/04/2021.	Head of Nursing, RSS/SCC	April 2021

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: William Haydn Williams

Date: 31/03/2021