

Quality Check Summary

Adferiad Ward, St Cadoc's Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Adferiad ward, St Cadoc's Hospital as part of its programme of assurance work.

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 capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to the ward manager on 07 October 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?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We saw evidence to show that the service has conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were told that training specific to COVID-19 had been delivered to all staff by the health board.

We were told that no confirmed cases of COVID-19, or any other infectious diseases, were reported within the patient or staff group at the onset of the pandemic. However, two staff have recently tested positive and are off work.

We were told that cleaning schedules have been increased and the use of personal protective equipment (PPE) has been optimised with adequate stocks sourced at the outset, and the Ward manager told us that they were confident that adequate stocks would be available going forward.

We saw evidence to show that regular infection control audits are being conducted.

We were told that patients and staff have been receiving regular COVID-19 updates and that written information relating to the management of COVID-19 has been made available to staff, patients and visitors. Regular communication has ensured everyone has up to date advice and guidance on COVID-19. We were also told that the majority of patients have adapted reasonably well to the changes and respect the measures put in place to reduce the risks of COVID-19.

No improvements were identified.

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 some changes have been made to the environment as a result of COVID-19. Since the start of Covid-19 separate entrances have been introduced for both patients and staff into Adferiad ward. The main entrance doors are now closed off to any staff or visitors. PPE and hand sanitizers have been made available by the entrances.

Cleaning schedules have been amended to enable more frequent cleaning of all patient and staff areas.

We were told that visiting was suspended initially, but was then restarted, with relevant controls set in place e.g. social distancing, visitor details taken to ensure track and tracing, use of PPE and handwashing etc. However, restrictions on visiting have been re-introduced recently due to the prevalence of COVID-19 in the local area. Telephones and tablet devices have been made available in order for patients to maintain contact with family and friends. We were also told that patients' short term leave has been suspended but leave in preparation for discharge is still supported.

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.

We were reassured from the documents submitted, and from discussions with the ward manager that any staff diagnosed with COVID-19 would be managed appropriately.

We saw records of incidents and use of restraint for the months of July, August and September 2020. Records reflect the nature of the incidents and actions taken. The ward manager explained that the incidents were not directly linked to changes in ward routines as a result of COVID-19, but were reflective of the general care needs of the patient group.

We were told that regular environmental risk assessment are undertaken and were provided with copies of completed risk assessments for the months of July, August, September and October 2020, which confirmed that risk was being appropriately managed on the ward.

The following areas for improvement were identified:

We were told that the accommodation on the ward comprises of four bays each with four beds and six single rooms. None of the single rooms have en-suite facilities. Consequently, the layout of the ward has caused additional challenges with regards the management of COVID-19, particularly around the use of shared shower and toilet facilities, and lack of adequate space to enable social distancing. There is also a lack of suitable space on the ward should any of the patients require isolating. In the event of a patient testing positive for COVID-19, they would be moved to the Psychiatric Intensive Care unit (PICU) for isolation. The health board must ensure that the facilities on the ward are suitable to meet the needs of patients who are suspected of having, or have tested positive for COVID-19.

We saw evidence to show that a ligature risk assessment had been carried out on the ward, which highlighted a number of areas that required attention. However, the only control set in place to minimise the risk to patients was to ensure increased observations. To further

mitigate against the risk of harm to patients, the health board must review the ligature risk assessment and carry out the remedial work identified.

We were told that there was no Wi-Fi access on the ward making it difficult for patients to communicate with friends and relatives using tablet devices. The health board should look into the feasibility of providing Wi-Fi access on the ward.

Infection prevention and control

During the quality check, 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.

The following positive evidence was received:

We saw evidence to show that there are policies and procedures in place for the prevention and control of infection. These have been amended to reflect the management of COVID-19. The policies and procedures are reviewed and updated regularly. We were told that patients, relatives and staff are informed of any updates.

We were told that weekly meetings are currently taking place involving all ward managers and the Senior Nurse to discuss and address any issues or concerns relating to infection control.

Monthly infection control audits are completed on the ward and the most recent audit showed good compliance. We were told that the lead nurse for infection control had visited the ward recently to offer guidance and advice.

We were told that there are systems and procedures in place to identify any staff or patient who may be at risk of developing, or display symptoms of COVID-19. We were told that risk assessments have been completed for all staff and, depending on the risk level, the organisation will determine whether or not the staff member needs to isolate.

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:

The ward manager told us that they are well supported by their line manager and that there was good communication across the health board.

We were told by the ward manager that staff sickness levels had been comparatively low over the past three months. This was reflected in the supporting documentation provided. We were also told that there were a total of six whole time equivalent vacancies on the ward. Three of the vacancies were currently being advertised, two staff had been appointed but were awaiting a start date and one staff member had commenced on a lower band until their registration with the Nursing and Midwifery Council has been completed. Due to the staff vacancies, there had been some use of agency and bank staff but this has been minimal.

The ward manager confirmed that all staff had access to occupational health support which includes counselling.

The service can accommodate up to 22 patients. We were told that patient dependency levels is assessed regularly and additional staff rostered to cover any increase in demand and that there were no issues in securing more staff.

We were told that staff training is on-going with use of in-house facilities and e-learning. We were told 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 Mental Health Act reviews, and other contact with external professionals, to include advocacy, has continued through phone calls and video conferencing. The service has been responsive to the lifting of restrictions put in place due to COVID-19 through reviewing risk assessments, and allowing more on site visits to take place.

Patient day leave had been stopped in order to reduce the risk of cross-infection. Long term leave, where appropriate, is managed on an individual case-by-case basis, for example, if a patient is detained on the ward under Section 3 of the Mental Health Act 1983, and requires leave with view to discharge, then it would likely be granted. If a patient on long term leave is required to return to hospital, then they would be swabbed on return, clinically screened for COVID-19 and encouraged to isolate, wear a mask, observe two meter distancing and wash/sanitise their hands frequently as per procedure. If a person returning from leave had tested positive, was symptomatic of COVID-19 or was unable to isolate due to acuity/capacity, they would immediately be transferred to the PICU in order to safely isolate.

The following areas for improvement were identified:

We were told that the number of student nurses and recently qualified nursing staff working on the ward places additional pressure on the ward manager, their deputy and the other more experienced nursing staff, due to the additional support and supervision that these staff require. The health board must ensure that there is a good skill mix of staff on the ward in order to effectively provide quality care for patients, many of whom have very complex needs.

We were also told that the health board had introduced a streamlined recruitment process to ensure that the ward is adequately staffed. However, the ward manager is not always involved in this process. This has resulted in some staff being appointed to work on the ward who are not best suited to the complex and demanding nature of the service.

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: St Cadoc's Hospital

Ward: Adferiad

Date of activity: 07 October 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.

Ref No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must ensure that the facilities on Adferiad ward are suitable to meet the needs of patients who are suspected of having, or have tested positive for COVID-19.	Standard 2.4 Infection Prevention and Control	<p>The Guidance for the management of confirmed and suspected Covid-19 Cases on Inpatient Units is utilised on Adferiad which stipulates that in the first instance the patient will be moved to PICU Ward due to the current limitations on Adferiad and lack of single room en-suite facilities.</p> <p>Options for longer-term plans to modernise the current accommodation have been developed and are being considered by the Health Board to take forward in line with the wider Health Board Estates Strategy.</p>	Divisional Nurse for Mental Health and Learning Disabilities	Complete
2	To further mitigate against the risk of harm to patients, the health board must review the ligature risk assessment and carry out the remedial work identified.	Standard 2.1 Managing Risk and Promoting Health and Safety	<p>The Ligature Risk Assessment for Adferiad Ward was last updated in May 2020 following the annual risk assessment walkaround on 28/05/2020. Works from this assessment have been identified and are currently being costed by the Health Board's Works and Estates Department with a view of completing via allocated 2020/21 capital funds.</p> <p>This is part of an ongoing strategy to reduce ligature risk in ward environments. Over £3 million pounds has already been dedicated to this.</p>	General Manager, Mental Health and Learning Disabilities	Completion before 31 st March 2021
3	The health board should look into the feasibility of	Standard 3.2 Communicating Effectively	Access to WIFI has been escalated by the Division and was approved in this year's Capital Programme.	Head of ICT	Completion before 31 st March 2021

Ref No.	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
	providing Wi-Fi access on the ward.		Confirmation has been received that a new Network and WIFI system will be installed on the St Cadoc's Hospital Site.		
4	The health board must ensure that there is a good skill mix of staff on the ward in order to effectively provide quality care for patients, many of whom have very complex needs.	Standard 7.1 Workforce	The Division is moving towards the rosters that align with the principles in the Nurse Staffing (Wales) Act/National Mental Health Nurse Staffing Workstream and agreed staffing establishments.	Lead Nurse for Adult Mental Health	Complete
			In the interim, where there are concerns about skill mix on the ward, this should be escalated to the Senior Nurse and Directorate Management Team.		Complete
			A pilot project which funded senior nursing staff out of hours to manage admissions to the s136 suite and support nursing staff on site out of hours has been very successful and the posts made permanent. This has strengthened the skill mix out of hours.		Complete
			The Directorate Management Team will review the multi-disciplinary input to the ward.		December 2020
			The Directorate Management Team will continue to regularly review vacancies in the Divisional Vacancy meeting.		Complete
5	The health board must ensure ward manager involvement in the streamlined staff recruitment process.	Standard 7.1 Workforce	<p>The Student Streamlining Scheme is a national scheme by the NHS Shared Services Partnership aimed at encouraging nursing students who have received a bursary and trained in Wales to then work in NHS Wales.</p> <p>The Ward Managers report their vacancies on a regular basis to the Directorate to ensure that a number of positions are advertised within the Streamlining process based on vacancies and establishment.</p>	Divisional Nurse for Mental Health and Learning Disabilities	Complete

Ref No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
			<p>The Directorate will continue to report any potential constraints within the current All Wales process so that these can be shared via the Health Board.</p> <p>The Directorate will continue to encourage Ward Managers to attend separate Recruitment Events and to remain involved in the recruitment of personnel outside of the Streamlining process.</p>		

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: Michelle Forkings, Associate Director of Nursing/ Divisional Nurse for Mental Health and Learning Disabilities

Date: 27th October 2020