

Quality Check Summary

Hergest Unit, Ysbyty Gwynedd

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Hergest Unit, based within Ysbyty Gwynedd as part of its programme of assurance work. The Hergest Unit is a 40-bed acute admissions unit for adult and functional older persons. The Unit consists of 34 adult and functional older adult acute beds (17 male beds on Cynan ward and 17 female beds on Aneurin ward), and 6 mixed gender psychiatric intensive care beds (Taliesin ward).

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 one of the Ward Managers and the Service Manager on 30 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.

In response to the initial phase of the COVID-19 pandemic, the Ablett Unit, based at Ysbyty Glan Clwyd, acted as regional admissions unit for all adult patients across North Wales. This was a temporary measure to safely cohort patients for 14 days, which aimed to prevent the transmission of COVID-19 to existing patients. The Hergest Unit then became a post-admission unit for the longer term treatment of working age adult patients from all areas of North Wales. A specialist cohorting approach was put into place for older patients due to the level of risk and susceptibility that COVID-19 posed. This meant that all older persons were admitted to the Heddfan Unit based at Wrexham Maelor Hospital.

We found that the service had since undertaken a review and a lessons learned exercise, where it was decided that a return to locality based admission and cohorting would better serve the overall needs of patients, particularly in terms maintaining patient flow and protecting patient experience. At the time of this quality check taking place, the Unit had returned to its original configuration. However, bed space within the Hergest Unit had been reduced to allow for social distancing and a recommended space between beds in all wards.

The following positive evidence was received:

We found that a number of changes had been made to the environment in response to COVID-19. This was supported by a standard operating procedure for the unit which outlined a number of measure designed to maintain staff, patient and visitor safety on the unit in a COVID-secure manner.

We also saw evidence to confirm that environmental risk assessments had been undertaken on all wards and that these had been recently reviewed. This included anti-ligature assessments, which aims to ensure that the ward environment is appropriate for patients at risk of suicide or self-harm.

We found that the service had taken a cautious, risk-assessed approach to visiting. We found that a garden area had been converted to enable patients to meet with relatives or professionals in an outdoor environment and a designated room on the ward had been set-up. Staff were clear that all visitors to the ward were screened for symptoms and that PPE was provided. Overall, we were told that patients had been able to maintain regular contact with relatives virtually and that staff had placed an emphasis on providing relatives with updates on the condition of their family member.

We were told that day-to-day ward routines had been minimally impacted by the pandemic and that individual patient routines had continued as far as possible. For example, therapeutic input had continued to be available on the ward. We found that multidisciplinary team (MDT) meetings had continued throughout the pandemic and that the virtual nature of these meetings had helped to enable timely decision making in relation to patient care needs, including contributing to timely discharge arrangements.

Staff told us that the pandemic had been challenging for patients, for example by not being able to see family or leave the unit in the manner that they are used to. We noted that some patients had been experiencing increasing emotional distress, which had led to an increase in self-harm incidents, predominantly on Aneurin ward. However, it was re-assuring to be told by the Ward Manager that this had not led to a notable increase restrictive physical intervention's (RPI's)¹ and that further risk assessments of the ward environment had been undertaken.

The Aneurin Ward Manager was able to describe how good links are maintained with the positive behaviour interventions team, which focuses on providing person-centred behavioural support plans with a view to understand why certain behaviours occur and how they can be reduced in the future. This has enabled the ward to work with patients, rather than opting to immediately seek to provide a higher level of care, such as through a transfer to the psychiatric intensive care unit.

Where RPI's had been utilised, we reviewed how these incidents were reported. We found that there was a suitable tool for recording incidents, including escalation to formal incident reporting processes (e.g. Datix²) when necessary. We also confirmed that incidents were reported through a formal directorate level governance mechanism for oversight and monitoring of incidents.

We reviewed the circumstances relating to a small sample of restraint incidents and found that the Ward Manager was knowledgeable and was able to provide context and an appropriate rationale. For example, by providing us with details on the restraint techniques used, justification for lengths of restraint and how incidents were reported.

We also considered how the service meets the needs of its patient groups. Whilst some health services may opt to provide a specialist older persons model of care, the Hergest Unit provides a mixed model of care for adults of working age and older persons with functional care needs. As the mental, physical and therapeutic needs of older patients are distinct, we explored how the service met the needs of this patient group.

The service told us that there is a clinician based at the unit for five days per week whose role it is to provide medical cover specifically for the older patients, covering aspects of both

¹ Any method, e.g. restraint, which involves some degree of direct force to try and limit or restrict movement to protect the patient or those around them

² Datix is a safety incident reporting and management tool

their physical and mental health needs. We also found that there was occupational therapy (OT) support provided on the unit especially for older patients, which included physiotherapy input. Staff added that OT's had been a helpful link to the community discharge team and that their role had been fundamental in helping to promote safe and effective discharges.

We found that prior to the pandemic, a four bedded bay had been used specifically for older patients, with its own seating area and appropriate adjustable beds. However, we found that it had not always been possible for older patients to remain cohorted because of the reduction in bed capacity associated with the pandemic and due to an increase in older patient admissions. In response to this, we noted that there was a small number of single rooms available on the ward and that these would be prioritised accordingly for patients, such as for older persons who may have pre-existing physical health needs. We also confirmed that no patients with an organic disorder would be admitted to the unit.

The following area for improvement were identified:

Despite the provisions available on the ward to meet the medical and direct care needs of its older patients, we recommend that the health board considers how it can meet the overall well-being and holistic needs of its older patients in medium to longer term. This is to ensure that the placement of patients within the ward environment is appropriate at all times and that their social, therapeutic and psychological needs can be met in the most conducive environment. The health board is asked to consider its approach and to provide HIW with further assurance in this area.

Infection prevention and control (IPC)

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 found that unit had implemented a standard operating procedure which outlined a number of measures designed to promote COVID-secure IPC practices for staff, patient and visitors. This included measures relating to patient admissions, the screening of patients, housekeeping, visitors and footfall around the unit. This was supplemented by a breadth of health board wide policies and procedures, which were available on the intranet for all staff to familiarise themselves with.

We noted that an isolation room had been established in order to safely isolate new admissions. Staff confirmed that two negative swabs were required at appropriate intervals

before the patient is moved into the general ward area.

At the time of the quality check, there were no patients who had tested positive for COVID-19 or other healthcare acquired infections, such as *C. difficile* or norovirus³. We found that COVID-19 positive rates on the ward had been low and that there had not been a COVID-19 incident since the initial phase of the pandemic.

Staff told us that there are good links with the IPC team who had been visible throughout the pandemic. We found that spot checks had been undertaken by the IPC team and that these identified no areas for concern. We found that these checks were supplemented by monthly matron walkarounds to ensure a range of standards across the wards are being met.

Staff confirmed that all staff had received training in donning and doffing PPE and that access to the required PPE supplies was appropriate. It was positive to note that mandatory IPC training was 100% across all wards.

We also confirmed that staff are kept up-to-date with the latest IPC requirements through a range of mechanisms, including at the daily safety huddles and through regular staff newsletters.

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:

We found that there were agreed staffing levels across all wards within the unit. There was a clear escalation policy and procedure in place for the daily monitoring and oversight of staffing levels, which included a review at a daily acute care meeting with escalation into a daily ward safety huddle and a divisional level huddle. Staff we spoke to were knowledgeable of this process, which ensures that there are an appropriate number of suitably trained staff in order to meet patient need and acuity.

We found that there were varying levels of usage of bank staff, which we found was generally

³ *Clostridium difficile* and norovirus are types of infectious diseases that can cause vomiting and diarrhoea.

due to increased patient observations. We confirmed that every effort was made to ensure that bank staff were known to the unit, as this helps with patient familiarity and for IPC purposes. However, it was positive to note that the Anuerin Ward Manager had taken steps to strengthen the competency of new bank staff who may be unfamiliar with the unit. This included providing new bank staff additional shadowing shifts and an induction checklist to confirm their suitability to work on the ward. The health board is advised to consider if a similar model across other wards within the unit would be beneficial.

Staff confirmed that access to Mental Health Review Tribunals had continued through virtual means. Similarly, we were told that communication relating to Deprivation of Liberty Safeguards (DoLS)⁴ had worked well throughout the pandemic and that best interests assessments⁵ had been undertaken in a timely manner.

We found that patient voice and listening to patient feedback had continued throughout the pandemic wherever possible. We found that feedback had been provided on a breadth of areas, including the need for local inpatient admissions to resume. As indicated earlier in this findings record, we noted that this feedback had been reviewed and acted up accordingly. This demonstrates that patients are listened to and that their views are taken into consideration.

We reviewed compliance with mandatory training and found positive scores in the majority of areas, particularly in key training areas, such as IPC and management of violence and aggression.

We considered how staff had been supported throughout the pandemic. We found that staff had completed a COVID-19 workforce risk assessment, which helped to ensure their well-being and the suitability of their placement within the ward environment. We were told that wellness support had also been made available for staff through a health board wide initiative, in addition to usual occupational health services. The management that we spoke to spoke positively of the staff across the unit and of the team effort displayed by all throughout the pandemic.

As part of the quality check, we reviewed a number of policies and procedures. However, some of these documents were either in need of review and / or version controlling and dating. This is to ensure that the documents contain the most up-to-date and accurate information for staff to follow. The health board is advised to review the policies and procedures supplied to us to ensure that these are up-to-date.

⁴ 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

⁵ 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.

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: Hergest Unit

Date of activity: 30/3/2021

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	Despite the provisions available on the ward to meet the medical and direct care needs of its older patients, we recommend that the health board considers how it can meet the overall well-being and holistic needs of its older patients in medium to longer term. This is to ensure that the placement of patients within the ward environment is appropriate at all times and that their social, therapeutic and psychological needs		The health board will ask the Older Persons Inpatient Pathway workstream to undertake an assessment of the current practice of utilising mixed age wards at Hergest unit, taking into account the social, therapeutic and psychological needs of patients. This assessment will then be used to form the basis of a longer-term plan to cohort older adults in the unit and shared for wider learning and adoption for action	Head of Operations / OPMH Clinical Lead	30.06.2021

<p>can be met in the most conducive environment. The health board is asked to consider its approach and to provide HIW with further assurance in this area.</p>		<p>across MH services in BCUHB</p> <p>Pre-admission risk assessment to be developed for older adults being admitted to Hergest to ensure all potential vulnerabilities and needs are identified prior to admission, which will in turn ensure that the most appropriate available environment is utilised and the Care and Treatment Plan is fully populated with individual identified needs.</p>	<p>Head of Nursing / Inpatient Service Manager</p>	<p>31.05.2021</p>
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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: Mike Smith, Interim Director of Nursing MHLD

Date: 23/04/2021