Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Coed Du Hall Hospital

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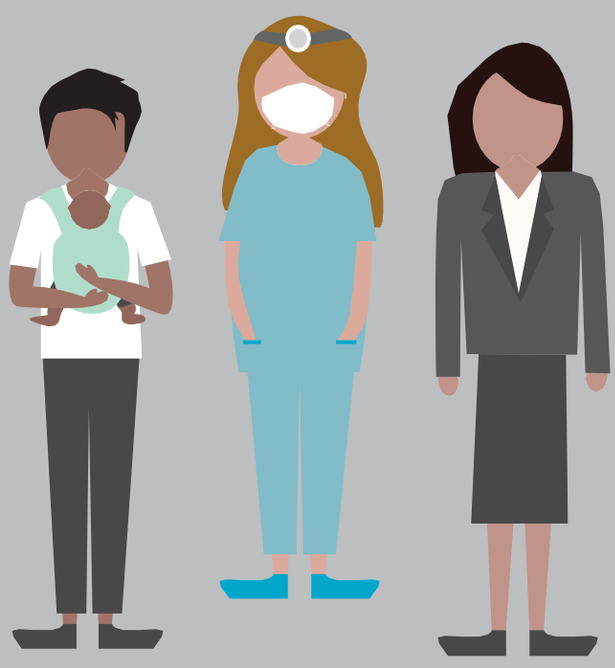

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In writing:

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

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Coed Du Hall 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 Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 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 interim registered manager on 12 August 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.

We were told that no confirmed cases of COVID 19, or any other infectious diseases, have been reported within the staff or patient group.

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.

We saw evidence to show that infection control audits have been completed on a regular basis and any areas of concern highlighted have been addressed.

We were told that patients and staff have been receiving regular COVID-19 updates during daily meetings. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

No areas for improvement 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 changes have been made to the environment as a result of COVID-19. These include the setting aside of suitable rooms where patients could be isolated should they test positive for COVID-19. Cleaning schedules have been amended to enable more frequent cleaning of all patient and staff areas.

We were told that patients have been able to access the hospital's extensive grounds to maintain health and wellbeing, and additional activities have been provided to keep patients occupied. Use has also been made of the outside areas for patients to meet with relatives and external professionals where appropriate. Tablet devices have also been purchased to enable patients to maintain contact with family and friends. Some patients

have access to their own mobile phones and this has enabled them to have contact with family and friends.

We were told that multi-disciplinary meetings involving external professionals have continued and that all 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 and video calls have been used to ensure patients continue to have access to external professional services, including advocacy.

We were told that patients' leave had been restricted initially. However, as restrictions reduced, all patients leave status was reviewed and amended to reflect the changes in government guidelines. Staff have continued to support all patients to safely access the community throughout the period, in line with individual risk assessments and care and treatment plans.

We were reassured from the documents submitted, and from discussions with the hospital manager that any patient or staff diagnosed with an infectious disease would be managed appropriately.

No areas for improvement were identified.

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 and staff are informed of any updates.

Regular audits are undertaken to assess and manage the risk of infection. We were provided with a copy of the most recent audit undertaken on 30 June 2020.

We saw evidence to show that training relating to infection control and COVID-19 has been provided to staff with a completion rate of 90% as of end of July 2020.

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. This includes the recording individual staff temperature at the start of each shift. Each patient has an individual COVID-19 care plan and risk assessment in line with government guidelines. We

were told that risk assessments have also 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 areas for improvement 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:

Despite only having been in post for two months, the manager had a good understanding of their responsibilities and the hospital's escalation and reporting processes.
The manager told us that they are well supported by the Director of Operations, Medical Director, Operations Manager and Compliance Manager.

We were told that there was an influx of patients at the outset of the pandemic, as NHS services were freeing up bed spaces. This placed additional pressures on Coed Du Hall. In addition, a number of staff were self-isolating at this time due to displaying COVID-19 symptoms. The unavailability of COVID-19 testing also had a detrimental affected on staff availability. This led to increased use of bank and agency staff. However, an agreement was reached with the agency for staff to only work at Coed Du Hall and no other settings in order to reduce risk of cross infection. Reliance on agency and bank staff has since reduced, due in the main to improved COVID-19 testing. However, the hospital remains to have some vacancies (currently- 3.5 nurses and 7 trained staff), with recruitment on going.

We were told that patient dependency levels is assessed regularly and additional staff brought in to cover any increase in demand.

We were told that staff training is on-going with use of in-house facilities and e-learning. Staff support and supervision takes place both informally, on a day to day basis, and more formally 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, albeit these visits

are still conducted outside at present. Similarly, some patients have been able to access the community and visit family members, in line with current guidelines.

No areas for improvement were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the below:

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

Improvement plan

Setting: Coed Du Hall Hospital

Ward/Department/Service (delete as appropriate): Coed Du Hall Hospital

Date of activity: 12 August 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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	No improvements needed				

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:

Date: