

# Quality Check Summary

St David's Independent

Hospital Activity date: 13 August  
2020

Publication date: 10 September 2020



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](mailto:hiw@gov.wales)

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St David's Independent 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 independent 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 with the registered manager on 13 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 found that the service have conducted the necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

The manager confirmed that cleaning schedules have been increased and the use of personal protective equipment (PPE) has been optimised with adequate stocks sourced and monitored on a weekly basis.

We found 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 provided with data on current infection rates and no confirmed cases of COVID-19, or any other infectious diseases, have been reported within the staff or patient group.

The manager confirmed that patients and staff have been receiving regular COVID-19 updates in community meetings and via emails. Regular communication has ensured everyone has up to date advice and guidance on 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:**

The manager confirmed that patients have been able to access the hospital's dedicated day centre for their activities and the extensive grounds to maintain health and wellbeing. Use has also been made of the outside area for patients to meet with relatives where appropriate.

The manager informed us that tablet devices have also been purchased to enable patients to maintain contact with family and friends.

We were informed that patients' leave had been restricted during the lockdown. 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 in line with individual risk assessments and care and treatment plans.

---

**No improvements 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 of an up to date policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19 and staff are informed of any updates.

We were told that regular audits are undertaken to assess and manage the risk of infection. We saw evidence that an infection control audit had recently been completed and we also saw evidence that the resulting action plan is regularly monitored.

We were provided with information relating to infection control training which showed a completion rate of 100%.

**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:**

Despite only having been in post for two months, the manager was very clear and knowledgeable about their role and had a good understanding of their responsibilities at the hospital.

The manager confirmed that patient dependency levels are assessed regularly and additional staff brought in to cover any increase in demand.

---

We were provided with information on staff vacancies which highlighted that the service is carrying a high number of vacancies (currently - three nurses, eight support workers and one occupational therapist). However, the manager confirmed that they are actively recruiting and a new occupational therapist and a qualified bank nurse had recently been appointed. Recruitment for the remaining posts is ongoing. HIW would expect to see a continued improvement with recruitment at the time of our next inspection of the hospital.

As the service is carrying a high number of vacancies we found that they are heavily reliant on the use of agency staff. In order to provide a continuity of care for their patients and staff, the new manager has made arrangements with the agency group to secure the same agency staff to cover shifts. These agency staff will receive an induction, relevant training and are assigned a designated supervisor.

We were provided with information relating to mandatory training and noted that 95% of staff had completed training on all mandatory subjects.

We were informed that staff support and supervision takes place on a day to day basis and through a 4 weekly supervision. We were also informed that over 70% of staff have received an annual appraisal with plans in place for the remaining staff to be appraised over the coming months.

Mental Health Act reviews and other contact with external professionals, including advocacy support, has continued through phone calls and video conferencing.

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.

**No improvements 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 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.