Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Setting Name: Heatherwood Court – Ludlow Street Healthcare

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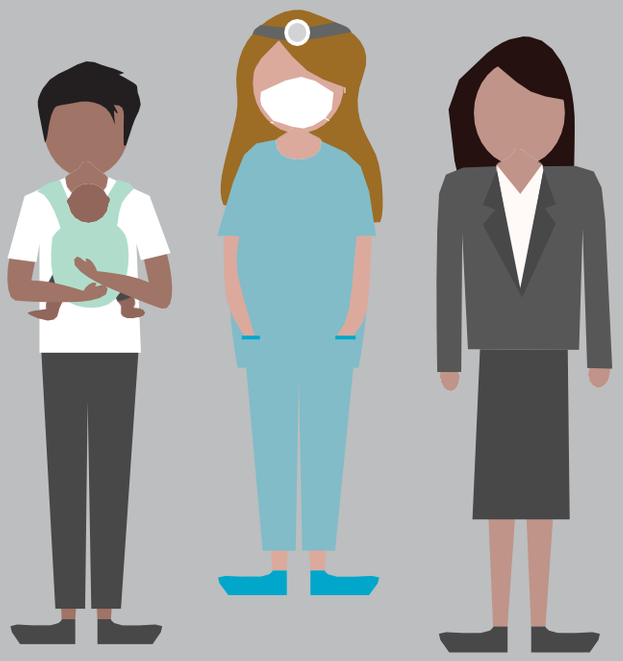

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Heatherwood Court 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 registered manager of Heathwood Court on 8 September 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 confirm that Heatherwood Court conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic.

We were told the service had no reported cases of COVID-19 or any other infectious diseases. We were told that contingency planning was implemented early on and a COVID-19 working group was set up to implement changes. Some of these changes include social distancing measures being marked out on the wards, shielding screens being fitted in office areas and alternative entry and exit points being identified for staff and patients attending and leaving the hospital.

We were told that regular audits are in place to ensure sufficient PPE is available for patients, staff, and visitors. During our discussions, the registered manager explained that at the start of the pandemic they experienced difficulty with accessing PPE equipment, however they were supported by their local health board and stock and supply of PPE was no longer an issue.

The hospital implemented a COVID-19 question and answer session which is held every Thursday for patients and staff, these were initially held through virtual communication, but are now held on the wards with social distancing measures in place. Regular communication via meetings and emails 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:

The registered manager described the changes made to the environment as a result of COVID-19. These changes related to how staff and patients enter and exit the hospital. We were told that staggered times for staff to enter and leave the hospital were in place at the start of the pandemic and staff were no longer required to work across different wards.

These changes were enforced to minimise any risk of cross contamination from staff on different wards, and staff who are on shift change overs.

We were told that patients' activities continued but instead of the activities being undertaken in the recovery unit where patients from all wards have access, the activities were moved onto the wards.

Mobile phones and iPads were utilised to continue therapy sessions, and these were also used by patients to enable contact with family and friends.

Patients were able to maintain contact with the multi-disciplinary team (MDT) remotely through video calls. Clinical team meetings continued virtually and we were told that patients engaged and adapted well to new methods of contact with the clinical team. Patients also used the iPads and mobile phones allocated to them to maintain contact with external professional services, including advocacy.

Due to lockdown restrictions, patient leave and visits were suspended in line with government guidelines. Visitor and leave restrictions have now eased. We were told that a local Covid planning group was set up to ease patients back into the community with the focus on patients adhering to government guidelines whilst on leave.

All visitors have access to PPE and hand sanitiser and temperature checks take place daily on all patients, visitors, and staff before they are allowed access into the hospital. The registered manager told us that all patient leave and visitors to the hospital was subject of continual review if any local lockdowns were introduced which could impact on the safety of patients and staff.

We were told that incidents of restraint had occurred during this period, and evidence we viewed supported this. The registered manager told us that a number of new patients were admitted to the hospital and these changes along with the lockdown restrictions, and use of PPE, caused some changes in patients' behaviour. We saw evidence that regular monitoring and debriefing of restraints was taking place and we were told that audits on ligature points take place regularly. The registered manager confirmed that incidents of restraint and ligature point audits are then monitored and scrutinised through the hospital's governance process.

Following discussions with the registered manager and a review of submitted documentation it was clear that any patient with an infectious disease would be managed appropriately in line with their policies and procedures.

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 reviewed documents which demonstrated that an infection control policy and supporting policies and procedures were in place to ensure the health of staff, patients and visitors are safeguarded through compliance with relevant legislation and guidance. In addition to these, a COVID-19 policy plus supplementary procedures have been introduced.

We were told staff have increased cleaning throughout the hospital; changes have been made to the cleaning chemicals and the hospital was now using anti-viral solutions. Regular cleaning of touch points, and safe practice regarding hand hygiene is reinforced in daily meetings, and dedicated areas for staff to apply and remove PPE equipment have been identified to reduce the risk of cross contamination.

We were also told how the local health board and hospital had worked together so that COVID-19 tests were readily available to staff and patients. This allowed a quick turnaround of test results, enabling the hospital to deal with any symptomatic patients and staff effectively. No patients have tested positive but two staff members tested positive and action was taken in line with government and hospital guidance; no further cases have been confirmed.

We were told that patients are provided with regular COVID-19 updates via community meetings and any new guidance would be discussed with patients and staff. Unannounced management checks were also being undertaken to ensure staff compliance with PPE and cleaning schedules.

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:

We were told that staffing resources are planned in advance and reviewed daily, to help ensure sufficient staff numbers were on shift to meet the care needs of the patients. An emergency staffing protocol has also been developed; we were told that although the hospital had experienced a number of staff absences in the early stages of the pandemic, they did not need to implement the emergency protocol. The use of agency staff and the accessibility and quick turnaround of test results for staff had also helped to maintain safe staffing at the hospital.

We were told that agency staff must complete all mandatory training requirements and must be inducted by a senior staff member to ensure they have a good understanding of hospital procedures and patients.

During discussions we were told that staff anxiety had increased, it was reassuring to hear that well-being services were being utilised and we were told that there was good support systems available to staff. As part of the governance process, management were monitoring overtime levels to ensure that staff were not working excessive hours.

Mental Health Act reviews and other contact with external professionals, such as advocacy, had continued through phone calls and video conferencing. Whilst advocacy services were available during the height of the pandemic access was limited. However, this has now been resolved and we were assured that advocacy services were available for patients if they needed to access them. We were told that Mental Health Tribunals were delayed at the start of the pandemic, however the Mental Health Act administrator had ensured that all patients' tribunals were now up to date and compliant with the requirements of the Mental Health Act legislation.

The following areas for improvement were identified:

A review of the staff vacancies and absence data indicated that there were vacant staff posts. This was confirmed by the ward manager who told us that there were 11 staff nurse vacancies and 15 support worker vacancies. These vacancies were currently being covered by agency staff. We were told that a recruitment campaign had been undertaken and that some staff were due to be appointed. The registered manager must ensure that these vacant post are filled.

During discussions and through examination of documentation, we identified that first aid training completion rates were low across all wards. It was acknowledged that due to first aid training being classroom based, this was suspended during the initial stages of the pandemic, however the registered manager told us that this training had recommenced. The registered manager must ensure that all staff complete the first aid training course as a priority.

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

Service: Heatherwood Court

Date of inspection: 08.09.2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Service action	Responsible officer	Timescale
The Hospital has 11 staff nurse and 15 support worker vacancies. The Registered Manager must ensure these posts are filled.	Support worker recruitment has been effective during the last twelve months and the provider continues to advertise and recruit. Nursing recruitment continues to be difficult. The provider is actively exploring measures to improve nursing recruitment. Due to the difficulty with nursing recruitment the provider has set an extended timescale.	Dean Harries	17/09/2021
First Aid training compliance had been affected during the initial stages of the pandemic. The Registered Manager must ensure all staff complete first aid training as a priority.	The provider have ensured the first aid training is a priority for the hospital. Training has recommenced subject to current covid policy.	Dean Harries	01/12/2020

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.

Service representative

Name (print): **Dean Harries**

Job role: **Hospital Director**

Date: **17.09.2020**