Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Tawe Ward, Ystradgynlais Hospital

Activity date: 30 September 2020

Publication date: 28 October 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

Website: www.hiw.org.uk

Digital ISBN 978-1-80082-401-0

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Tawe ward, Ystradgynlais 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 and the deputy ward manger on 30 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 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 saw evidence of this training in the form of power-point slides.

We were told that no confirmed cases of COVID-19, or any other infectious diseases, have been reported within the patient or staff 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, and the Ward manager told us that they were confident that adequate stocks would be available going forward.

We saw evidence to show that an infection control audit had been completed recently.

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.

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 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 a designated room 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 visiting was suspended initially but has since been re-introduced on the basis of one visitor for an hour in the morning and one visitor for an hour in the afternoon, utilising a designated room which is cleaned after each visit. Telephones and tablet devices have been made available in order for patients to maintain contact with family and friends.

We were told that multi-disciplinary team meetings involving external professionals have continued and that all reviews scheduled under the Mental Health Act 1983, have been undertaken 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 and deputy, that any patient or staff diagnosed with an infectious disease 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 an environmental risk assessment, looking specifically at social distancing arrangements, was undertaken on 18 September 2020. However, the report was not yet available.

We were told that patients are supported to engage in activities on the ward using a computer system which is cleaned in-between each use. Events such as VE Day have also been celebrated, in a socially distanced manner.

The following areas for improvement were identified:

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 good staffing levels. 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.

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 staff greet all visitors to the ward and ask relevant screening questions and take the visitor's temperature before allowing them entry to the ward. All visitors are required to wear a face mask and are reminded of the need to maintain social distance.

Regular audits are undertaken to assess and manage the risk of infection. The most recent infection control audit was undertaken on 17 June 2020. A copy of the report was presented with the service's self-assessment document.

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.

We were told that a larger room was currently being used as a day room so that patients are able to effectively social distance whilst still interacting with each other. All shared bedrooms have been re-configured to ensure that there is adequate space to enable social distancing to take place.

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:

The ward manager told us that they are well supported by their line manager and that there was good communication across the health board. This is enhanced by regular updates through the Powys Announcements communication system, which ensures that staff feel supported and are provided with the most recent guidance. The health board's Mental Health and Learning

Disabilities Directorate has developed a series of infographics to help staff understand essential information with the aim of reducing anxiety through straight forward, accessible information.

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 was only one staff vacancy on the ward. There had been some use of agency and bank staff but this has been minimal as some staff members had been re-deployed on to the ward from Brecon hospital. The ward manager confirmed that the re-deployed staff had settled in well to their new working environment on Tawe ward. The ward manager confirmed that all staff had access to occupational health support which includes counselling.

The service can accommodate up to eight patients. There were five patients accommodated at the time of the quality check. 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. However, the ward manager informed us that this had lapsed during the height of the pandemic, and that they were taking steps to ensure that all staff received an annual appraisal in the near future.

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, making use of the family room, which undergoes a deep clean after each visit.

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 have to be admitted to the isolation room initially, and await a COVID-19 test and negative result before being able to use the rest of the ward facilities.

The following areas for improvement were identified:

We were told that some elements of mandatory training had lapsed during the pandemic due to the unavailability of suitable training sessions. This was reflected in the training matrix provided. The health board must ensure that all staff have completed training in all mandatory subjects.

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: Ystradgynlais Hospital

Ward: Tawe

Date of activity: 30 September 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	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.	2.1 Managing Risk and Promoting Health and Safety	1. HON to undertake on site review of ligature risks with Service Manager; Ward Manager and Estates Team 2. HON and Estates to identify remedial works and seek funding source 3. Ward manager and Service Manager to ensure actions to mitigate risks are in place	Head of Nursing Quality & Safety	Risk Review: November 6th 2020 Completion of works: March 31st 2021

2	The health board must ensure that all staff have completed training in all mandatory subjects.	7.1 Workforce	1. Service Manager to support Ward Manager to undertake a full audit of all mandatory training and implement individual achievement plans through supervision process with each staff member 2. Where there are difficulties with access to specific training programmes, these should be escalated to HON	Service Manager Ward Manager	December 31st 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.

Name: Ruth Derrick Head of Nursing, Quality & Safety Mental Health

Date: October 16th 2020