

Quality Check Summary

Setting Name: Priory Hospital Church Village

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Priory Hospital Church Village¹ as part of its programme of assurance work. The hospital is based in Tonteg and is registered with HIW to provide independent rehabilitation and recovery services to a maximum of 12 adult females with learning disabilities. At the time of the quality check there were seven patients at the hospital.

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 specifically 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 the registered manager² on 10 November 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

¹ The Priory Hospital Church Village is one of many healthcare settings governed by the Priory Group

² A registered manager means a person appointed under the Independent Health Care (Wales) Regulations 2011 as the manager of an establishment.

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 setting informed us before the quality check that the hospital has seen an increase in the acuity³ of patients being admitted over the last 18 months. This has meant the service has had to make significant changes to the environment to ensure it is suitable to accommodate such patients; walls have been reinforced, secure doors have been installed and bedrooms have been upgraded to ensure they are safer for patients. Further assurance will be sought outside of this quality check activity to ensure the environment is appropriate to meet the higher acuity of patients being admitted to the hospital.

The following positive evidence was received:

We saw evidence of a Health and Safety Audit that had been undertaken recently to help provide assurance that the hospital environment is suitable and safe for patients, staff and visitors. We noted that actions had been taken to mitigate against the risk of the issues identified in the audit.

The registered manager told us that due to the small size of the hospital it has been a challenge to implement changes that would allow patients to effectively socially distance from each other during COVID-19. To help mitigate the risks associated with this, the ward and patients have been treated as a 'household'. This was able to be facilitated due to the low turnover of patients and helped try to reduce the impact of COVID-19 on patients and allow them an element of consistency to their daily routines. This meant that patients have been allowed to spend time together in communal areas, as long as they do not display any symptoms.

Alongside this, changes have been made to help protect patients and staff from the transmission of COVID-19 in line with government guidance. We were told that the use of alcohol free hand gel was risk assessed⁴ by the senior management team and has been made available on the ward. Posters and easy read signage have also been displayed to remind patients and staff about the importance of regular hand washing and keeping their distance wherever possible.

The registered manager explained that one key change had been made to help patients adhere to social distancing guidelines. Mealtimes for patients have been adapted and now

³ Acuity is the measurement of the intensity of nursing care that is required by a patient.

⁴ Ingestion of hand gel containing alcohol by patients can be considered high risk in mental health settings

take place in two separate sittings to help facilitate space between patients and staff, if patients are on enhanced observations⁵.

We were told that visiting arrangements during COVID-19 shifted to virtual communication due to the restrictions on travelling during periods of lockdown. Patients have been able to stay in contact with their families and friends using their own mobile phones or using iPads and phones made available to patients by the hospital. During the periods where lockdown had been lifted, patients were allowed to see visitors in outside areas at the hospital site, such as the garden, or they were permitted to meet up with family in an outside space within the local community.

The registered manager described how changes to granting patients' Section 17 leave⁶ had been managed during COVID-19. Patient leave was suspended during periods of lockdown and staff undertook shopping on behalf of patients. However, during the recent period of local restrictions and the national firebreak period the hospital set up a site 'shop' to allow patients to purchase their own essential items and help provide some independence. Patient leave was reintroduced when lockdowns had been lifted and local shops were risk assessed by staff to ensure they were suitable and safe for patients to visit and be able to adhere to social distancing guidelines.

The registered manager told us that staff have been monitoring the impact of these changes on patients and a weekly risk and restrictive practice review meeting has recently been set up to help identify any potential risks that may trigger escalating behaviour. We were provided with data on the amount of recent incidents and use of restraint by staff which showed that the hospital has not generally seen an increase in challenging behaviours throughout the pandemic.

We were told that ligature point audits are carried out every six months and we were provided with the previous two audits; we saw that all risks identified had been actioned.

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:

⁵ Enhanced observations are used when there is an identified risk of self-harm or risk to others and the patient should be kept either within eyesight or within close proximity at all times.

⁶ Section 17 of the Mental Health Act allows detained patients to be granted leave of absence from the hospital for a defined purpose and duration to help patients in their recovery for discharge back into the community.

We were provided with a wide range of COVID-19 specific standard operating procedures that had been produced by the central management team at Priory Group and were available for staff at the hospital. These set out specific pathways for staff to follow to safely manage patients, including safe screening and communication upon admission and discharge.

We were told that patients have their temperature taken twice a day to help ensure prompt identification of suspected cases of COVID-19. The registered manager described the procedures that would be followed at the hospital to safely isolate patients should they show symptoms of COVID-19. This included isolating positive patients in the separate bungalow section of the hospital, which is currently unoccupied. Encouragingly, at the time of the quality check, the hospital had not reported any positive cases of COVID-19 for patients.

We looked at the standard operating procedure for the use of Personal Protective Equipment (PPE) and found that it contained local guidance developed by the Priory Group and also the latest national guidance issued by the government. The registered manager confirmed that there had not been any incidents of shortages of PPE being available for staff to wear since the onset of COVID-19. Daily stock checks of PPE are undertaken and reported to the central management team who arrange for stock to be replenished as required.

We saw that an Infection Prevention and Control (IPC) Arrangements policy was in place which was in date and outlined the IPC measures implemented at the hospital. We were told that the hospital normally undertake annual IPC audits but are shortly moving to more focussed quarterly IPC audits, as directed by the central management team with the aim of identifying more local actions and improvements. We reviewed the most recent IPC audit which had been adapted to focus on COVID-19 arrangements and noted that it did not identify any issues or concerns. We saw that the majority of staff had either completed mandatory training on IPC or were due to shortly undertake refresher training.

We were told staff have access to an intranet hub that had recently been set up. The hub contains the latest information and guidance on all things related to COVID-19 and aims to ensure staff are aware of and understand their responsibilities. Significant or urgent developments are communicated promptly through daily handover meetings with staff to keep them informed.

The registered manager confirmed that no healthcare acquired infections amongst patients had occurred since the onset of COVID-19.

The following areas for improvement were identified:

We were told that no additional training had been arranged for staff to help them understand their responsibilities in relation to COVID-19. We recommend that awareness training, such as how to safely don and doff PPE, is made available to staff and that the hospital develops a process to provide assurance that staff can demonstrate their understanding and competency in relation to the safe use of PPE.

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 registered manager spoke about the arrangements in place to help ensure that there is the right skill mix and number of staff on site during each shift. Electronic rotas are used to manage staff working preferences, absence management and to adapt to any increased demands on resources such as enhanced observations or increased acuity of patients. We reviewed the number of staff on duty on the day of the quality check and found that the staffing numbers were appropriate for the number of patients.

Staff receive annual Personal Development Reviews (PDR) to discuss objectives and to help identify any learning requirements. We saw evidence that 58 percent of staff had received their PDR and were told that the remaining 42 percent are new starters who are due to receive their PDR at the end of their first year. The registered manager told us that the majority of staff also receive clinical supervision to help their development with the aim of improving patient care.

We saw that overall compliance with mandatory training by all staff was high, at 87 percent. The registered manager described the challenges faced by the hospital to ensure staff could complete their training during COVID-19 due to the reduction in face-to-face training courses being offered. Outstanding training modules have been risk assessed by senior management and online training has been sourced and prioritised for key skills such as Prevention and Management of Violence and Aggression training and Basic and Immediate Life Support.

The registered manager outlined the support available to staff to help maintain their health and well-being during the onset of COVID-19. A new well-being strategy was developed and sent to all staff and an employer assistance helpline is available should staff need advice on a range of personal issues. Initiatives such as stress awareness sessions, goody bags for staff, raffles and celebrating events such as Halloween have also been organised to help motivate staff and raise morale.

We were told that multi-disciplinary team meetings have continued to be held every four weeks throughout the pandemic to help ensure patients' needs continue to be met. Access to wider health professionals such as advocacy continued to be made available to patients remotely. Patients' rights to have their cases reviewed by the Mental Health Review Tribunal for Wales have also been protected with meetings taking place using the conference phone at the hospital.

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 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: Priory Hospital Church Village

Date of activity: 10 November 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	The service must be assured that staff understand their responsibilities in relation to COVID-19 and that staff can demonstrate their competency in relation to the safe use of PPE.	The Independent Health Care (Wales) Regulations 2011 Regulation 15	Since the Tier 1 review a "Covid - 19 Record of Information Provided to Staff" booklet has been developed and all staff signed as evidence of Covid information provided, including PPE Standard Operating Procedures (SOPS). The PPE SOPS includes information on donning and doffing of PPE. The following additional actions will be taken: All staff will be provided with a link to donning and doffing video online. This will be provided by the	Diana Tyrrell, Registered Manager	7/12/2020

		Registered Manager.	
		A record of competence in regards to correct use of PPE including donning and doffing will be developed by the Registered Manager	7/12/2020
		All staff will be asked to demonstrate correct use of PPE including donning and doffing, and competence forms signed. This will be completed by the site Infection Control Lead	31/12/2020

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.

Name: Diana Tyrrell

Date: 20 November 2020