

# Quality Check Summary

Maindiff Court Hospital – Ty Skirrid Ward

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ty Skirrid Ward at Maindiff Court Hospital as part of its programme of assurance work. Ty Skirrid is a 12 bedded rehabilitation ward for males aged between 18 and 65 years of age and is managed by Aneurin Bevan University Health Board.

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 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 ward manager and the senior nurse for the forensic service on 25 November 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?

## 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 saw examples of a wide range of health and safety risk assessment forms produced by the service that listed the control measures in place to help keep the environment safe for patients and staff.

We were told that adjustments had been made to the environment and to the movement of patients and staff throughout the ward to help reduce the transmission of COVID-19. The main entrance is now only used by staff and visiting clinicians and an area has been set aside there to allow for the donning and doffing of Personal Protective Equipment (PPE) when entering and exiting the ward. Patients now have access to and from Ty Skirrid using external doors further down the ward.

We were provided with standard operating procedures produced by the health board to help healthcare settings adhere to social distancing guidelines. Signage has been displayed around the ward and patients are reminded by staff in their morning meetings about the importance of social distancing. However, we were told that due to the layout and lack of space within the ward it has been a challenge to always ensure social distancing. Adaptations have been made where possible; additional tables and chairs were purchased for the dining area so that patients can separate and maintain social distancing and limits have been introduced on the number of staff members allowed into the office at any one time.

We were told about the changes to visiting arrangements during COVID-19 when national restrictions were placed on visitors in healthcare settings. Patients have been able to stay in contact with their families and friends using their own mobile phones, but access to telephones at the ward is available should patients require it. During times when lockdowns have been lifted, visitors were mainly accommodated in the large grounds outside the ward. Appropriate control measures were put in place to ensure visits took place safely; visitors were required to complete a COVID-19 screening questionnaire, use masks and hand sanitiser and provide details for contact tracing. Chairs were also wiped down and cleaned between visits.

We were told that the biggest adjustments that patients have had to overcome throughout COVID-19 were the restrictions placed on Section 17 leave<sup>1</sup> during periods of lockdown.

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<sup>1</sup> Section 17 of the Mental Health Act allows detained patients to be granted leave of absence from the

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Patients are normally out in the community during the day time participating in activities such as football, fishing or going to the gym. Community activities were stopped during lockdown and attempts were made to conduct rehabilitation programmes on the ward by making gym equipment available, as well as arranging activities such as quizzes to help raise the morale of patients. The occupational therapy provision at Ty Skirrid has increased from one day a week to five days a week which has helped in this regard, and we noted that this has been a positive change since HIW's last inspection of the service.

Staff monitor the patients during their morning meetings and through their normal interactions to check for any changes in their personality or actions. We were provided with a copy of the 'You said, we did' board displayed on the ward which showed how the service was informing patients of any potential changes to the restrictions on leave. We were told the restrictions have impacted upon the motivation and anxiety of patients but that it has not resulted in an increase in challenging behaviours or the need for incidents of restraint. We saw evidence of recent incident data which confirmed this.

**No improvements were identified.**

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. 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. We reviewed key systems including the use of personal protective equipment (PPE).

**The following positive evidence was received:**

We saw that COVID-19 specific protocols had been developed to provide guidance on a range of infection prevention and control (IPC) arrangements. These included updated hand hygiene protocols, guidance on appropriate PPE to wear when using restraint, and procedures for the safe discharge of patients to other healthcare settings or into the community. Weekly meetings have taken place with all ward managers at Maindiff Court Hospital during COVID-19, to discuss any changes to protocols or to address issues or concerns; staff at Ty Skirrid are updated following these meetings to ensure they stay informed.

We discussed the pathway in place at Ty Skirrid for the safe management of any possible or confirmed cases of COVID-19. All cases would be transferred to the adjacent three bedded Lindisfarne Ward, which has been closed to new admissions during COVID-19, and would be nursed by Ty Skirrid staff. Input was sought from the central IPC team at the health board to ensure Lindisfarne was appropriate as a safe space to isolate patients from the main ward.

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hospital for a defined purpose and duration to help patients in their recovery for discharge back into the community.

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We were informed that appropriate PPE is available for staff to barrier nurse patients in Lindisfarne in line with national guidance. Encouragingly, only one positive case of coronavirus has been reported amongst patients.

We were told that it is mandatory for all staff to comply with national PPE guidance when nursing patients at Ty Skirrid. Weekly stock checks of PPE are undertaken by staff to ensure there are no incidents of shortages on the ward. We saw that weekly IPC audits are being undertaken on the ward and that previous audits showed that PPE was available, that staff were using PPE correctly, and were aware of how to safely don and doff PPE. Positively, we also noted that previous audits confirmed that the resuscitation trolley on the ward is checked weekly to ensure it is adequately stocked with PPE that provides the safest level of protection when administering chest compressions or cardiopulmonary resuscitation (CPR) in known or suspected COVID-19 patients, in line with the Resuscitation Council UK guidelines.

Amongst the supporting evidence provided to us ahead of the quality check was an up to date IPC policy produced by the health board and statistics which showed that compliance with IPC training was high across all staff members at Ty Skirrid. We were also sent a document produced by the health board that outlined its Phase 1 plan (March 2020 to May 2020) to respond to COVID-19; HIW understands that the health board is currently developing its Phase 2 plan and would expect progress with the plan to be communicated across staff working within healthcare settings in light of the current uncertainties that still remain in relation to COVID-19.

**The following areas for improvement were identified:**

We were informed that the frequency of cleaning tasks has increased to help reduce the transmission of COVID-19 throughout the ward. Hand rails and other high touch areas and surfaces are regularly cleaned throughout the day. However, we were told that domestic cleaning staff only visit the ward once a day in the morning whereas they used to visit the ward twice a day. This has meant that nursing staff have taken on the responsibilities of routine cleaning tasks throughout COVID-19, especially at night time. HIW recommends the health board reviews this decision to consider the impact on nursing staff and the risks involved with not adhering to strict IPC arrangements during COVID-19.

## 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.

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**The following positive evidence was received:**

We discussed the arrangements in place to help ensure that there is the right skill mix and number of staff on the ward during each shift. A number of newly qualified nursing staff have been recruited to work at Ty Skirrid over the last 12 months, which has helped to ensure staffing establishments have been met despite the challenges faced during COVID-19, such as staff having to isolate or shield. HIW appreciates the difficulties these newly qualified members of staff have overcome to continue to provide care to patients while also adapting to the changes to the normal way of working due to COVID-19.

HealthRoster is used as an electronic tool to manage staff rotas, staff working preferences and absence management. We were provided with evidence of Senior Nurse On-Call Guidelines and a Nurse Staffing Escalation Policy developed by the health board that outlined the processes for staff to follow to escalate any concerns due to staff shortages or an increase in clinical demand.

We reviewed the support available to staff in their roles. We were told that opportunities for clinical supervision for staff are currently being investigated and HIW would encourage the implementation of this to help the newly qualified staff in their development. COVID-19 risk assessments have been completed to help protect the health and wellbeing of staff members who may be at more risk of being infected and/ or an adverse outcome if infected.

We were told that staff are provided with time to complete their training requirements alongside their day to day responsibilities. We saw evidence that compliance with mandatory and statutory training was generally high amongst staff working on the ward; we noted that plans were in place to improve staff compliance with manual handling training.

We were told that the needs of patients have continued to be met by involving patients and their families in the development, and review, of their care and treatment plans. This has had to take place virtually during COVID-19, but has still involved relevant clinicians and multidisciplinary team members. The rights of patients to have their cases reviewed by the Mental Health Review Tribunal for Wales and have access to wider health professionals such as advocacy has continued remotely.

We were told that there have been instances of delayed discharges of patients from Ty Skirrid to external placements. Due to the pressures faced by services during COVID-19 this has not been identified as a formal area for improvement; however, the health board is advised to be vigilant of this matter, and ensure delays are kept to a minimum where possible to reduce the potential impact on the wellbeing and recovery of patients ready to leave the ward.

**The following improvements were identified:**

We asked to see data on the completion rates for staff for their annual Performance Appraisal and Development Reviews (PADRs). We saw that the majority of staff had overdue PADRs, but

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were also told that the data may not be accurate. We were provided with an action plan that would be put into place to ensure staff receive their PADR's in the coming months. The service must improve their record keeping in monitoring compliance with staff PADR's and provide evidence to HIW within three months that all overdue PADR's have been completed as detailed in the action plan.

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## 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: Maindiff Court Hospital

Ward: Ty Skirrid

Date of activity: 25 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 health board must review the decision to only provide domestic cleaning staff to the ward once a day to consider the impact on nursing staff and the risks involved with not adhering to strict IPC arrangements during COVID-19.	Health and Care Standards Wales Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	A review of domestic provision will be undertaken to determine appropriateness of current provision.	Facilities Manager and Senior Nurse	End of January 2021
2	The service must improve their record keeping in monitoring compliance with staff PADR's and provide evidence to HIW within three months that all overdue PADR's have been completed as detailed in the action plan.	Health and Care Standards Wales Standard 7.1 Workforce	All PADR's on the database to be checked for accuracy and updated as necessary, to secure compliance. A plan will be developed to schedule all PADR's.	Ward Manager	End of December 2020

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
			PADR monitoring to be checked during monthly management supervision	Senior Nurse/Ward Manager	Monthly

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: Michelle Forkings, Associate Director of Nursing/Divisional Nurse Mental Health and Learning Disabilities

Date: 14 December 2020