Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Ty Lafant Assessment and Treatment Unit, Llanfrechfa, Grange Hospital

Activity date: 1 December 2020

Publication date: 26 March 2021

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 978-1-80195-247-7

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ty Lafant Assessment and Treatment Unit, Llanfrecha, Grange Hospital as part of its programme of assurance work. This is a learning disabilities unit with seven beds.

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 service users 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 Senior Nurse and Ward Manager on 1 December 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 service users at this time? What changes, if any, have been made as a result of COVID-19 to the following:
    - Physical environment
    - Routines, visiting arrangements and contact with loved ones
    - Behaviour management
    - Patient access to community/leave, activities and social networks (including formal leave where the Mental Health Act applies)?

- How is the risk of infection assessed and managed to keep service users, visitors and staff safe?

- How are you ensuring that there are sufficient numbers of appropriately trained staff to meet service user needs, with access to wider health and care professionals where needed?

- Considering the impact of COVID-19, how are you discharging your duty of care against the Mental Health Act and DOLS legislation, and how are service user rights being safeguarded?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how the service has designed and managed the environment of care to keep it as safe as possible for service users, 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 service users continue to receive the care and treatment according to their needs.

Ty Lafant is currently a 7 bedded Adult Assessment and Treatment Unit for men and women over 18 years of age with a learning disability and additional health needs who may engage in severe challenging behaviours that challenge, have mental ill health or neurological conditions. It is the admission ward for adults aged 18 and over who live within the footprint of ABUHB including the boroughs of Torfaen, Newport, Monmouthshire, Caerphilly and Blaenau Gwent.

Tŷ Lafant also supports people with learning disabilities requiring admission under the Mental Health Act 1983.

The following positive evidence was received:

We were informed that unit has adapted its practices throughout the COVID-19 pandemic. From the start of the pandemic the unit introduced Personal Protective Equipment (PPE) in line with Public Health Wales (PHW) and health board guidance. Staff have access to an on-site shower and changing block site to enable them to change clothes before and after shifts. In addition all staff wear scrubs and masks in clinical areas. We were informed the service users have accepted this well.

We were informed that the unit has separate bedrooms for all service users which are located on two corridors, one for male service users and the other for female service users. In addition there is one additional bedroom that forms part of an extra care area. We were informed that at the time of inspection the extra care area was temporarily out of commission whist essential repairs were being made. As a consequence, the 'male' corridor was being used as a temporary extra care area to support one individual with significant needs. This resulted in the 'female' corridor being used to temporarily accommodate both male and female patients. Management informed us staffing requirements to support this temporary situation were reviewed daily. We were informed that these areas are visible from the office area and that there have not been any incidents that relate directly to mixed patient areas. There are no cameras in patient bedrooms however, observations are made by staff through the doors. We were provided with evidence that indicated the frequency of observations required for service users is based on their medical condition and treatment.

We were informed the unit has a large spacious dayroom accommodating a television and a dining area. There is an activity room that offers services users access to a computer, craft activities and games. The large area enables social distancing.

There is garden area that accommodates a vegetable patch. Service users are encouraged to maintain the vegetable patch as part of their therapy and well-being. This activity is supported by an occupational therapist. We were informed that the vegetable patch and activity have been risk assessed and tools are locked away by staff after use.

We were informed that the unit is undergoing some refurbishment that commenced in November 2020. We were assured that contractors do not have direct access into the unit and when they require access they are subject to a body temperature check in line with COVID-19 standard operating procedures.

We were informed that Ty Lafant operates the evidence based intervention programme known as Safe Wards which is aimed at reducing conflict and containment in inpatient services, by increasing compassionate care approaches and enabling service user involvement. In addition the unit has implemented the Positive Behavioural Support (PBS) and Trauma Informed Care (TIC) model of care[1].

We saw evidence that the unit acknowledges and acts on patient suggestions. We were informed the unit arranges a weekly coffee morning were all service users and staff on the unit are able to meet, voice opinions, discuss news and make requests. Management informed us that these meetings were mutually beneficial to all those on the unit. In addition we saw evidence of thank you messages from services users following discharge.

Visiting was not permitted during the start of the pandemic however, it was recognised that this may have a negative effect on service users with mental health and learning disabilities. In line with health board guidance, visits are now permitted and must be booked in advance. To limit the footfall in the unit and maintain safe social distancing, only one visit is permitted at a time. Body temperature is checked prior to admission and visitors are asked to wear PPE. Visitors meet with service users in a designated visitor's room and are not permitted to enter patient bedrooms. We were informed that the visitor's room is cleaned by nursing staff after each visit to maintain a safe and clean environment.

The following areas for improvement were identified:

We were informed that visitors are able to use a Quick Response (QR)[2] code to enable track and trace however no other details are maintained by the unit. The health board standard operating procedure for Keeping a Record of Staff, Customers and Visitors Test, Trace, Protect during the pandemic requires completion of a visitor's book. The unit is required to comply with operating procedures and should ensure all visitor details are recorded in full

[1] PBS is a person centred framework for providing long-term support to people with a learning disability and mental health conditions, who have, or may be at risk of developing, behaviours that challenge. TIC provides a model of care aimed to ensure the physical and emotional safety of an individual.
[2] QR Code is a barcode and machine-scannable image. It collects and transmits information.

and reviewed by management on a regular basis. This enables an accurate and up to date record of visits, recognises the need to comply with established public health measures and also the duty of the health board to manage the risk of transmission of the virus and the need to protect services users and staff.

We were informed that ensuite facilities are located in blind spots within each bedroom, and we were assured that there were no presenting ligature points in these areas. However, an environmental audit dated November 2020 identified a series of potential ligature risks in bedrooms and other areas within the unit where service users are potentially unsupervised for periods of time. Evidence indicated unit management had informed the Works and Estates department and measures had been taken to identify remedial action although no timescales had been identified. The health board is required to ensure a time line for remedial action is agreed.

We were informed the unit has a private garden area which is fully fenced, secured with a locked gate and operational CCTV. Use of the combination code to the gate is restricted to staff. We were informed that this area is appropriately staffed, however, more recently a service user had tried to climb the fence but was unable to abscond. This area potentially presents a security and safety risk to the unit and service user respectively. We were informed this area had not been risk assessed for over three years. The health board is required to arrange a risk assessment of the garden area in Ty Lafant identifying any action required to ensure security and safety of the unit and service users.

Immediate assurance was required in relation to the following:

We saw evidence of an environmental audit that detailed a series of ligature points[3] identified in the unit that represented a risk to patient safety. This information was not dated and HIW were unable to establish when the ligature points were identified or the timescales associated with planned or remedial action. Therefore, HIW could also not be assured that the health board's governance mechanisms provided sufficient oversight of this matter. HIW asked the health board to take immediate action to resolve this issue. The health board provided immediate assurance and confirmed that remedial work would be prioritised and in future all audits would be dated to maintain a clear audit trail.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep service users, 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).

[3] A ligature point is a feature in an environment that can be sued to attach a cord, rope or other material for the purpose of strangulation.

The following positive evidence was received:

We were informed the unit has an adequate supply of PPE and a PPE station is situated at the staff entrance. A hand sanitiser dispenser is situated on the wall outside the unit for staff to use when entering/exiting the unit. Access to masks and hand gel is controlled by staff in order to maintain the safety of service users. When it is safe to do so, patients are asked to wear masks particularly in communal areas such as lounge and dining room and staff actively encourage social distancing. All staff carry hand gel in the pocket of their scrubs and patients have access to soap to wash their hands frequently and gel is available to them if requested.

We were informed that the unit has implemented a two metre distancing rule for staff and this is maintained during shifts and hand over between shifts.

We were provided with evidence to confirm the health board has introduced guidance for the management of COVID-19 in health care settings and the procedure to manage admission of in-patients/service users and suspected and confirmed cases of COVID-19. We were informed that the unit has adequate on site facilities to isolate service users if required.

We were informed staff complete documented pre-shift assessments which include the recording of body temperature and the response to questions that relate to any symptoms they or members of their household are experiencing. Service user's temperatures are checked on a daily basis, are documented in patient notes and countersigned by senior member of staff. A COVID-19 situational report for the unit is compiled each day and reviewed by senior management on duty. Staff are not routinely tested for the COVID-19 virus however, if they present symptoms they are able to access a test through the health board and receive results within 24 hours. We were informed that from the start of the pandemic only one patient and one member of staff had been tested positive for the virus and this had been managed in accordance with health board guidance.

We were provided with evidence of an infection control audit dated November 2020. We were informed these audits are completed on a weekly basis. The audit indicated stocks of PPE were adequate for purpose and staff in the unit had completed all necessary cleaning schedules, were compliant with the requirement to maintain hand hygiene and be bare below the elbow. The check also indicated the environment, equipment and service user mattresses were clean.

The following area for improvement were identified:

We were provided with a copy of the health board COVID-19 Response procedure. This procedure was dated March 2020 to May 2020. HIW recommends the health boards reviews the content of this procedure and updates accordingly.

Governance

As part of this standard, HIW considered how the setting ensures there are sufficient numbers of appropriately trained staff to meet service user 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 service user rights.

The following positive evidence was received:

We were informed the unit is supported by a combination of registered nurses, associate practitioners, clinical support workers, occupational, speech and language and drama therapists, behaviour clinical specialists and psychologists. In addition service users are assessed, reviewed and treated by consultant psychiatrists and medical cover is provided by junior doctors who visit the unit on a daily basis.

Management informed us the unit had successfully appointed four registered nurses to fill staff vacancies. A number of vacancies were still open and would be re-advertised. Management told us that the mental health and learning disabilities directorate use a six monthly recruitment wheel to enable recruitment of bank staff. The unit uses bank nurses to fill gaps on staff rosters and also in the future, aims to use nurses who participate in a rotational programme across the directorate. We were informed the unit has continued to employ a regular member of agency staff who was familiar with the unit, qualified in PBM and who would be in place to provide additional capacity during the second wave of the COVID-19 pandemic. We were informed that all newly qualified nurses employed on the unit are provided with six months supervision to facilitate education, support, promote clinical reflection and enhance retention.

We were informed and provided with evidence that identified two registered nurses are rostered on each day shift and are supported by health care support workers (HCSW's). More recently the unit has increased the staffing levels in accordance with patient acuity[4]. The unit currently rosters one registered nurse on a night shift who is supported by three HCSW's. This is a short term measure whilst recruitment is in progress and whilst the unit is awaiting the return of seconded staff. We were assured that this arrangement is under constant review and considered as part of multi-disciplinary discussions. Management told us that staff are able to source support and advice from the learning disability and mental health division and senior nurse on call.

We were informed that the health board operates a staff well-being service and the unit conducts monthly supervision welfare checks for staff. Staff are aware they can approach the unit psychologist for a confidential chat if they have any concerns regarding their well-being.

[4] Acuity based staffing regulates the number of staff on a shift in accordance with patient needs.

In addition the unit has incorporated a review of staff well-being at the end of every shift. We were informed that both the senior nurse and ward manager regularly visit and work on the ward.

We were informed that the unit currently conducts weekly multi-disciplinary team meetings on Microsoft Teams. This enables social distancing and reduces the potential for transmission of the virus. Meetings are attended by the service user where they are able to, the independent mental health advocate and the community learning disability team members including a community nurse and social worker along with family and carers. There is etiquette in place to limit these meetings to a maximum of 50 minutes.

We were provided with evidence that identified the unit had reported and closed 11 incidents during the period 1 May to 31 October 2020. These had been reported on Datix, the electronic incident reporting system used by the health board. These incidents had caused or had the potential to cause harm to service users and staff. We were provided with examples that identified how the incidents had been reviewed, risk assessed and the action taken to learn from mistakes and ensure the safety of service users and staff. The unit uses positive behavioural management when dealing with service user challenging behaviour and uses restraint as a last resort. The unit records all uses of restraint.

The following areas for improvement were identified:

In line with health board requirements, staff mandatory training compliance exceeded 85% in fire safety, health, safety and welfare, resuscitation and violence and aggression. However compliance fell short of this requirement in the training module for moving and handling with records indicating a level of 77% compliance. In addition we were not provided with evidence of mandatory training compliance for infection, prevention and control (IPC), safeguarding adults, the Mental Capacity Act and Deprivation of Liberty safeguards. The health board must provide HIW with evidence that confirms staff have been adequately trained in these areas and compliance is officially recorded and reviewed by management.

Management confirmed service user admissions are usually referred into the unit by the learning disability community teams rather than a general practitioner (GP). At present the unit offers a service user a full physical health check upon admission to the unit however they have the right to refuse this. Management confirmed they do not request access to information relating to a service users annual health check as this is held by their GP. However management were keen to inform us that the health board has been funding a pilot enabling an independent team of learning disabilities primary care liaison nurses to work with GP's to provide annual health checks to people with learning disabilities. If individuals give consent the information in the health check can be shared with other health care providers. The health board should consider the benefits of requesting information contained in primary care annual health checks to support the general health and well-being of services users.

Improvement plan

Setting: Ty Lafant Assessment and Treatment unit

Service: Learning Disabilities

Date of activity: 1 December 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.

Ref. No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	We were informed that visitors are able to use a Quick Response (QR)[5] code to enable track and trace however no other details are maintained by the unit. The health board standard operating procedure for Keeping a record of staff, customers and visitors Test, Trace, Protect during the pandemic requires completion of a visitor's book. The unit is required to comply with operating procedures and should ensure all visitor details are recorded in full and reviewed by management on a regular basis. This enables an accurate and up to date record of visits, recognises the need to comply with established public health measures and also the duty of the health board to manage the	Standard 2.1 Managing risk and promoting health and safety	The Unit has now put into place the Health Board's Standard Operating Procedure in relation to Record Keeping for Visitors. Visitors to the Unit are required to complete the necessary form with the relevant details. These forms are checked regularly and disposed of after 21 days.	Unit Manager	Complete

[5] QR Code is a barcode and machine-scannable image. It collects and transmits information.

Ref. No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
	risk of transmission of the virus and the need to protect services users and staff.				
2	We were informed that en suite facilities are located in blind spots within each bedroom however we were assured that there were no presenting ligature points in these areas. However, an environmental audit dated November 2020 identified a series of potential ligature risks in bedrooms and other areas within the unit where service users are potentially unsupervised for periods of time. Evidence indicated unit management had informed the Works and Estates department and measures had been taken to identify remedial action although no timescales had been identified. The health board is required to ensure a time line for remedial action is agreed.	Standard 2.1 Managing risk and promoting health and safety Standard 2.7 safeguarding Adults at Risk Standard 3.1 Safe and clinically effective care	The Ligature Risk Assessment for the Unit has been reviewed and updated accordingly with a number of the identified risks addressed. The remaining risks should be addressed by the end of June 2021 (subject to delivery lead times on equipment required). The Health Board are pleased to confirm the replacement of the front door has been completed.	Senior Nurse / Service Improvement Manager	30th June 2021
3	We were informed the unit has a private garden area which is fully fenced, secured with a locked gate and operational CCTV. Use of the combination code to the gate is restricted to staff. We were informed that this area is appropriately staffed, however, more recently a service user had tried to climb the fence but was unable to abscond. This presents a security and safety risk to the unit and service user respectively. We were informed this area had not been risk assessed for over three years. The health board is required to arrange a risk assessment of the garden area in Ty Lafant identifying any action required to ensure security and safety of the unit and service users.	Standard 2.1 Managing risk and promoting health and safety Standard 2.7 safeguarding Adults at Risk Standard 3.1 Safe and clinically effective care	A risk assessment of the garden areas has now been completed and remedial actions are being taken forward. A process has also been put in place to ensure that the risk assessment is reviewed every 3 months as a minimum or sooner if required. NB please see comments in factual accuracy report.	Unit Manager	Complete

Ref. No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
4	We were provided with a copy of the health board COVID-19 Response procedure. This procedure was dated March 2020 to May 2020. HIW recommends the health board reviews the content of this procedure and updates accordingly.	Standard 2.1 Managing risk and promoting health and safety Standard 3.4 Information Governance ad Communications Technology	The Health Board has now updated its Covid-19 Response procedure.	Corporate Team	Complete

Ref. No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
5	In line with health board requirements, staff mandatory training compliance exceeded 85% in fire safety, health, safety and welfare, resuscitation and violence and aggression. However compliance fell short of this requirement in the training module for moving and handling with records indicating a level of 77% compliance. In addition we were not provided with evidence of mandatory training compliance for infection, prevention and control (IPC), safeguarding adults, the Mental Capacity Act and Deprivation of Liberty safeguards. The health board must provide HIW with evidence that confirms staff have been adequately trained in these areas and compliance is officially recorded and reviewed by management.	Standard 7.1 Workforce	The Learning Disabilities directorate can confirm the current training compliance for infection, prevention and control, safeguarding (adults), mental capacity act and Deprivation of Liberty is as follows: IPC – 83.33% Safeguarding (adults) – 83.33% Mental Capacity Act – 46.42% DoLs – 33.33% The directorate will ensure that all staff will undertake the required training to enable the compliance in each training area to rise to the required 85+%. Training compliance within the directorate is reviewed by the management team on a regular basis.	Unit Manager	End May 2021

Ref. No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
6	Management confirmed service user admissions are usually referred into the unit by the learning disability community teams rather than a general practitioner (GP). At present the unit offers a service user a full physical health check upon admission to the unit however they have the right to refuse this. Management confirmed they do not request access to information relating to a service users annual health check as this is held by their GP. However management were keen to inform us that the health board has been funding a pilot enabling an independent team of learning disabilities primary care liaison nurses to work with GP's to provide annual health checks to people with learning disabilities. If individuals give consent the information in the health check can be shared with other health care providers. The health board should consider the benefits of requesting information contained in primary care annual health checks to support the general health and wellbeing of services users.	Standard 1.1 Health Promotion, Protection and Improvement Standard 2.7 safeguarding Adults at Risk Standard 4.2 Patient Information	The Learning Disabilities directorate has determined that it would be useful to receive information on admission in relation to an individual's general health and well-being. It will therefore update the Unit's Care Pathway to include that upon admission staff will seek confirmation as to whether the individual has received an annual health check and if so will request a copy of the individual's associated health action plan. On discharge, the Unit will ensure that the individual has a 'Once for Wales Health Passport' and that the individual is correctly coded with the GP to ensure they receive an annual health check going forward. In addition, the Directorate will ensure that the Clinical Work Station is appropriately flagged to indicate that the person has a learning disability.	Unit Manager / Head of Psychological Services	End April 2021

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, Lead Divisional Nurse/Associate Director of Nursing, MH & LD
Date: 25.02.21