Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Morlais Ward, Glangwili Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Morlais Ward as part of its programme of assurance work. Morlais Ward provides mental health services for up to nine adult patients with an acute mental illness, in Glangwili hospital, Carmarthen. The ward also has a dedicated bed to provide support to one young person.

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 Morlais Ward Manager on 4 March 2021 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 evidence to confirm that Morlais Ward conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. The ward had reduced their bed numbers from 10 to 9 to ensure that red zones are available for symptomatic and COVID-19 patients.

Social distancing measures have been put in place, which included rearranging the dining areas and lounge seating so more space is available. We were told that the rearranging of seating in communal areas, posters on the walls, and stickers on the floor helped to remind the patients of social distancing measures.

The ward manager explained how office spaces had been adapted to ensure social distancing guidance were maintained as best practicable. This included the removal of computers and relocation to another identified office space and alternative larger rooms had been sought for Multi-Disciplinary Meetings (MDT) and patient meetings.

We were told that the ward did not have any positive COVID-19 patients, or any other healthcare acquired infections at the time of our call.

We were told that visiting arrangements have been changed in line with government and health board guidelines. Whilst visitors were not permitted to the ward, preparations, where applicable, were made for visits off the ward which would support social distancing measures. We were told that all visits were risk assessed and discussed during MDT.

We were told that patients' leave was being managed in accordance with government guidelines and individual risk assessments.

We were told patients' routines within the ward continued as normal. Weekly patient meetings take place with the MDT where patients are provided with COVID-19 advice and guidance updates.

Due to the restrictions in place, alternative means of communication are being utilised for patients to maintain contact with their family and friends. The ward has ipads and patients are able to use their own devices. We were told patients can be assisted and supported to face-time and send e-mails. In addition, patients can have access to the ward telephone.

The ward manager provided some examples of positive working practices that have taken place during the pandemic. The ward manager explained how good access to IT systems that support remote working has improved the timeliness of professionals meetings, Care and Treatment Plans (CTP's) and reviews. We were informed that the outcome of this was that the length of inpatient admissions were shorter (where appropriate) and there was good communication regarding discharge plans. The ward manager also stated that no adult patients had been admitted into other health board areas during the pandemic, which assisted and supported patients and family members to continue involvement with patient care.

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 evidence of the regular audits undertaken to assess and manage the risk of infection. The most recent quarterly infection control audit by the infection prevention team was completed in February 2021.

We were provided with the policies and procedures in place for the prevention and control of infection. These included both the standard Infection prevention and control (IPC) precautions and the further guidance issued relating to COVID-19. These were reviewed and updated regularly and we were told that staff were informed of any updates.

We were told that COVID-19 risk assessments were in place for all staff and patients. We were also told that staff have increased cleaning throughout the hospital for all patient and staff areas. Hand washing facilities are available for patients and staff throughout the ward and posters regarding hand washing and COVID-19 information is available as a visual reminder for staff and patients.

The ward manager stated that good working relationships had developed with the PPE supply department and the Infection Prevention and Control department which helped contribute to the effective running of the ward and supported the ward team in providing safe and effective care to the patients.

We were told of the systems in place to ensure all staff were aware of and discharged their responsibilities for IPC. This was evidenced by the compliance data submitted for IPC training. In addition, PPE donning and doffing training and FFP3[1] mask training had been delivered for staff.

In addition to staff training, instruction posters are displayed in clinical areas informing the staff of PPE requirements, importance of cleaning touch points regularly, using appropriate wipes and ensuring that hands are being washed by staff and patients as often as possible.

The ward manager advised us that staff are encouraged to challenge any staff members who were not compliant with the PPE and 'bare below the elbow' requirements which are subject to regular management spot checks to ensure compliance.

The following areas for improvement were identified:

We could not determine from the credits for cleaning (C4C) documents sent to us, if all the audit and actions had been completed. This document needs to be reviewed and any actions outstanding completed.

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:

A review of the staff vacancies and absence data did not indicate any staffing issues. We were told that there were currently two registered nursing vacancies and one healthcare support vacancy. The ward manager told us twice daily meetings took place to discuss staffing and bed occupancy levels. 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 on Morlais Ward. Any deficiencies were normally filled with bank staff, or through ward staff extending their shift.

We were provided with copies of patient voice data[2] and incident data for November 2020, December 2020 and January 2021, which show that incidents are recorded and reported on

[1] A FFP3 mask is worn when carrying out potentially infectious aerosol generating procedures
[2] Patient Voice data – feedback from patients on care and treatment received.

appropriately.

Mental Health Act reviews, and other contact with external professionals, such as advocacy, had continued through phone calls and video conferencing. Access to advocacy services were now back up and running on the ward.

We were told that the mental health act administration team carry out double scrutiny alongside a consultant psychiatrist for all section papers on admission. All consent to treatment certificates are also scrutinised by a consultant psychiatrist.

Consent to treatment and medication charts are checked on a weekly basis by the ward pharmacist during patient reviews.

We were provided with compliance data for staff mandatory training. Whilst there were a number of areas showing a high rate of compliance with completion rates at 78%. During review of the training statistics, there were issues identified which need to be reviewed. These are listed below in the Improvements Identified section.

We were told that staff had access to computers to complete online training and that the ward manager encourages staff to complete their training when they experience quiet periods on the ward.

Data provided showed a high compliance rate with staff appraisals with completion rates at 93.75%. The ward manager told us that in addition to the daily handovers, staff meetings had been conducted to ensure staff had up to date information. We were told that there was adequate support in place for staff. In addition to the employee assistance scheme, the psychology team were offering support to any member of staff who may be experiencing anxiety or similar as a result of COVID-19.

We did not receive a copy of the escalation policy, but did receive the complaints procedure, Putting Things Right. The ward manager did tell us that immediate risk would be escalated to the appropriate person directly. Regular meetings which involve senior staff members take place regularly and provide platforms for discussing issues. The ward manager told us that she felt supported by the senior leadership team in the health board.

The ward manager explained the policy and process of admissions of young people. We questioned the ward manager on its use, duration of stay and any delays finding alternative placements. Data was provided to us which demonstrated that the health board was monitoring and recording this information.

The ward manager spoke positively about reflective practice with the psychology team and throughout the interview the ward manager complimented her team and stated that she was proud of how her team had worked and adapted throughout the pandemic.

The following areas for improvement were identified:

We noted compliance rates with face to face mandatory training are low, for example Fire Safety Level 2 (0%), Resuscitation Level 2 (45%). Information provided indicated that safeguarding training compliance rates were low, however additional information provided evidenced that staff had been booked on training and the compliance rates were recorded as being over 90%. We were told that although fire safety training levels were low there was a completion rate of 97% of the e-learning model which was in place until face to face training sessions could be resumed. We recognise that mandatory training figures have been effected due to changes in ways of working as a consequence of COVID-19 and difficulties in securing the services of training providers under current circumstances. The health board should consider all options to address the risks of not keeping up to date with mandatory training. This could include continuing to look for available internal or external providers to deliver face to face training when this mode of delivery has been assessed as safe and appropriate. When this is not achievable, to consider whether the training can be delivered via digitally enabled means such as through webinars, video conferencing or e-learning programmes.

We saw evidence of the most recent review of restrictive interventions and safe holds applied to manage certain challenging behaviours. The figures between November 2020 and February 2021 for Morlais ward were high and this is documented in the self-assessment form as well as in the six monthly report of clinical practice in relation to physical interventions. During our interview with the ward manager we were told that these figures were unusually high for Morlais Ward and up until November 2020 the ward had very low figures. This was reflected in the clinical practice report. The ward manager and the report indicated the figures were unusually high due to admissions of patients with complex care needs.

The health board needs to ensure that further comprehensive analysis is completed which demonstrates that when restraints take place, they are undertaken in the shortest possible time, and a detailed description on the type of restraint and length of time of each restraint hold during an incident is fully documented.

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: Glangwili Hospital

Ward: Morlais

Date of activity: 4 March 2021

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 C4C audit and ensure any outstanding actions are completed and evidenced	Health & Care Standards – 2.1 managing risk & promoting health and safety	Morlais is classified within C4C as significant. The most recent audit was undertaken on the 25th February 2021. A detailed action plan is being compiled to identify the extent of repairs required and to establish a target cost, funding source and an achievable timescale for completion. The initial analysis will be undertaken by May 2021 with subsequent action (subject to funding approval) phased in following the bid and approval process. In the	Operations Manager & Assistant Site Operations Manager	May 2021

			event capital funding is unavailable to address these concerns then the service will escalate accordingly. Outside of this specific challenge within Morlais, The Estates team are phasing in a new Synbiotix system (already in place in other Health Boards) that will allow real time data, reaction and improvements in efficiency in cleaning standards. This system is being phased in throughout the 2021/22 financial year.	Operations Manager & Assistant Site Operations Manager	March 2022
2	The health board must review the training data and provide assurance that staff have up to date skills and knowledge to provide safe and effective care as well as reviewing the training data to ensure the reports provide an accurate and current compliance figure.	Health & Care Standards – 3.4 information governance & communications technology and 7.1 workforce	As a result of the Covid-19 pandemic, all face to face L2 fire safety training has been suspended until further notice. This position is being reviewed regularly as to when L2 face to face sessions can resume. However, it has been agreed and accepted by the HB that all staff can utilise the online L1 training package to achieve L1 competency for fire.	Director of Estates, Facilities & Capital Management Ward Manager	In line with easing of Covid restrictions May 2021

3	The health board must review and further analyse the restraint data submitted to HIW and provide more detail/analysis of the incidents	Health & Care Standards – 2.1 managing risk & promoting health and safety	Review all the data of incidents on Morlais from the last quarter	Senior Nurse for Adult Mental Health Inpatient Units	April 2021
			Identify any themes from the quarterly incident reports	Senior Nurse for Adult Mental Health Inpatient Units	April 2021
			Undertake comprehensive analysis of the findings	Senior Nurse for Adult Mental Health Inpatient Units	April 2021
			The results of the review/analysis will be presented to the ward manager forum, this can then be captured in the chairs report to the MH/LD QSEG.	Senior Nurse for Adult Mental Health Inpatient Units	May 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: Natasha Mitchell

Date: 07/04/2021