Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Hazel Ward, Hafan Y Coed

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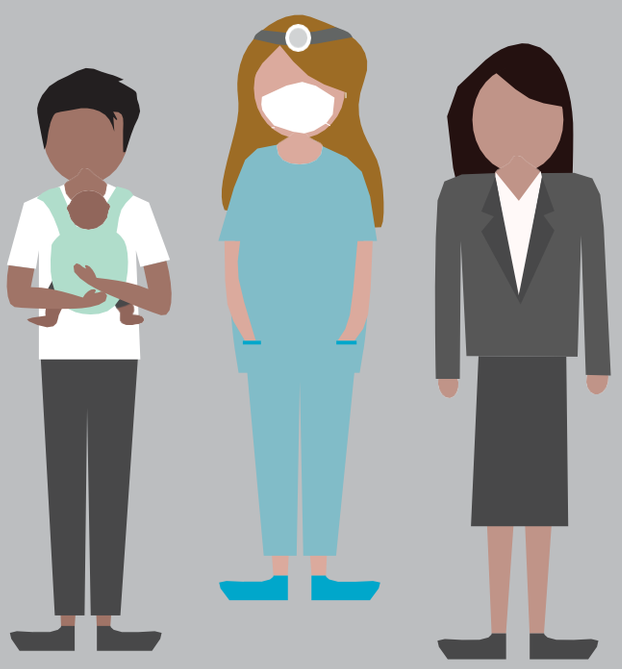

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Hazel Ward, Hafan Y Coed as part of its programme of assurance work. Hazel ward is currently a 13 bed, mixed gender, rehabilitation and recovery ward for people experiencing a range of mental health illnesses.

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 on 18 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:

During the COVID-19 pandemic, Hazel Ward increased its bedding capacity from a 10 bed ward into a 13 bed ward, by converting the rooms which were previously used as activity rooms and meeting rooms into bedrooms. This change took place due to Meadow Ward temporarily been designated as a COVID-19 ward. We were told that the newly converted rooms do not offer the patients en-suite facilities and some patients did not like being admitted into these rooms as they don't have private bathroom facilities.

We saw evidence to confirm that Hazel Ward conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. We were told that social distancing measures have been put in place, both staff and patients wear masks on the ward and posters displayed in the ward to remind 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 chairs from the staff office which only allowed a maximum of two people to be present together in the office.

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. No visitors were allowed on the wards and patient access to leave is currently limited to 2 separate 30 minute sessions of ground leave within the hospital.

The ward manager explained how the current restrictions has significantly impacted rehabilitation activities on the ward, patients are unable to join staff for shopping trips etc. Walking groups and other community activities are currently on hold. We were told that this has impacted on patients' behaviours and staff have noted increased frustrations in the patient group.

It was positive to hear that staff had adapted to the changes and created soothing boxes for some patients which included resources to help calm and control behaviours. In addition staff had created an exercise board competition amongst staff and patients, themed 'Around the World' cooking classes, and the garden area was being re-developed by patients. The ward

manager told us that all these activities were helping to alleviate boredom and frustration within the patient group.
The ward manager told us that patient participation was good and it had helped foster good relationships between the staff and patient group. We were also told that no restraints had taken place on the ward from the period of December to February.

We were told patients' routines within the ward continued as normal. Weekly patient meetings take place with the multi-disciplinary team (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 had iPads available for patients use 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.

The following areas for improvement were identified:

We spoke to the ward manager about ligature audits and were told that these take place annually by an external provider. The ligature audit for Hazel Ward should have been undertaken in January 2021, however due to the COVID -19 pandemic it had not taken place. The health board must ensure that a ligature audit is undertaken immediately.

We were told that risk assessments had taken place on the 3 rooms which have been converted and some work was identified for estates to complete. This work has not yet been completed and the health board must ensure that ligature audits and any outstanding work identified from the risk assessments are completed to ensure patient safety.

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 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 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 Infection Prevention Control department (IPC) and also the designated COVID -19 ward within Hafan Y Coed 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 preventing and controlling infection. This was evidenced by the COVID 19-policies and procedures in place. In addition, FFP31 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 were 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.

We were told that all patients have physical checks taken on a daily basis, patients are assessed for COVID symptoms each day and temperatures are recorded twice daily any patients who display symptoms are asked to isolate in their bedrooms pending the outcome of a swab test. Any patients who are unable to isolate due to complex needs or challenging behaviours are relocated to the dedicated COVID Ward.

The ward manager explained that if patients leave the hospital and breach the current guidelines, upon their return they are requested to self-isolate pending the outcome of a swab result. Patients who are being transferred to an external placement also require a negative swab result before leaving the hospital. Staff and other professionals who visit take their temperature before entering the ward and on leaving the ward.

We were also told that if patients are being transferred to an external placement a negative result is required. The ward manager stated that swab results come back quickly and rapid swab results are also available in exceptional circumstances.

The following areas for improvement were identified:

[1] A FFP3 mask is worn when carrying out potentially infectious aerosol generating procedures

We were told that regular cleaning takes place on the ward and were provided with environmental daily check lists, regular fridge temperature checks, and fire safety checks. However the cleaning audit sent to us was dated August 2018. The health board must complete and provide a formal infection, prevention and control cleaning audit.

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 some staff from Meadow Ward had been moved into Hazel Ward. The ward manager assured us that ongoing discussions with senior management were taking place regarding any vacancies on Hazel Ward when staff return to Meadow Ward.

Staffing resources are planned in advance and reviewed daily, and bed flow meetings take place weekly. The ward manager spoke positively about the ward social media group which helps ensure sufficient staff numbers were on shift to meet the care needs of the patients on Hazel Ward. The social media communication highlights any deficiencies and staff are able to work extra shifts or extending their shift.

We were provided with copies of incident data for November 2020, December 2020 and January 2021, which show that incidents are recorded and reported on 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 tribunals are held by phone, no face to face tribunals have taken place during the pandemic. The ward manager reported that patients have not engaged well in this process and patients have complained and cannot understand why Mental Health Tribunals can't be undertaken virtually.

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, this was not reflected in all training topics. 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.

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, however 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 spoke positively about her team, describing the team as a cohesive, hardworking and dedicated team. The ward manager described how involved the consultant is with all the patients and is a great support to the wider 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 (52%), Manual Handling (20%), Information Governance (60%), Strategies and Interventions for Managing Aggression (68%), and Violence and Aggression Against Women (64%). 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.

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: Hafan Y Coed

Ward: Hazel Ward

Date of activity: 18 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 ensure ligature risk assessment is carried out on Hazel Ward and any remedial work identified must be completed by estates to prevent any risk of harm to patients	Health & Care Standards – 2.1 managing risk & promoting health and safety	Health and Safety have been contacted to undertake a ligature audit as soon as possible, first available date 4/5/21	Ward Manger	04/05/2021
2	The health board must complete	Health & Care Standards – 2.1	To Liaise with Housekeeping services to ensure to obtain	Senior Nurse	Complete

	and supply a recent cleaning audit and ensure any outstanding actions are completed.	managing risk & promoting health and safety	audits/ cleaning scores for Hazel Ward		
3	The health board must review the training data and provide assurance that staffs 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	Face to face training has been discontinued during the COVID pandemic to reduce the risk of transmission. Where possible mandatory training has been delivered online, however this has not been possible with all mandatory training. Face to Face training is in the process of being reinstated. Fire training has now restarted, and dates for manual handling are expected shortly. These training days will still be subject to social distancing rules and limited numbers in the training venues which will affect the number of places available A review of compliance with online mandatory training revealed difficulties in accessing ESR during work hours and from home. All staff will now be booked on a study day to complete the online mandatory training. Compliance with mandatory training will be an agenda item for	Ward manager/ Senior nurse	October 2021 June 2021

			discussion in monthly team meetings to ensure that the data and compliance is accurate.		

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: TRACEY LEWIS

Date: 23/04/2021