Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Cwm Seren Unit, Hywel Dda University Health Board
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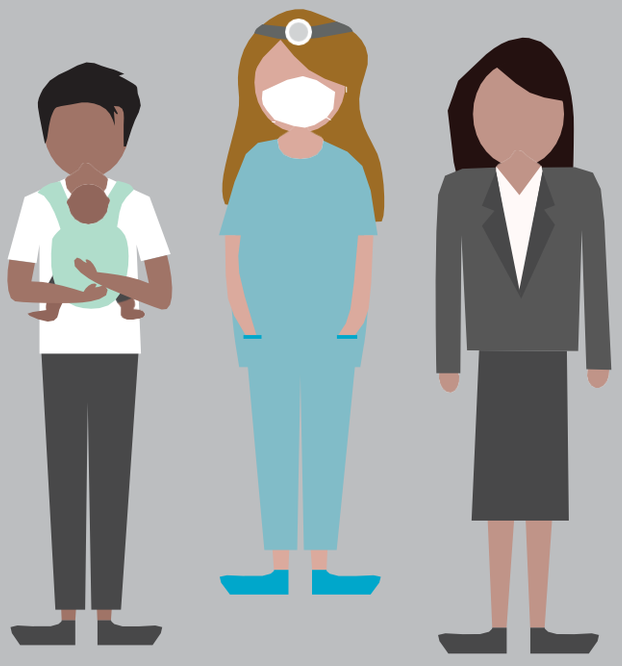

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cwm Seren mental health unit as part of its programme of assurance work. The hospital is within Hywel Dda University Health Board and provides inpatient care across two wards, a psychiatric intensive care unit[1] and a low secure unit[2].

HIW's quality checks form part of a new tailored 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 services. 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 assurance and inspections can be found here.

We spoke to the ward managers for both wards on 16 June 2021 who provided us with information and evidence about their service. 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.

[1] Psychiatric Intensive care unit is a specialist ward to provide inpatient mental health care, assessment and treatment to individuals who are experiencing the most acute phase of a serious mental disorder.
[2] Low secure unit is a specialist unit to deliver mental health care, assessment and treatment to individuals who also require the provision of security.

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessment
- The most recent ligature risk assessment
- Cleaning schedules

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We saw evidence that the hospital was split in to two wards. The wards had dedicated a COVID-19 specific "red bed[3]" which allowed them to isolate patients until a COVID-19 test could be obtained on admission or if a patient was experiencing symptoms. This could be utilised securely by both wards.

We were told that staff had been provided with updated infection control guidance which included changing their uniforms when entering and leaving the hospital. The guidance had been revised in line with the Health Board's updated cleaning requirements to ensure effective infection prevention and control arrangements.

We were told that there had been numerous changes made to minimise footfall throughout the hospital. Visitors were directed to a room which could be accessed directly from outside the building, and specialists and consultants were attending appointments more regularly via video conference. Due to the rurality of the health board, staff told us that this had improved attendance to meetings with specialists, and that this was likely a change that would continue due to the positive impact for patients. We were also told that arrangements were in place to stop cross contamination by minimising staff mixing across wards.

We were told that patients have been supported to deal with the additional restrictions placed on them by COVID-19 through regular check ins to ensure they understand the rules and regulations. Increased virtual contact with their families has also been enabled to assist patients in adjusting to the changes. Activities and sessions for patients had been altered to support them to get outdoors when possible and socialising both as a group and with their friends and families.

[3] A "red bed" is a zoned area suitable for the isolation of a person with suspected or confirmed COVID-19.

We were provided with a copy of the most recent environmental risk assessment which was conducted in May 2020, with an update in August 2020; together with comprehensive ligature risk assessments for December 2020. We were told that the units had both undertaken extensive updates prior to the COVID-19 pandemic to minimise the risk of ligatures occuring. These show that the organisation is making every effort to ensure the health and safety of patients, staff and visitors is properly considered through robust and comprehensive audits and risk assessments.

No areas for 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, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Figures on current infection rates for Infections including COVID-19
- Generic infection control policies and COVID-19 specific policies
- Most recent infection control risk assessment
- Cleaning schedules
- Legionella audit
- Social distancing guidance

The following positive evidence was received:

We were told that there were no current, confirmed cases of COVID-19 within the staff or patient group.

We were provided with copies of the policies and procedures in place for the prevention and control of infection, which included specific COVID-19 policies and guidance. These were seen to be comprehensive and reflective of current COVID-19 national guidance. The guidelines are circulated to all staff following any amendments. There is also a COVID-19 communication board on both wards.

We saw that regular infection control audits were undertaken within the hospital. We were provided with copies of the most recent audit reports. These showed good infection prevention and control compliance, with updated action plans when improvements were required.

We were told that enhanced cleaning schedules have been introduced to ensure that touch points and the general environment is cleaned more frequently. In addition, each office/shared space and department have their own ad-hoc cleaning schedules. All areas within the hospital have been decluttered to remove unnecessary items that increase the risk of cross infection.

All staff had undertaken individual risk assessments, to ensure they were able to work safely within the hospital. We were told that staff compliance for these risk assessments was 100%. We were told that staff and patients were offered COVID-19 lateral flow testing on a twice weekly basis, and all staff and patients had also been offered a COVID-19 vaccination.

We were told that the hospital has sufficient PPE for staff, patients and visitors, and that stocks are regularly audited to ensure adequate levels are maintained. We were told that patients were regularly updated with the most up to date guidance on infection prevention and control measures. Hand hygiene was actively encouraged, and sanitiser was available upon request. Face masks were available in the changing area on arrival on shift to ensure compliance.

It was noted that the staff commended the patients for their understanding of the challenges faced during the COVID-19 pandemic, adherence to the changing rules, and noted that the changes had not impacted patient behaviour.

The following areas for improvement were identified:

We saw evidence of staff compliance with mandatory training, including training in infection prevention and control. We were told that this was mandatory for all staff including cleaning staff, to protect themselves and patients from harm. However, the compliance for staff training was approximately 80%, so we could not be assured that all staff had completed infection prevention and control training in the recommended timescale. The service must ensure that staff are regularly completing their mandatory training.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements support staff to perform their roles and whether staff are appropriately trained in order to provide safe and effective care. We also questioned how, in light of the impact of COVID-19, the service is continuing to discharge its duty of care against the Mental Health Act 1983 (and subsequent amendments) and safeguarding patients' rights.

The key documents we reviewed included:

- Admission pathway
- The most recent Mental Health Act 1983 scrutiny checklist
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Details of incidents and action taken to resolve
- Details of incidents; specifically incidents of challenging behaviour, restraint and seclusion
- The number of safeguarding referrals
- Patient voice data
- Parent / carer voice data

The following positive evidence was received:

Discussions with the ward managers highlighted a good understanding of their responsibilities and the hospital's escalation and reporting processes. The hospital director told us that they are well supported by the wider organisation's senior management team and have access to advice and guidance when required.

We were told that bank staff are used to cover staffing shortfalls. This provides a level of continuity in the care provided and ensures that the staff are familiar with the hospital layout and working practices, and are familiar with the patients' individual care needs.

We were told that patient dependency levels are assessed regularly and additional staff brought in to cover any increase in demand. We were also told that if at any point agencies were used, they were very responsive and accommodating which helped ensure that sufficient staff were available to cover shifts at short notice.

The ward managers told us that staff training takes place on a monthly basis. We were told that staff had found this easier during the COVID-19 pandemic as much of the training took place remotely and allowed staff to access this away from the hospital.

We were told that multi-disciplinary team meetings involving external professionals have continued and that all reviews scheduled under the Mental Health Act 1983, have been undertaken within prescribed time frames. Where face to face meetings have not been possible, telephone and video calls have been used to ensure patients continue to have access to external professional services, including advocacy.

We were told that patients' leave had been restricted initially in accordance with government guidelines. However, as COVID-19 restrictions have changed, patients' leave status has been

reviewed and amended to reflect the changes. Where appropriate, staff have continued to support all patients to safely access the community throughout the period, in line with individual risk assessments and care and treatment plans.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements 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 the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.