

Quality Check Summary

Pinewood House

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Pinewood House as part of its programme of assurance work. The unit offers community based mental health rehabilitation services to males and females aged 18 and over. Pinewood House is based in Treorchy and is managed by Cwm Taf Morgannwg University Health Board.

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. 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 manager on 20 July 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- How do you identify and effectively manage COVID-19 outbreaks / nosocomial transmission?
- 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 do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- 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?
- 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?

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 assessments / audits
- Data on incidents including challenging behaviour, restraint and seclusion for the last 3 months

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 were told that the capacity of the unit has been reduced from 16 beds to 13 beds since the start of the pandemic to create more space throughout the unit and help meet social distancing guidelines. The unit has three separate gender specific floors, and each floor was split into two distinct areas to allow any patients to isolate if they began displaying or experiencing any symptoms of COVID-19. We were informed that encouragingly, only two patients have tested positive for coronavirus at the unit during the pandemic.

We saw that annual risk assessments had been carried out to monitor and assess the condition and maintenance of the building. We also saw evidence of weekly audits undertaken by staff to help check that the unit is clean and tidy. We were told that ligature risk assessments have been undertaken twice a year for each separate floor of the unit to identify and mitigate against any potential risks. New patients admitted to the unit are housed in one of two ligature proof bedrooms while they wait for their initial assessment. Bedrooms on the bottom floor contain potential ligature risks as their purpose is to help patients rehabilitate back into the community. However, the ward manager confirmed that patients are appropriately risk assessed before being designated one of these bedrooms.

We spoke about the impact of COVID-19 on the typical routines of patients at the unit. Patients eligible for Section 17 leave¹ were not able to leave the unit during periods of lockdown for their own safety. The ward manager told us that more social events were scheduled within the unit to help patients adjust, such as holding bingo and quiz evenings. Creative writing sessions were also held for patients to write letters to staff at the unit who were shielding at home during the pandemic, which we noted as a positive initiative. Visits to patients at the unit by their family and friends were also restricted during COVID-19 in line

¹ Section 17 of the Mental Health Act allows detained patients to be granted leave of absence from the hospital for a defined purpose and duration to help patients in their recovery for discharge back into the community.

with national guidance. A traffic light system was introduced by the service, which is currently operating on 'amber'. This means only one adult is allowed to visit a patient at the unit at a time. Visits must be pre-arranged with the unit, and visitors are required to wear personal protective equipment (PPE) and have their temperature taken on arrival. Patients were able to telephone, and also used the creative writing sessions to write letters to their friends and family during periods of lockdown.

The ward manager described how the unit formed an informal group with two other local mental health units located within Cwm Taf Morgannwg University Health Board, who met regularly to discuss the latest COVID-19 guidance. This allowed for consistent measures and mitigations to be put in place for patients across each site. A board was displayed at the unit to inform staff and patients about the latest COVID-19 updates. We were told that this was used as a discussion point to remind patients to adhere to relevant guidance such as social distancing.

The ward manager confirmed that the majority of signs displayed at the unit are bilingual, and that some staff members at the unit are able to speak Welsh. This helps the unit to meet the needs of Welsh speaking patients who wish to communicate in their preferred language.

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:

- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits

The following positive evidence was received:

The ward manager described the adjustments that had been made to the environment and to help reduce the transmission of COVID-19. Posters were displayed on the walls to remind patients about social distancing guidelines, and a clear screen was installed on the reception desk. The number of people allowed into each room was also limited to help minimise close contact. Staff were designated a separate entrance to improve the flow of people throughout the unit. Staff were also provided with uniforms, and changing facilities were introduced on site. We were informed that all staff, and patients, where appropriate, are required to wear masks at all times and that hand sanitiser was available throughout the unit.

We were informed about the systems in place to promptly identify any patients who may be experiencing or displaying symptoms of COVID-19. Patients are only admitted to the unit if they have recently had a confirmed negative COVID-19 test result. Patients are then swabbed again on arrival, and are required to isolate within the unit until the test results have been received. The temperatures of patients are taken twice daily, and patients are tested every five days in case they are asymptomatic².

We were told about the arrangements in place at the unit to ensure infection prevention and control standards are being maintained. Daily checklists are completed to monitor the general cleanliness of the ward, and we saw that weekly hand hygiene, and infection control and prevention (IPC) audits, were being completed. We were also provided with results of the most recent audit completed using the all Wales standardised audit tool 'Credits for Cleaning', and saw that the unit scored highly, and that actions had been implemented to resolve any issues identified. The ward manager felt there had been good support from the IPC link-nurse throughout the pandemic in order to review and maintain local IPC arrangements. We saw that compliance with mandatory IPC training was high among staff members working at the unit.

We confirmed that staff had received donning and doffing training in order to be able to correctly apply and dispose of PPE. We were told that health board policies, such as PPE and Aseptic Non Touch Techniques (ANTT), were available to staff via the intranet. Urgent information on COVID-19 and on IPC issues was also disseminated to staff during staff handovers, and written on the safety bulletin board for staff to be aware.

No areas for improvements were identified.

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:

- Escalation policies
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Mandatory training records for all staff

The following positive evidence was received:

² This means people who have COVID-19 but do not display any symptoms.

We were provided with an action plan that outlined the arrangements to safely manage patients at rehabilitation inpatient settings across the health board during the pandemic, which included Pinewood House. This set out how to manage visitors to the unit, how to reduce the risk of cross infection and how to minimise the impact on patients to restrictions in their leave. We also saw a copy of a 'Safe System of Work Statement', which described the plans for the unit to begin to return to normal services following the easing of COVID-19 restrictions.

We were told the needs of patients continued to be monitored and discussed during the pandemic through their regular assessments and monthly multi-disciplinary team meetings, which took place remotely. The Mental Health Act administration team at the health board provided guidance to staff when necessary, and ensured the rights of patients have continued to be upheld in line with the Act. Patients have had their cases reviewed by the Mental Health Review Tribunal for Wales remotely, and Second Opinion Appointed Doctors³ (SOAD) have checked medication prescribed to patients by doctors at the unit.

The ward manager told us that staff rotas are developed six weeks in advance using 'E-Rostering', which is an electronic tool that incorporates staff working preferences and staff absences, such as leave or sickness. Rotas take into account existing skill mix, on-going patient risk assessments and other factors, such as patients who may require increased observations. We were told that staff are provided with time to complete their training requirements alongside their day to day responsibilities.

We spoke about the support offered to staff at the unit. All new starters receive a period of induction to familiarise themselves with the unit. New healthcare support workers are allocated a buddy, who can answer any questions they may have, and registered nurses are allocated a more senior member of staff as a mentor, to provide support and supervision. Since the pandemic, staff have received COVID-19 risk assessments to identify those who may be at more risk of being infected and/ or suffer an adverse outcome if infected. Staff have also had access to open sessions run by psychologists should they require any additional support with their well-being.

The following areas for improvement were identified:

As part of the quality check we looked at how the unit ensured there are sufficient numbers and an appropriate skill mix of staff in order to meet patient needs. We were provided with a document that outlined the principles set out by the Chief Nursing Officer for Wales for mental health settings to implement to meet the requirements of the Nurse Staffing Levels (Wales) Act 2016. We saw that the unit was not currently meeting principle nine, which states that the roster should include at least two registered nurses every shift, or where professional judgement has determined that this is not necessary, there must be the ability to deploy a

³ The SOAD service safeguards the rights of patients detained under the Mental Health Act. Their role is to decide whether the treatment recommended to patients is clinically defensible, and whether due consideration has been given to the views and rights of the patient.

second registered nurse without delay. The health board must provide assurance on how this principle will be met at the unit going forward.

We were provided with the mandatory training statistics and found mixed levels of compliance in some areas. We acknowledge that these training areas had been affected by COVID-19 due to the lack of face-to-face training options. However, the health board should consider all options to address the risks of staff not keeping up to date with mandatory training and provide evidence to HIW within three months that compliance has improved.

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.

Improvement plan

Setting: Pinewood House

Date of activity: 20 July 2021

The table below includes improvements identified during the 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 provide assurance on how it will meet principle nine outlined by the Chief Nursing Officer for Wales for at least two registered nurses to be rostered every shift, or if determined as not necessary, that there must be the ability to deploy a second registered nurse without delay.	Health and Care Standards 3.1, 7.1	Undertake a review of the night time staffing resource across the rehabilitation service in CTM and develop an options appraisal to address the risk of one registrant by night	Head of Nursing/Clinical Service Group Manager	30 th November 2021
2	The health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible.	Health and Care Standards 3.1, 7.1	Review all core competencies across the rehab service with an improvement plan for 85%+ compliance	Ward manager / Senior Nurse	30 th November 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: Phil Lewis

Date: 25 August 2021