

# Quality Check Summary

Service name: St Caradog ward,  
Withybush Hospital

Activity date: 12 August 2021

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St Caradog ward, Withybush Hospital as part of its programme of assurance work. The hospital is set within Hywel Dda University Health Board. St Caradog ward is an adult acute assessment unit which opened in June 2003.

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 manager on 12 August 2021, who provided us with information and evidence about the 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?

## 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 which included point of ligature audit, violence and aggression risk assessment and fire safety audit
- monthly incident theme review for the last 3 months
- monthly use of restraints and seclusion review 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 ward has been reduced from 15 beds to 10 beds since the start of the pandemic to create an Alternative Place of Safety (APoS) for police to access for people detained under Section 136<sup>1</sup>, or those who agree to a voluntary assessment. This also allowed for a red zone area to provide care for suspected and positive COVID-19 patients. We were informed that encouragingly, only one patient had ever tested positive for COVID-19 at the unit throughout the pandemic.

Visiting was restricted during the COVID-19 pandemic, in line with national guidance. However, when restrictions allowed, arrangements were put in place for socially distanced visits to take place. The ward manager also informed us that tablet devices have been made available to enable patients to maintain contact with family and friends.

The ward manager told us that pet therapy was initially paused during lockdown. However, as restrictions eased, this service has now been fully reinstated. We were also informed that patients have access to a virtual reality headset through Digital Communities Wales<sup>2</sup>. We were told that the headset has been used throughout the pandemic to allow patients to take part in meaningful and therapeutic activities whilst they were unable to leave the ward. We were informed that the use of the virtual reality headset has been invaluable for the patients

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<sup>1</sup> Section 136 (s136) is part of the Mental Health Act. S136 means that the police have the power to take an individual to a place of safety or keep individual in a place of safety. It cannot be used to remove individuals from home, or someone else's home. It is most often used in public places, like a street or park.

<sup>2</sup> Digital Communities Wales (DCW) is a Welsh Government funded programme which is delivered by the Wales Co-operative Centre in partnership with the Good Things Foundation and Swansea University. The programme began in 2019 and will run for three years.

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in maintaining their health and wellbeing during very challenging times.

The ward manager confirmed that patients and staff have received regular COVID-19 updates, both verbally and in writing. Regular communication has ensured everyone has up to date advice and guidance on COVID-19.

The ward manager confirmed that all leaflets and signs displayed on the ward are bilingual. We were told that there are sufficient staff, including the ward manager and a consultant psychiatrist, who are fluent Welsh speakers which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were informed that staff who are Welsh speaking identify themselves by wearing a uniform displaying the Iaith Gwaith logo. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. Furthermore, we were told that a Welsh speaking advocate is also available to patients.

**The following areas for improvement were identified:**

We saw that annual risk assessment audits had been carried out to monitor and assess the condition and maintenance of the ward. We saw that a point of ligature audit and a violence and aggression risk assessment were undertaken in April 2021. We were also provided with the fire safety report dated September 2020. The ward manager informed us that arrangements have been made for a further fire safety audit to take place the same day as the quality check. A copy of the latest fire safety report and action plan dated 12 August 2021, has since been submitted to HIW.

The risk assessments / audits highlighted some improvements needed on the ward and we were provided with an action plan for both the fire safety report and the point of ligature audit. However, we noted that the action plans did not include timescales for completion of work. We were assured by the ward manager that they are liaising with the Health Board's Estate Department to ensure that the work is carried out.

The Health Board should ensure that all issues identified in the fire safety report and the point of ligature risk assessment are resolved in a timely way. The Health Board must submit an updated action plan / progress report to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety.

## 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.

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The key documents we reviewed included:

- generic infection control policy and Covid-19 specific policy
- most recent infection control risk assessments / audits.

**The following positive evidence was received:**

The ward manager described the adjustments made to the environment to help reduce the transmission of COVID-19. Posters are displayed on the walls to remind patients about social distancing guidelines. Staff are also provided with uniforms, and we were informed that staff, where appropriate, are required to wear masks at all times and that hand sanitiser was available throughout the ward.

We were informed about the systems in place to promptly identify any patients who may be displaying symptoms of COVID-19. Patients are only admitted to the ward if they have a negative COVID-19 test result.

We were provided with data on infection rates for the last three months and which show that no confirmed cases of COVID-19, or any other infectious diseases, have been reported within the staff or patient group.

We were told about the arrangements in place on the ward 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 prevention and control (IPC) audits were being completed. We were also provided with the results of the most recent audit which was completed using the all Wales standardised audit tool 'Credits for Cleaning', and saw that the ward scores were high. The ward manager felt there had been good support from the IPC link-nurse and IPC Team throughout the pandemic when reviewing and maintaining local IPC arrangements. We saw that compliance with mandatory IPC training was very high.

We saw that a range of health board policies and procedures were available to staff, such as:

- COVID-19 guidance for the remobilisation of services within health care settings
- social distancing guidance
- COVID-19 mental health and learning disabilities directorate plan
- COVID-19 guidance for maintaining services
- COVID-19 care after death procedural guidance
- COVID-19 symptom management
- COVID-19 mental Health Learning Disabilities inpatient pathway
- microbiology and infection control guidance for testing
- admissions screening standard operating procedure.

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**The following areas for improvement were identified:**

We saw evidence that an infection control audit has been completed on 3 August 2021, and overall, the ward scored highly. However, we noted that some improvements were required, but there was not a detailed action plan with clear timescales for completion in place. The ward manager confirmed that some improvements have already been made, such as replacing fabric chairs with easy to clean plastic chairs.

The Health Board must produce an action plan detailing how they will address the issues raised in the IPC audit with clear timescales, and, within three months from the date of the quality check, provide HIW with an updated action plan, so that we can further assess progress made.

## 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 policy
- corporate policy/process to ensure preparedness for future pandemic emergency
- mandatory training records for all staff.

**The following positive evidence was received:**

We were told that the needs of patients were monitored during the pandemic through regular assessments and weekly multi-disciplinary team meetings, which took place remotely.

We were provided with staffing information which highlights that there are a number of vacancies (currently - five registered mental health nurses and three healthcare support workers). However, the ward manager confirmed that four registered nurses have been appointed and are due to commence in their role during September 2021. Recruitment for the remaining posts is ongoing. We were informed that the Health Board is intending to recruit healthcare support workers from the Health Board's pool of bank staff. HIW would expect to see a continued improvement with recruitment at the time of our next inspection of the ward.

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As the service is carrying a number of vacancies we found that they are reliant on the use of agency and bank staff. In order to provide a continuity of care for their patients and staff, the ward manager tries to secure the same bank staff to cover shifts.

We spoke about the support offered to staff on the ward. All new starters undertake a period of induction to familiarise themselves with the ward. In addition to being supported by the ward manager, staff have also had access to the psychologist should they require any additional support with their well-being.

We were provided with information relating to mandatory training and noted that the compliance rate across all subject areas was very high.

**No areas for improvements were identified.**

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## 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: St Caradog ward, Withybush Hospital

Date of activity: 12 August 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 should ensure that all issues identified in the fire safety report and the point of ligature risk assessment are resolved in a timely way. The Health Board must submit an updated action plan / progress report to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety.	Standard 2.1 Managing Risk and Promoting Health and Safety	1-Advanced Fire Safety works to be completed- Welsh Government Funding Approached. This will resolve all Fire Safety issue identified in the report.  2- Point of Ligature, Major works to be completed. Plans currently out to tender.	Jason Wood- Major Capital Development Manager  Karen Roberts Deputy Directorate Support Manager Phillip Astles- Estates Project Manager	1-Advance work to commence October/November 2021- anticipated date of completion June 2022.  2- Construction Phase 1 on target to be commenced 15/11/21. Phase 2+3 to be commenced 03/01/22, completion expected April 2022.

2	The Health Board must produce an action plan detailing how they will address the issues raised in the IPC audit with clear timescales, and, within three months from the date of the quality check, provide HIW with an updated action plan, so that we can further assess progress made.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	<p>1- To comply with IPC and Fire Safety, all furniture on ward to be replaced, including waste bins and patient mattresses.</p> <p>2- Interior walls to be re-painted where necessary to comply with IPC.</p>	<p>Rhodri Harries Ward Manager &amp; Jo Featherstone Business Manager</p> <p>Duncan Evans Estate Operations Manager</p>	<p>1- Procurement process has commenced- realistic timescale 3 months, November 2021.</p> <p>2- Timescale 3 months, November 2021.</p>
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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: Rhodri Harries

Date: 26/08/21