

Quality Check Summary

Caswell Clinic – Newton Ward

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Caswell Clinic - Newton Ward as part of its programme of assurance work.

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 capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to Newton Ward Manager on 25 August 2020 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?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We saw evidence to confirm that Newton Ward conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic.

Newton Ward recorded only one confirmed case of COVID 19, no other infectious diseases have been reported within the staff or patient group. We were told that contingency planning was implemented early on, and an isolation suite was identified on Penarth Ward where suspected Covid-19 patients could be appropriately nursed to reduce the risk of cross infection. There are currently no cases of COVID 19 reported within the staff or patient group.

We were told that nightly audits were set up to ensure sufficient PPE was available. Staff were provided with training and educational talks on appropriate PPE which included safe removal and disposal of PPE. When required, PPE is used by all staff, visitors and patients. Additional PPE stock is stored centrally so all wards can have easy access, and daily stock checks occur. During our discussions no issues were highlighted in relation to access to PPE equipment.

Training specific to COVID-19 had been delivered to all staff which included fit mask training for FFP3 ventilated masks and life support training.

Patients and staff receive regular COVID-19 updates during daily meetings. Regular communication ensured everyone has up to date advice and guidance on COVID-19. Posters regarding hand washing and COVID 19 information is available on notice boards in Newton Ward.

No improvements were identified.

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 were told that contingency planning was implemented early on and an isolation suite was identified on Penarth Ward where suspected Covid-19 patients could be appropriately nursed to reduce the risk of cross infection.

We were told that early on in the pandemic the ward had a symptomatic patient, and consequently patients were asked to self-isolate in their bedroom spaces. Patients were given alternative means of contact through mobile phones, which enabled patients to call the nursing office to have their needs met. Medication and meals were then taken to

patients rooms, with staff complying with the two metre distance rule and PPE equipment was utilised. We were told that the system implemented had been successful in minimising and containing Covid-19 cases as no other patients or staff became infected.

Currently all patients who eat in the dining area must ensure they wash and sanitise their hands prior to entering the dining room. Social distancing measures are also in place.

We were told that patients engaged in additional activities during this time and the introduction of Netflix had made the patient group more inclusive. Laptops and iPads were utilised to continue therapy sessions, and these were also used by patients to enable contact with family and friends.

Patients were able to maintain contact with the multi-disciplinary team (MDT) remotely through virtual means. Clinical team meetings continued virtually and we were told that patients engaged and adapted well to new methods of contact with the clinical team.

Patients also used the iPads and mobile phones allocated to them to maintain contact with external professional services, including advocacy.

Due to lockdown restrictions, patient leave and visits were suspended in line with government guidelines. We were told that patients initially displayed feelings of frustration and felt isolated and scared. In order to alleviate the patients concerns, we were told that the MDT provided unlimited contact for patients to provide support and reassurance during this difficult time. We were advised that patients commented favourably on the value of having additional access to the MDT and technology to aid communication with others.

Visitor and leave restrictions have now eased. All visitors are booked into the family room and are limited to two visitors from same household. At present no child visitors are allowed. This is currently subject to review and we were told that child visiting should resume shortly. All visitors also have access to appropriate PPE and hand sanitisers.

We were told that no incidents of restraint had occurred during this period, and evidence we viewed supported this. We also saw evidence of ligature point audits taking place. We explored data which raised some concern around the increase in deliberate self harm figures for June. This was discussed and as a result of information given which provided some context to the increased figures, we were reassured that this area did not require further investigation.

No improvements were identified.

Infection prevention and control

During the quality check, 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.

The following positive evidence was received:

Regular audits are undertaken to assess and manage the risk of infection. The most recent audit was undertaken in May 2020. We were told that cleaning schedules are completed on

a nightly basis and the housekeeping team complete daily records of all cleaning activities. Two staff members have completed a trainer's course on handwashing and both staff members are available to provide advice and guidance to staff and patients. Hand sanitisers are wall mounted outside the ward area and additional supplies of alcohol free sanitisers are kept in the ward office and handed out to patients.

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.

We were told that patients are provided with regular COVID 19 updates via community meetings and any new guidance would be discussed with patients. In addition COVID 19 related information was also available via posters on ward boards and easy read leaflets.

The following areas for improvement were identified:

We discussed the current patient information booklet given to new patients who arrived on the ward. As part of this discussion we agreed that it may be useful to have a COVID 19 appendix to provide additional information to newly admitted patients.

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. This was confirmed by the ward manager who told us that there had been an increase in staffing establishment. 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 Newton Ward.

In addition, shift patterns had changed to support a work life balance for staff. We were told that staff were flexible with changing shifts, a bank staff system were used, and agency staff were used infrequently.

During discussions we were told that staff anxiety had increased, it was reassuring to hear that well-being services were being utilised and we were told that there was good support systems available to staff. We were also told that senior management were available when required.

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.

As highlighted above, patients were able to maintain contact with the MDT remotely through virtual means. In addition some patients engaged in virtual tours of potential placements to facilitate patient progression, with two patients moving on to new placements.

The following areas for improvement were identified:

During discussions and through examination of documentation, we identified that fire training completion rates were low. It was acknowledged that due to the difficulties surrounding the pandemic with staff shortages, face to face training had been put on hold. We were told that the completion rates for fire training and violence and aggression training were part of the health boards recovery plan, and training dates were due to be allocated. We were also told that delays in training had been incurred due to the boundary changes with health board ownership of buildings being shared between ABMU and Cwm Taff health board.

The health board must ensure that these training areas are now prioritised as restrictions are eased.

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.

Improvement plan

Setting: Caswell Clinic

Ward: Newton Ward

Date of activity: 25 August 2020

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	Patient Information Booklet to include Covid 19 Information	1.1 Health promotion, protection and improvement	Ward staff and O/T to work alongside patients in a task and finish group to review information booklet, with the aim to making it user friendly. Inclusion of COVID-19 information Updated booklet will be forwarded for evidence.	Thomas Wilcox (Ward Manager) Kirstie Bissmire (Risk and Security Coordinator)	1-2 months
2	The health board must ensure fire training and violence and	7.1 Work force	Liaising with Fire Safety Advisor	Kirstie Bissmire (Risk and Security Coordinator)	3+ months

	aggression mandatory training rates are improved.		<p>within Health and Safety Department to arrange dates for training. Due to Covid-19 Health Board are prioritising induction sessions for new staff before setting new dates.</p> <p>Plan of V&A training sessions will be provided as evidence along with training compliance percentages following completion of the reset and recovery programme</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: Thomas Wilcox

Date: 11.09.2020