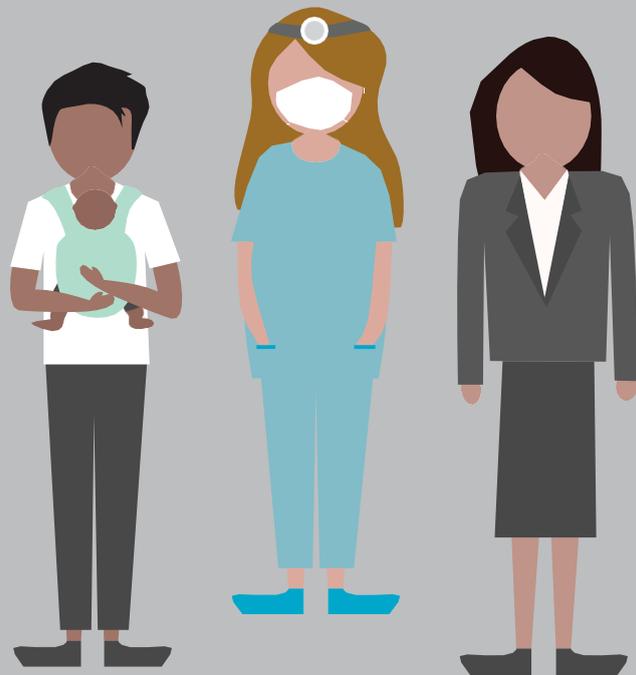


Quality Check Summary

Clinical Decisions Unit, Prince Charles Hospital

Activity date: 10 December 2020

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Clinical Decisions Unit (CDU) at Prince Charles Hospital as part of its programme of assurance work. The CDU has 28 beds and is for patients referred from their GP or the Emergency Department at Prince Charles Hospital to be seen in an emergency in relation to an acute medical illness.

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 and deputy ward manager on 10 December 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that governance and staffing arrangements are effective and support the provision of safe and effective care? What changes, if any, have been made to these arrangements in light of COVID-19?
- How do you ensure that the risk of healthcare associated infection is assessed and managed to keep patients, visitors and staff safe? What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How do you ensure that the environment is safe for staff, patients and visitors and that it maintains dignity and provides comfort for patients? What changes have you made to the environment in light of COVID-19 to ensure it is safe for staff, patients and visitors?
- What is the process to ensure that the flow of patients through the Assessment Unit is timely, safe and effective?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. 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 any pressure or tissue damage which has occurred. We also questioned the setting 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 during the early stages of COVID-19 the CDU had to make adjustments to the environment to help protect staff and patients from the risk of transmission of COVID-19. The CDU has 16 individual rooms and three bays that each contain four beds. Each individual room was provided with its own equipment and items such as disposable curtains and blood pressure cuffs, and staff removed unnecessary items throughout the unit to reduce the amount of cleaning needed. Each bay area already had sufficient space to allow for social distancing without having to remove any beds. We were informed that signage had been displayed around the unit to remind patients about the importance of social distancing. Additionally, there are now limits on the number of staff members allowed into certain rooms at any one time.

We were provided with evidence of a risk assessment that had been undertaken to describe the measures needed to help manage the flow and safe care of COVID-19 positive and COVID-19 negative patients at the unit. These included escalation measures to ensure that patients are not nursed in corridors or on ambulances and arrangements to safely nurse patients according to their COVID-19 status, to help reduce the risk of transmission throughout the unit.

We were told that each patient is assessed on admission and that they are monitored regularly to ensure their needs are met throughout their stay at the unit. Since the onset of COVID-19, bottled water has been provided to patients instead of jugs, and disposable plates and cutlery have been used at meal times.

We looked at incident data for November 2020 and saw that there had been no incidences of patients developing pressure damage whilst at the unit. Although a small number of patients had experienced falls while at the unit, we noted that no patients had come to harm. We were told that serious falls would be investigated and referred to the Falls Scrutiny Panel, to understand what happened and to learn from the incident. We were provided with a recent staff newsletter which informed staff that in future they would be made aware of the number of patient falls, pressure damage and any other issues experienced by patients while under the care of the CDU. This is a positive step and HIW would expect learning from such incidents to also be shared as part of this new initiative.

We discussed the challenges faced during COVID-19 when national restrictions were placed on visitors in healthcare settings. We were told that visitors have only been allowed in exceptional circumstances, such as for those patients receiving end of life care. These visits are risk assessed and visitors are asked to sign a form to acknowledge their responsibilities with regards to social distancing and hand hygiene, and the risks presented during their time at the unit. Patients fit enough to do so have been able to use iPads provided by the unit to stay in contact with their family members or carers; the iPads are cleaned after every use. Staff have made every effort to liaise regularly and closely with the families and carers of unwell patients via telephone, to provide timely updates. We appreciate and acknowledge the extra burden this will have placed on staff during an already busy and stressful period.

The following areas for improvement were identified:

We were told that regular Point of Care Review Audits are undertaken at the CDU by the senior nurse and ward manager. We were provided with examples of previous audits which showed that compliance in July 2019 was 44 per cent and compliance in February 2020 was 63 per cent. Despite the improvement, we noted that similar issues were found in both audits, such as the need for better evidence of discharge planning for patients. The service must ensure that any issues identified in Point of Care Audits are actioned in a timely manner and HIW would expect to see an improvement in compliance in future audits undertaken at the CDU.

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. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

We discussed the arrangements that are currently in place at the CDU to manage potential COVID-19 cases in relation to their safe admission and discharge. Patients are tested before or upon admission and are then separated according to their COVID-19 status. Patients who are confirmed or suspected to have COVID-19 are isolated within the individual rooms and confirmed COVID-19 negative patients are either provided with a room or a bed on one of the bays; the ward manager and deputy ward manager confirmed that no mixing of positive and negative patients would occur within the bay areas. The COVID-19 status of each patient is clearly indicated on the door to each room to make sure staff working different shifts are aware. Patients require two negative tests before being discharged. Flowcharts outlining the processes for staff to follow for the safe discharge of patients are displayed on the notice board at the unit and available to access on the intranet.

We were told that national guidance on appropriate PPE for healthcare settings has been

displayed for staff on the notice board and all staff have received training on how to safely don and doff PPE. The ward manager and deputy ward manager confirmed that PPE has been available for staff to safely barrier nurse COVID-19 positive patients at the unit. Daily stock checks of PPE are undertaken by staff to ensure there are no incidents of shortages at the unit. We saw evidence of daily spot checks that were being undertaken on the ward which included specific COVID-19 related checks, such as observing staff compliance with wearing PPE appropriately.

We were informed that staff are monitored daily for symptoms of COVID-19 and any staff displaying symptoms are offered testing and are required to go home and isolate. Plans are currently in place to roll out the new vaccine to any staff members who wish to receive one.

We were told that the CDU has received almost daily support and guidance from the central Infection Prevention and Control (IPC) Team at the health board since the onset of COVID-19. This has been particularly key for the CDU due to the high volume of COVID-19 positive patients cared for at the unit and for ensuring standards of cleanliness are maintained following their discharge. Enhanced cleaning of the unit has taken place and the hours worked by housekeeping staff has been flexible to meet the changes in demand of the types of patients being admitted.

The following areas for improvement were identified:

We were provided with evidence of an annual IPC audit undertaken at the CDU in July 2020 and we noted that overall compliance was 83 per cent. However, the audit highlighted similar issues identified in previous Point of Care Review Audits submitted to us. These mainly focussed on issues with cleanliness and the condition of the general environment of the unit and the kitchen. While some actions have been implemented in regard to this, HIW is not fully assured that the environment of the unit is being maintained and cleaned to a standard that promotes good IPC and minimises the risk of infection. The health board must provide assurance of further actions undertaken in response to the audit in July 2020. Additionally, the health board must provide assurance that the systems currently in place to monitor and improve IPC standards at the unit are appropriate to ensure the required IPC standards are met.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care. We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies.

The following positive evidence was received:

We discussed the arrangements in place to help ensure that there is the right skill mix and

number of staff at the unit during each shift. Staffing rotas are normally produced six to eight weeks in advance of shifts and HealthRoster is used as an electronic tool to manage staff working preferences and absence management. Staffing requirements across Prince Charles Hospital are now subject to daily scrutiny since the onset of COVID-19; meetings take place three times a day to discuss pressures on the availability of beds across the site. We were told that staff are subsequently redeployed based on need to areas identified as having the highest levels of risk at any given time when required.

The ward manager and deputy ward manager confirmed that any incidents that occur at the unit, such as falls, are reported through the health board's electronic incident reporting and risk management system, Datix. Incidents are scrutinised by relevant panels and staff are involved in the review to ensure they are informed of any lessons learned. Datix is also used to record risk assessments undertaken at the unit to help prioritise and implement actions and control measures to reduce any identified risks.

We spoke about the support offered to staff since the onset of COVID-19. Staff have received COVID-19 risk assessments to help protect the health and wellbeing of staff members who may be at more risk of being infected and/ or an adverse outcome if infected. Staff huddles are held regularly to discuss any issues and to ensure information is cascaded down to staff, to ensure they are kept up to date with the rapidly changing landscape. Staff have access to a central Wellbeing Team at the health board to discuss any issues they may be experiencing and information about various wellbeing groups is available on the intranet.

We were told that the capture of patient feedback had been paused at the onset of COVID-19, due to the difficulties in capturing such evidence. However, a pilot telephone survey of patients recently discharged from the CDU has been undertaken which has helped the unit to identify areas of good practice and receive positive comments which has provided staff with a morale boost. A decision is due to be made on whether the survey is going to be introduced regularly. HIW would encourage the survey to continue to ensure it also helps the unit to identify and address any issues experienced by patients.

The following areas for improvement were identified:

We were told that there has recently been a high use of agency staff at the unit to ensure staffing establishments are met. This has had an impact on the substantive members of staff who have had to undertake additional tasks such as administering controlled drugs to patients that agency staff are not permitted to. HIW understands the staffing establishments for the unit are currently being reviewed. The health board must provide HIW with assurance that staffing levels are not currently impacting on the effectiveness of care being delivered to patients and that any changes will help reduce the pressures faced on existing members of staff.

We saw that overall compliance rates with mandatory training were 63 percent. HIW are aware of the challenges faced by healthcare settings to ensure staff training requirements are being met during COVID-19. 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. Furthermore, we were told that staff at the unit are not being provided with time to complete training during their shifts and are often expected to undertake training during their own time. Staff may be compensated for this, however the health board must review these arrangements and consider whether this is in the best interests of the health and wellbeing of staff. The health board should consider providing staff with protected time during their contracted shifts to support staff with their learning and development and ensure their non-work time is protected.

We asked to see data on the completion rates for staff for their annual Performance Appraisal and Development Reviews (PADRs) and saw that these were overdue for the majority of staff. The service must improve their ongoing compliance with staff PADRs and provide evidence to HIW within three months that all overdue PADRs have been completed.

Patient Flow

For Assessment Units, HIW felt it was important to explore the flow of patients through the department. The aim of this is to make sure patients are being assessed, admitted and discharged in a timely way.

The following positive evidence was received:

We discussed the challenges faced by the service during COVID-19 to ensure the flow of patients through the unit is still timely, safe and effective. We were informed that it has been difficult at times to move patients on from the unit, which has subsequently had an impact on admissions to the unit. However, we were told that arrangements were made to ensure patients received assessments straight away and plans were put in place depending on their needs, even if this initially had to take place within an ambulance outside the unit.

Access to consultant physicians and specialist multidisciplinary team professionals has continued as required and in a timely manner.

The ward manager and deputy ward manager felt that flow throughout the unit has improved over time. They attributed this to quicker results from COVID-19 tests; results are now being returned within two hours, rather than 48 hours previously. A patient flow co-ordinator has also recently joined the unit which has helped provide oversight and resolve minor issues as they arise. We were told that if patient flow is compromised, issues are escalated to the senior nurse and discussed in the daily bed management site meetings where actions are taken to reduce pressures within the unit.

No improvements were identified.

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: Prince Charles Hospital

Ward: Clinical Decisions Unit

Date of activity: 10 December 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	The service must ensure that any issues identified in Point of Care Audits are actioned in a timely manner and HIW would expect to see an improvement in compliance in future audits undertaken at the CDU.	Health and Care Standards Wales Standard 3.3 Quality Improvement, Research and Innovation	There are 2 main areas of concern relating to the Point of Care Audits: 1. The general environment re painting and overall ward maintenance. All works have been reported through the unit and work numbers are available. Following the receipt of the report the estates manager was contacted who confirmed that the maintenance of the area will be reviewed and prioritised following the pandemic peak.	Estates Manager & Lead Nurse	March 2021

			<p>2. The vents were dusty in several areas including the kitchen.</p> <p>The vents in the majority of the unit have now been cleaned however, the system within the kitchen requires new parts and these have been ordered and will be replaced upon receipt.</p>		
2	<p>The health board must provide assurance of further actions undertaken in response to the Infection Prevention and Control (IPC) audit undertaken in July 2020. Additionally, the health board must provide assurance that the systems currently in place to monitor and improve IPC standards at the unit are appropriate to ensure the required IPC standards are met.</p>	<p>Health and Care Standards Wales Standard 2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>The key issues for the unit are related to the environment, which are addressed in point 1.</p> <p>Following receipt of the audit report, the Head of Nursing requested an urgent IPC audit, the results have increased to 88%. Key actions remain with the estates department and are being progressed.</p> <p>Daily Spot Checks are undertaken by the ward manager and overseen by the senior & lead nurse.</p> <p>Point of Care monthly audits continue and each area will have an improvement plan which will be monitored by the Lead Nurse</p>	<p>Estates Manager & Lead Nurse</p>	<p>March 2021</p>
3	<p>The health board must provide HIW with assurance that staffing levels are not currently impacting on the effectiveness of care being delivered to patients and that any changes</p>	<p>Health and Care Standards Wales Standard 7.1 Workforce</p>	<p>During the pandemic additional staff above the established levels for the unit have been agreed to support the pressures within the unit. However filling the shifts is</p>	<p>Senior Nurse & Lead Nurse</p>	<p>Ongoing Monitoring</p>

<p>resulting from the review into staffing establishments at the unit will help reduce the pressures faced on existing members of staff.</p>		<p>problematic despite agency and bank requests being made to staff bank 6 weeks in advance. The fill rates; October 2020; 64% equivalent to 155 shifts filled and 86 shifts remain unfilled. November 2020; 62% equivalent to 131 shifts filled and 79 shifts remained unfilled. Every effort is made to fill the shifts by offering staff overtime at enhanced rates as agreed by the Health Board.</p> <p>The sickness levels for the unit in the month of December 2020 9.1%. Establishment levels will be reviewed following the pandemic within the service review plan.</p> <p>The challenges of reduced staffing levels is being monitored through a number of systems inclusive of ward based assurance audits, Datix incident reporting, Serious Incidents and patient feedback(complaints/complements). The data is triangulated which does not indicate an increase in harm or compromised care for patients.</p> <p>The review of the staffing model and service delivery within CDU has commenced. The current establishment is currently being provided with an establishment for</p>		
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			24 beds, which will be solely for the unit. Based on the current vacancies (3WTE) the unit will be fully established to the current model by March 2021.		
4	The health board must provide staff with protected time during their contracted shifts to support staff with their learning and development and ensure their non-work time is protected.	Health and Care Standards Wales Standard 7.1 Workforce	<p>Prior to the pandemic the unit manager was utilising staff make up hours on a monthly basis to ensure that training was completed. However, due to staff shortages for a number of reasons which include shielding, sick leave and isolating this has not been possible.</p> <p>All classroom training has been suspended and dates are awaited from training & development.</p> <p>The plan going forward is to ensure key time is given to staff to ensure they complete their mandatory training in working hours. When training dates are available, the unit manager will book staff on the courses required.</p>	Unit Manager	March 2021
5	The service must improve their ongoing compliance with staff Performance Appraisal and Development Reviews (PADRs) and provide evidence to HIW within three months that all overdue PADRs have been completed.	Health and Care Standards Wales Standard 7.1 Workforce	The compliance at the time of the audit was 53.1%, which was based on the overall staffing for the unit. There are 9 staff currently not in the workplace due to maternity leave, shielding and long term sick whose PDR's would have expired from March - July 2020 and are unable to be completed until their return to work.	Senior Nurse & Lead Nurse	March 2021

			<p>All staff PDR dates are currently being reviewed by the senior nurse who will escalate to the lead nurse compliance month on month.</p> <p>It must be recognised the effects of the Covid Pandemic has effected the ability of the team to safely plan and complete PADR's for the staff but this will be addressed when levels of escalation have reduced.</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: Deborah Harris, Head of Nursing

Date: 18 January 2021