Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Unannounced Dignity and Essential Care Inspection

Cardiff and Vale University Health Board

University Hospital for Wales

Accident and Emergency Department

Date of inspection Tuesday 4 March 2014

Contents

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced Dignity and Essential Care Inspection to the Accident and Emergency Department at the University Hospital for Wales, part of the Cardiff and Value University Health Board (C&VUHB) on 4 March 2014. During the inspection we observed and reviewed the following areas:

- Patient Experience
- The Delivery of the Fundamentals of Care
- Management and Leadership
- Quality and Safety.

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists and optometrists is also the responsibility of the Board. Additionally, it serves a wider population across South and Mid Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and the Vale Health Board manages nine hospitals and seventeen health centres including the University Hospital of Wales (UHW) which is a major 1000-bed hospital situated in the Heath district of Cardiff. UHW is a teaching hospital of Cardiff University School of Medicine. Constructed between 1963-1971, at a cost of £22 million, it was Europe's first fully integrated hospital and medical school. The hospital was officially opened in 1971 and is the third largest University Hospital in the UK and the largest hospital in Wales.

The Accident and Emergency unit is the third largest in the United Kingdom and treats on average 750 people every weekend – and approximately 130,000 yearly. The unit is currently undergoing a £3.4 million redesign and refurbishment which is due to be completed during the summer of 2014.

2. Methodology of Inspection

HIW's '*Dignity and Essential Care Inspections',* review the way patients' dignity is maintained within a hospital ward/ unit / Department and the fundamental, basic nursing care that patients receive[1]. We review documentation and information from a number of sources including:

- Information held to date by Health Inspectorate Wales (HIW)
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the Health Board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These HIW inspections capture a *'snapshot'* of the standards of care patients receive on hospital wards/units/ Departments, which may point to wider issues about the quality and safety of essential care and dignity.

At the outset of the inspection we briefed the clinical team and requested to be informed at all times should clinical activity increase. This was to ensure balance between fulfilling the requirements of the inspection and meeting patient need.

We provided an overview of our main findings and requirements to representatives of the Health Board at the feedback meeting held at the end of our inspection. We found no urgent concerns emerging from the inspection and our findings are detailed within Appendix A of this report.

[1] *The Fundamentals of Care*, Welsh Assembly Government 2003

3. Summary

Overall, we observed that the environment of the Accident and Emergency department was challenging to staff and patients due to an ongoing, extensive programme of redesign and improvement. The areas of the department for which refurbishment had been completed - such as resuscitation - had created an excellent, innovative and calming environment for patients.

During our inspection, we found the Department not to be unduly busy. There was not a problem with Ambulance off-load and there were no issues with patients delays to flow through the triage system or treatment areas. This provided us with a calm inspection environment and we were able to inspect each section of the Department.

Notwithstanding the environmental challenges faced by staff, we observed considerable efforts by staff to maintain patient dignity at all times and provide care in a courteous and sensitive manner.

We identified ten matters concerning 'Patient Experience' which required improvement. The majority of these relate to the suitability of the temporary patient waiting/ booking in room and the patient routes during a period of extensive refurbishment and redesign of the department.

We found limited communication aids for patient's with sensory loss in the temporary waiting area/ booking in room, limited pressure relieving equipment, unsuitability of some curtains, and patient facilities

We identified one matter concerning Management and Leadership that required improvement. This concerned the lack of recent staff training in dementia care, learning disabilities and Protection of Vulnerable Adults.

During the inspection we identified five areas for improvement for which we required the Health Board to provide us with immediate assurance. Our requirements in this respect and the Health Boards response to these issues are detailed within Appendix A.

The Health Board was very open to our visit and made a constructive contribution throughout the inspection visit. The Health Board will be submitting an Improvement Plan in response to our findings.. When agreed, this will be published on our website.

4. Findings

4a. Patient Experience

During this inspection we identified ten areas which require improvement concerning Patient Experience. Our requirements in this respect are detailed within Appendix A.

Overall, we observed the environment of the Accident and Emergency department was challenging to staff and patients due to an ongoing extensive programme of redesign and improvement. The areas of the department for which refurbishment had been completed - such as resuscitation - had created an excellent, innovative and calming environment for patients.

Notwithstanding the environmental challenges faced by staff, we observed considerable efforts by staff to maintain patient dignity at all times and provide care in a courteous and sensitive manner.

We found the temporary patient waiting / booking in room was in poor environmental condition generally. Several of the chairs were damaged and required replacing and the temperature within the area was cold, the radiators did not work, and a freestanding oil radiator was being used as a temporary measure. Of particular concern, however, was that this room also had a gas fire which had no safety guard surrounding it, presenting a potential risk to patients/children. Whilst snacks and drinks were available outside the waiting area under a canopy, this also appeared to be used by smokers as no 'no smoking' was evident.

The dropping off point for patients was unclear with poor signage. For example, we observed patients being mistakenly dropped off at the emergency ambulance designated parking area outside the temporary patient waiting / booking in room

A sign on the outside of the temporary patients waiting / booking in room facing the ambulance bay states patients are required to be booked in at the cabin. When an ambulance is parked, however, the signage is obscured leading to patients attempting to enter the accident and emergency department via the majors unit and then having to return to the temporary patient waiting / booking in room.

Within the temporary waiting / booking in room we did not observe a supply of wheel chairs. When discussed with reception staff they explained that one would be obtained from elsewhere or via the Porter system, if necessary. It was noted, however, that this could result in a considerable wait, with one patient observed waiting 29 minutes for transfer.

The patient route from the temporary booking in/ waiting room cabin external to the hospital to internal majors and minors areas was long, difficult to navigate and did not have adequate directional signage for patients to follow. Patients we spoke to expressed concern over the distance, poor signage and that in some cases they had become lost when trying to navigate the route and had to return to the external booking in/ waiting room to ask again for directions. This was confirmed in our discussions with staff

We found patients within majors were initially Triaged in a curtained cubicle opposite the waiting area. The area lacked privacy as conversations between nursing staff and patients could be heard.

The Paediatrics area of the accident and emergency department had excellent patient information boards around paediatric care and accident avoidance. Within the resuscitation area there was a dedicated, resuscitation bay for children. This is specifically designed to focus on the care of children and ensuring the environment balances comfort and interest with all of the equipment required, in order to appear less intimidating. We found the area to be very innovative, calming and colourful.

Privacy for booking in patients brought to the department by ambulance was limited. This was because ambulance staff booked patients in within the temporary booking in / waiting room and conversations could easily be heard between ambulance and reception staff within this room.

Triage within the majors area of the department was undertaken in a curtained area opposite the triage waiting area. This offered limited privacy, and at times triage conversations could be heard.

This area was particularly congested with out-patient activity one end and in-patient activity at the other. The area was clearly well managed by a senior lead nurse who had clear accountability for it. However, the area was environmentally challenging for those working in it and reflected a busy congested area for patients.

Notwithstanding the good practise observed above, we identified the following ten areas for improvement in relation to 'Patient Experience'. These are detailed in appendix A:

- Unsuitable seating within the temporary patient waiting / booking in room.
- Patient privacy when booking in within the temporary waiting/ booking room was compromised.
- Unclear signage for patients to be dropped off close to the temporary patient waiting / booking in room.
- There was no indication within either the temporary patient waiting room/ booking area or minors area sub-waiting room of the waiting periods for patients to be assessed.
- Unclear Patient Route externally to the patient waiting/ booking in room.
- Unclear Patient Route internally to the minor's injury area.
- Minors sub wait area reception covered several other departments and it was not clear to patients that they had reached the correct sub wait area.

- Paediatric patients were triaged in a room with an open door onto the main Paediatric waiting area, compromising patient confidentiality.
- There were a number of toys and books within the paediatric area which would not meet Infection Prevention and Control requirements.
- In the majors department the busy triage area and waiting bay were separated by a curtain and it was observed to be difficult to maintain patient confidentiality.

4b. Fundamentals of Care

During this inspection we identified six areas which require improvement concerning the Fundamentals of Care. Our requirements in this respect are detailed within Appendix A.

Communication and Information

We observed nursing and medical staff being discreet when engaged in conversation with patients during the ward round. Discussions held in the ward reception area (between Doctors and ward staff), were also noted to be conducted discreetly.

We observed staff speaking kindly and respectfully to patients and trying to maintain patient confidentiality and dignity as much as possible within a busy and challenging environment.

Within the resuscitation area we observed staff being very caring to a patient, taking time to discuss their condition and treatment with them and providing reassurance.

The documentation reviewed within all areas of the Accident and emergency department was found to be of a high standard. For example, all relevant assessments were completed and available, we saw evidence of actions and recommendations as a result of assessments being carried out, patient

assessments were found to be up to date and there was good documentary evidence of the personal care to be provided to patients and documenting the actual the care given.

The patient's records reviewed contained individualised care plans and patients choices were identified including, for example, preferred name and any spiritual/ religious needs. Evidence within records showed that patients conditions were being explained to and discussed with them to provide as much information as possible. Most patients we spoke to were confident that they were kept well informed about various aspects of care delivery.

No braille or loop hearing system was evident in the temporary patient waiting area/ booking in room. When discussed with staff, we were informed that patients are asked to write things down if they experience difficulties communicating.

We found directional signage throughout the accident and emergency department was poor, particularly from the external temporary booking in / waiting room through to the major, minor and paediatric areas. Our discussions with patients revealed that they found the route difficult to navigate with some becoming lost and having to return to the external booking/ waiting room for directions.

Respecting people

We observed many examples of friendly and respectful interactions between staff and patients during the inspection. For example, we spoke with patients in the majors area who indicated that they felt their dignity was maintained and made positive comments regarding staff attitude and behaviour. Patients also informed us that staff spoke to them using their preferred name and that all members of the ward team knocked on the door of their room prior to entering.

We found two types of curtains being used within the majors area, the majority of which were suitably long and had a 'no entry' sign incorporated

into the design which could be seen when the curtains were drawn and care or treatment was taking place. The other types of curtain - on the minority of bays - were not long enough to maintain patient dignity. We were informed, however, that there were plans for these to be replaced with the more suitable type as the refurbishment programme progressed.

We observed that it was difficult for staff not to be overheard during handover/ when discussing patients. This is because the nursing station is located at the centre of the majors unit and in close proximity to patients bays. Despite this, staff were seen to make efforts to be discreet and very aware of confidentiality and working to maintain it. Staff were also observed being kind to patients.

Ensuring Safety

On the day of the inspection staffing levels appeared to be adequate. Discussions with staff indicated, however, that at times when the unit was busy staffing levels were a challenge. We were made aware that there had recently been an increase in staff numbers within the minors area to resolve the problem.

Patient's had access to buzzers and we observed nurses answering buzzer calls for assistance in a timely manner. There were also buzzers available within the toilet facilities.

The environment - although challenging in layout due to the ongoing refurbishment work - was found to be uncluttered with no inappropriate storing of equipment in patient areas. Equipment throughout the department was found to be clean and dust free. Shower and toilet facilities within the majors area was observed to be very clean. Whilst records of cleaning were evident, these did, however, contain some gaps.

We found the sluice room to be very well ordered and clean. Commodes within the department were also found to be clean, though no green tape had

been attached to confirm that cleaning had taken place despite the tape being available.

We found that the designated room within the ward for medication storage and all cupboards and fridges in which medication is stored, were routinely locked when not in use.

Promoting Independence

We observed staff encouraging patients to retain as much independence as possible within the limits restricted by the environment and individual patient's circumstances. There was good use of pictorial signs on facilities and patient's were found to be seated in chairs or in bed dependent on what they felt was more comfortable.

Currently, no initiative is actively used in the department to identify patients with dementia, mental health conditions or other particular complex needs, other than a single question within patient records. Senior staff explained, however, that the Butterfly scheme was currently being rolled out within the department, though all staff had yet to received training in its use.

Relationships

Patients informed us that they felt staff had time to listen to them and were available to discuss aspects of their care when required. Nursing and reception staff were observed to be very patient and caring, particularly where patients appeared confused. Within the resuscitation area we observed excellent care and time taken to reassure a patient and provide care in a dignified way. All members of the team appeared to communicate actively between themselves and care was based around a strong patient focus.

Rest, Sleep and Activity

There was a limited supply of pillows within the majors area and staff were routinely found to be using folded blankets instead to meet patients comfort needs.

Ensuring Comfort, Alleviating Pain

Patients appeared comfortable and those we spoke to said they were not in pain. Should they experience any pain, however, they indicated that this was adequately managed by staff, who responded promptly to their requests for pain relief, for example. All patients appeared to be comfortable.

Discussions with ward staff confirmed they have good access to the hospitals pain team. Patient records also showed evidence of good record keeping and up to date pain scores to support the effectiveness of any pain relief administered.

Personal Hygiene and Appearance

Patients in the department appeared to be well cared for and their personal care and hygiene needs met. Due to the nature of admissions, he ward had an adequate supply of dignity gowns for patients.

Eating and Drinking

There was evidence of a nutritional assessment tool within patient records, which is completed on admission evidence. This was satisfactory considering the short amount if time patients were expected to remain within the department.

Water was available for patients within the department and patients had access to water jugs and cups and were observed being offered fluids in between meal times. Patients who were required to be nil by mouth were found to be assessed in accordance with All Wales Nutritional Care Pathway Guidelines.

Patients who were waiting to be assessed within minors were able to obtain food and drinks from vending machines located by the temporary booking in / waiting room. However patients spoken with expressed concern that these were located a distance from the minors and majors waiting areas.

Toilet needs

We observed prompt responses to buzzer calls and patients were assisted to use the toilet method of choice in a courteous manner. Staff confirmed the unit has access to a continence nurse when required. We found evidence within patient records of a suitable continence assessment being used on admission. This was in accordance with the All Wales Continence Bundle. Whilst all commodes within the department were found to be clean, it was unclear whether they had been as the green tape indicating they had been cleaned had not been attached to the commodes to confirm this.

Preventing Pressure Sores

Patients records showed there was evidence of a pressure area assessment tool in place. There were also other initiatives in place within the unit to limit the risk of pressure sores occurring within this short stay environment.

The review of a sample of patient records indicated that that risk assessments for pressure areas were being undertaken with prescribed treatment identified. These were also seen to be up to date and routinely evaluated. Patents at risk of developing pressure areas were generally provided with adequate equipment such as air mattresses and cushions to reduce the risk of sores developing however staff expressed concerns that at times they had difficulty obtaining these.

Notwithstanding the good practise observed above, we identified six areas for improvement in relation to the Fundamentals of Care. These are detailed in appendix A:

- No loop system or communication aids for patient's with sensory loss in the temporary waiting area/ booking in room.
- Some bays within majors had fabric curtains which were too short in length.
- We observed no initiative in place to indicate if a patients suffered with dementia / memory loss.

- There was a limited supply of pillows within the majors area and staff were routinely found to be using folded blankets instead.
- Patient toilets within the majors triage area was out of order and had been for a number of days.
- Ability to access facilities if waiting to be admitted by ambulance posed some difficulty, especially for patients who had no relatives present.
- Limited access to specialist pressure relieving beds.

4c. Management and Leadership

During this inspection we identified one area which required improvement concerning Management and Leadership. Our requirements in this respect are detailed within Appendix A.

Overall, patients can be confident that the service was noted to be well run. Staff felt empowered and able to meet with other senior colleagues and maintain healthcare standards. Discussion with nursing staff highlighted they were committed to providing care in a dignified and courteous manner, despite working in a challenging environment which was undergoing extensive refurbishment and redesign.

It was evident that the Senior Nurse Management team were supportive to the staff in the clinical area. Staff were able to describe escalation mechanisms that enabled them to receive additional staff in the event of a sudden increase in patient admissions. Staff we spoke to showed an understanding of the hospitals escalation policy and were aware of their roles and actions to undertake.

Lead and senior nurses have regular communication with the nurse director through the senior nurse forum and can escalate any emerging concerns. We observed the efforts made by all staff to maintain dignity and confidentiality. Despite curtains not being sound proof all staff work to maintain and provide care in a dignified and respectful manner.

An in house education programme exists which covers some training in caring for older people, however staff we spoke to had not received specific training for dementia or confusion. Senior nurses are put through a clinical leadership programme in order to train and equip them to be empowered to manage the unit. Senior staff showed encouragement of new initiatives on the unit such as the 'butterfly scheme'. This has been a recent development, however, and staff are yet to be trained and the initiative become embedded.

Our discussions with staff highlighted that they aim to ensure all patients care and medical needs are met by ensuring adequate communication. Every patient also has a dedicated named nurse. Senior staff confirmed patient records are regularly checked by the nurse in charge and staff are constantly encouraged to start documentation on admission and keep it up to date.

Notwithstanding the good practise observed above, we identified one area for improvement in relation to the Management and Leadership. This is detailed in appendix A:

- Staff had not received recent training in dementia care learning disabilities or Protection of Vulnerable Adults (POVA).

4d. Quality and Safety

During this inspection we identified five areas which require improvement concerning Quality and Safety. These were such that we required the Health Board to provide us with immediate assurance. Our requirements in this respect and the Health Boards response are detailed within Appendix A.

Overall, the ward environment appeared clean and conversations with patients indicated that they were satisfied with the standard of cleanliness. Patient bay areas were well stocked with appropriate equipment, with minimal clutter.

As stated previously, we found the temporary patient waiting / booking in room was not fit for purpose, being potentially unsafe and in in poor environmental condition The Temperature within the temporary patient waiting/ booking in area was cold, the radiators did not work, and a freestanding oil radiator was being used.

We found a Fire exit within the paediatric area of Accident and Emergency is currently being used as a means of access and exit during the ongoing extensive redesign and refurbishment programme. Staff understanding of the use of the fire exit during this period was unclear and it is not clear how the Health Board ensures compliance with fire safety regulations - particularly during the night - when we were informed the fire exit would be locked.

The decontamination room was found to be unsecured leading off a corridor accessible by patients and relatives. The room contained a large amount of clutter and equipment including fire extinguishers, opened paint tins, and domestic equipment. Staff were unable to confirm the exact purpose of the room and that it would not be required for decontamination in the event of an emergency.

During our time in the unit we observed that the door to the medication storage room remained appropriately closed and locked. Staff were observed complying with the Health Boards medicines management policies.

Patient documentation was clear and easy to follow, patients records were found to be up to date and completed immediately following treatment/ care. We observed a high standard of documentation within all areas of the Accident and emergency department with all relevant assessments completed and available, there was evidence of actions and recommendations as a result of assessments being carried out within patient medical and nursing notes and patient assessments were up to date and included within a high standard of fully completed documentation

The unit has patient health and safety leaflets to provide patients on discharge along with further information regarding their condition. Additionally, nurses would talk with patients about their conditions and discuss this and any care required with relatives if appropriate.

Notwithstanding the good practise observed above, we identified the following five areas for improvement in relation to Quality and Safety. These are detailed in appendix A:

- An Oil fired radiator had no safety guard.
- It was not clear how the temporary patient waiting area / booking in office met required fire safety regulations.
- Staff understanding was inconsistent regarding the temporary use of access through a fire exit.
- A potential breech of fire safety regulations due to a fire exit being locked at night.
- Decontamination room not fit for purpose and its use require clarification.

5. Next Steps

The Health Board is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit their Improvement Plan to HIW within two weeks of the publication of this report.

The Health Board Improvement Plan should clearly state when and how the findings identified within the Accident and Emergency Department at the university Hospital for W will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments/ units of the Health Board.

The Health Boards Improvement Plan, once agreed, will be published on Health Inspectorate Wales website and will be evaluated as part of the on-going Dignity and Essential Care inspection process.

Dignity and Essential Care: Improvement Plan

Appendix A

Hospital: University Hospital for Wales

Ward: Accident and Emergency Department

Date: 4 March 2014

Ref.	Finding	Requirement	Health Board Action	Responsible Officer	Timescale
4a. Patient Experience					
4a.1	We found unsuitable seating within the temporary patient waiting / booking in room. The seating in the temporary patient waiting/ booking in room was damaged and potentially a risk to the safety of patients as it did not meet required infection prevention and control standards	The Heath Board must ensure patient seating in waiting areas is suitable, in good working order and meets the all Wales Infection Prevention and Control requirements.			
4a.2	Patient confidentiality when booking in within the temporary waiting/ booking room was compromised. Patients had to speak loudly through a glass screen in order to ensure they	The Health Board must ensure the booking in process ensures patient dignity and confidentiality within the temporary			

	were clearly heard by reception staff and could clearly be heard discussing their medical condition	waiting room / booking in area			
4a.3	There was no clear facility for relatives/ carers to drop off patients close to the temporary patient waiting room/ booking in room which resulted in patients being dropped off in the designated ambulance parking area.	The Health Board should consider making it clearer where there is a designated drop off point for patient's at the temporary patient waiting room/ booking in room			
4a.4	There was no indication within either the temporary patient waiting room/ booking in area or minors area sub-waiting room of the waiting periods for patients to be assessed.	The health board should consider a temporary measure during the ongoing refurbishment work to ensure patients are informed of waiting periods for assessment.			
4a.5	Unclear Patient Route externally to the patient waiting/ booking in room. The entrance to the temporary patient waiting / booking in room is not	The Health Board must ensure clear directional signage for patients on foot (at eye level) to the			

	obviously located. The external directional signage to the temporary waiting / booking in room was unclear and could be misleading to patients who immediately enter the building and are then redirected back out of the building to try and locate the temp waiting/ booking in room	temporary waiting/ booking in room entrance			
4a.6	There was an unclear Patient Route internally to the minor's injury area. The internal directional signage to the minors injury waiting area is unclear and confusing to patients, the route lacked clear lighting and had a number of unlocked doors leading to storage rooms which could be accessed by unauthorised people/ patients	The Health Board must ensure clear directional signage and adequate lighting to enable patients to clearly follow the route internally to the Minor's sub wait area The Health Board must ensure any doors to areas patients should not be able to access along the internal patient route to the			

		minors sub wait area are locked when not in use/ occupied			
4a.7	The Minors sub wait area reception covered several other departments and it was not clear to patients that they had reached the correct sub wait area.	The Health Board should ensure it is clear to minors patients that they have reached the correct sub wait area.			
4a.8	Paediatric patients were triaged in a room with an open door onto the main paediatric waiting area and discussions regarding patients personal details could be clearly heard	The Health Board must ensure privacy and patient confidentiality is maintained during triage			
4a.9	We found there were a number of toys and books within the paediatric area which would not meet Infection Prevention and Control requirements for cleaning	The Health Board must adhere to the all Wales Infection Prevention and Control standards and remove any unsuitable toys/ books			
4a.10	In the majors department the busy triage area and waiting bay were	The Health Board must consider alternative			

	separated by a curtain and it was observed to be difficult to maintain patient confidentiality	measures to ensure patients triage is confidential			
4b. Fundamentals of Care					
4b.1	There were no communication aids for patients with sensory loss in the temporary waiting area/ booking in room. (such as a loop system or prompt cards) and staff reported patients with sensory loss had to write their details when booking in	The Health Board must ensure adequate provision of aids to enable patients with sensory loss to communicate effectively			
4b.2	Some of the bays within the majors area had fabric curtains which were short in length and dignity pegs were not used which compromised patient dignity during treatment/ personal care	The Health Board must ensure suitable measures (such as longer curtains and/ dignity pegs) are used to maintain patient dignity during treatment			
4b.3	we observed no initiative in place to indicate if a patients suffered with dementia / memory loss and staff had limited training in dementia care and	The Health Board should ensure adequate staff training is provided on the new initiative and ensure it			

	learning disabilities, however were informed by senior staff that an initiative was in process of being embedded within the department	becomes embedded within the department			
4b.4	The was a limited supply of pillows within the majors area and staff were routinely found to be using folded blankets instead.	The HB must ensure there is an adequate supply of pillows at all times			
4b.5	We found a patient toilet within the majors triage area was out of order and were informed it had been for a number of days which meant patients had to locate staff request access to another area of majors and undertake the same process returning to access toilet facilities.	The Health Board must ensure adequate access to toilet facilities for patients and undertake repairs of any out of order facilities as soon as possible			
4b.6	Our discussions with ambulance staff confirmed at times patients are required to wait on ambulances for an extended period of time and in order to access toilet facilities are escorted	The Health Board should ensure patients are able to access facilities in instances where their wait on ambulances is			

	from the ambulance to the toilets within majors and back to the ambulance if able to walk. If patients were unable to walk there was no access to suitable toilet facilities	extended.			
4b.7	Discussions with staff confirmed access to specialist pressure relieving beds for patients with pressure areas or at risk of developing pressure areas was limited and could not always be provided based on the needs of the patient	The Health Board should ensure suitable pressure relieving beds/ equipment is available based on the needs of the patient.			
4c. Management and Leadership					
4c.1	Staff we spoke to had not received any recent training in dementia care, learning disabilities, or Protection of Vulnerable Adults (POVA)	The Health Board must ensure staff receive dementia care, learning disabilities, or Protection of Vulnerable Adults (POVA)			
4d. Quality and Safety					
4d.1	An Oil fired radiator within the temporary patient waiting area/	The health board must ensure the radiator has a	Removed from use	Lead Nurse	Complete

	booking in office had no safety guard and posed a potential risk of injury to patients	suitable guard to ensure the safety of patients.			
4d.2	It was not clear how the temporary patient waiting area / booking in office met required fire safety regulations as there were no visible fire extinguishers, or means of emergency exit additional to the single entrance/ exit.	The health board must ensure the temporary patient waiting area / booking in office meets required fire safety regulations	The temporary Portacabin at the Emergency Unit is built in accordance with the current Building Regulations and accords with current Fire Regulations. It has also been approved by UHB's Fire officer.	Directorate Manager/ UHB Fire Officer	Complete
4d.3	Staff understanding was inconsistent regarding the temporary use of access through the fire exit within the paediatric area which appeared to have multiple uses of entry / exit / fire exit. Potentially unauthorised persons/ unaccompanied children are able to enter/ exit the paediatric area via the unsecured fire exit.	The Health Board must provide evidence of the procedure in place during the interim refurbishment regarding the use of the paediatric area fire exit.	This door is now back to its intended purpose of a fire door and there is no longer any routine access in or out for paediatric patients coming into the paediatric EU. All staff have been made aware of this.	Lead Nurse	Complete

4d.4	The Fire exit within the paediatric area of Accident and Emergency is currently used as a means of access/exit during the ongoing refurbishment programme. It is not clear how the health board ensure compliance with fire safety regulations particularly during the night when we were informed the fire exit would be locked.	The health board must ensure the temporary use of the fire exit for access/ exit of paediatrics meets required fire safety regulations	This door is now back to its intended purpose of a fire door and there is no longer any routine access in or out for paediatric patients coming into the paediatric EU.	Lead Nurse	Complete
4d.5	The decontamination room was found to be unsecured leading off a corridor accessible by patients and relatives. The room contained a large amount of clutter and equipment including fire extinguishers, opened paint tins, and domestic equipment. Staff were unable to confirm the exact purpose of the room and that it would not be required for decontamination in the event of an emergency.	The health board must confirm the use of the decontamination room and ensure it is made fit for purpose.	The UHB Emergency Planning Department has now confirmed that this room has suitable drainage for decontamination therefore the room will now be cleaned and decluttered so that it is fit for purpose.	Lead Nurse	24/03/2014