

Hospital Inspection (Unannounced)

Singleton Hospital/ Abertawe Bro
Morgannwg University Health
Board/ Singleton Assessment Unit
and Minor Injuries Unit

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Singleton Hospital within Abertawe Bro Morgannwg University Health Board on the 13 and 14 November 2017. The following departments were visited during this inspection:

- Singleton Assessment Unit (SAU)
- Minor Injuries Unit (MIU)

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Patients provided positive feedback about their experiences of using the Singleton Assessment Unit (SAU) and the Minor Injuries Unit (MIU).

We found that patients appeared comfortable and well cared for. We identified, however, that improvements were needed to further promote safe and effective care. We required the health board to take immediate action in relation to some of the improvements needed.

This is what we found the service did well:

- Staff were kind and sensitive when carrying out care and treatment
- Medical assessment and treatment plans on the SAU
- Pharmacist support to promote the timely reconciliation of medicines
- Innovate practice to provide treatment for patients with a thrombosis (blood clot) or a cellulitis (skin infection) without the need for admission to hospital

This is what we recommend the service could improve:

- Signage to help patients and carers to locate the SAU and the MIU and inform them of the services that can be provided
- The completion of written care assessments and plans on the SAU
- Aspects of medicines management and infection prevention and control
- Approach to audit activity so that patient safety issues are identified and addressed
- The health board needs to explore whether the staffing on both units promotes an appropriate senior presence.

3. What we found

Background of the service

Abertawe Bro Morgannwg University Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales and consists of the former Local Health Boards (LHBs) for Swansea, Neath Port Talbot and Bridgend and also the Abertawe Bro Morgannwg University NHS Trust. The Health Board covers a population of approximately 500,000 people.

The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing clinical services outside of the four main acute hospital settings.

The Singleton Assessment Unit (SAU) at Singleton Hospital treats patients with a variety of medical and surgical conditions. The unit has 19 bed/trolley areas and patients may be referred by their GPs in the community or from the Minor Injuries Unit (MIU) also located at Singleton Hospital. Patients may be transferred from other hospitals in the locality or conveyed as an emergency by ambulance (only following an assessment of the patient's condition by paramedics responding to the 999 call and where they determine that the patient is suitable to be seen, and when the patient has been accepted by medical staff at the SAU).

The MIU at Singleton Hospital treats unexpected and urgent minor injuries or illness when patients can't wait to see the GP. The MIU can deal with conditions such as:

- Grazes, wounds and minor burns
- Non-penetrating eye and ear injuries
- Head or face injuries (without loss of consciousness)
- Minor neck injuries (where patient is mobile and has no 'pins or needles' in arms)
- Animal and human bites.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients provided positive feedback about their experiences of using the Singleton Assessment Unit and the Minor Injuries Unit.

We saw patients being treated with respect by the staff teams and their privacy and dignity was protected as far as possible.

We identified that improvement was needed so that patients and their carers could easily identify the location of the units and the services they provide.

During our inspection we distributed HIW questionnaires to patients attending the Singleton Assessment Unit (SAU) and the Minor Injuries Unit (MIU) to obtain their views on the standard of care they had received in these departments.

In total, we received 16 completed questionnaires; ten from patients attending the SAU and six from patients attending the MIU.

Feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided between nine and ten out of ten. All patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

Patients provided the following comments in the questionnaires about the care they have received:

"This place is good, because of the timely care and attention I get here. Compared to other places, I have complete confidence in doctors here"

"It's all about team work - every level of staff is caring - good team communication"

"I appreciate all they do, I'd never put these down. They all support each other, a good team"

“Excellent, only waited 15 mins. Lovely staff”

“The staff are all very obliging and helpful ensuring I am comfortable”

Staying healthy

Whilst, there was some health promotion material available, efforts should be made to increase the range of information available to patients and their carers.

We saw information leaflets for patients and their carers were readily available within the SAU and MIU waiting area. These included leaflets about the 'Hospital Stop Smoking Service', the importance of hand hygiene to reduce cross infection, helping prevent healthcare associated infections and eye health services in Wales. Information was also available about a local support service for patients recently discharged from hospital.

The health board should explore what other, written health promotion material and information can be provided to patients and their carers and make arrangements for this to be made available.

Dignified care

We saw that patients were treated with dignity, respect, compassion and kindness by staff looking after them.

Patients told us that staff had treated them with respect and kindness and we saw staff being courteous at all times.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. Most patients agreed that staff were always polite and listened, both to them and to their friends and family. All patients that completed a questionnaire told us that staff called them by their preferred name.

Those patients that needed assistance going to the toilet agreed that staff helped with their needs in a sensitive way so they didn't feel embarrassed or ashamed.

The SAU consisted of both single rooms and multi-bedded bays. This presented some challenges for staff in maintaining patient's privacy and dignity as the multi bedded areas were mixed gender areas. We saw dignity curtains drawn around beds within the bays and doors to rooms closed when staff were helping patients with their personal care. Shared toilet and washing facilities

were designated single gender and clearly marked as such. These arrangements helped promote patients' privacy and dignity as far as possible given the constraints of the environment.

The MIU consisted of single rooms only. We saw that doors to these rooms were closed when staff were seeing patients. There were also dignity curtains within the rooms that could be used to provide a greater degree of privacy.

During our inspection, we invited staff working on the units to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire but we also spoke to a small number of staff working on the days of our inspection. Most staff who completed a questionnaire told us that the privacy and dignity of patients is maintained and that patients and/or their relatives are involved in decisions about their care.

Patient information

As described earlier some health promotion material was available to help patients and their carers look after their own health and wellbeing. Written information was also available about visiting times and how patients could provide feedback to the health board about their experiences of using services.

Information about the services provided at the hospital and other sites within the health board was also available on the health board's website.

Whilst there were signs outside the SAU and the MIU identifying the two departments these were quite small. The health board should consider reviewing the signage with a view to making it easier for patients and their carers to identify the SAU and the MIU and the care services provided.

The majority of patients agreed that staff have talked to them about their medical conditions and helped them to understand them, with one patient commenting:

“Doctors are better here they explain better - in other hospitals one says one thing one says another”

However, one patient also told us in the questionnaires:

“No one has explained my condition to me”

Improvement needed

The health board is required to provide HIW with details of the action taken to review the signage with a view to making it easier for patients and their carers to identify the SAU and the MIU and the care services provided.

Communicating effectively

The majority of patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

We saw that some effort had been made to help patients find their way around the SAU. Pictorial signs were displayed on the doors to the toilets and washing areas. There were no such signs used within the MIU. It is acknowledged, however, that due to the nature of the environment, patients and their carers would usually be directed by staff.

There were no other aids such as a hearing loop system or information in Braille to help communicate with those patients with a sensory impairment.

Improvement needed

The health board is required to provide HIW with details of the action taken to identify what communication aids would be useful to assist patients with specific care needs and how these will be made available on the SAU and MIU (as appropriate).

Timely care

Within the SAU, we found staff were attentive to patients and responding to their requests for assistance. We also found that patients attending the MIU were seen in a timely manner.

All (SAU) patients who completed and returned a questionnaire confirmed that they always had access to a buzzer, and agreed that staff came to them when they used the buzzer.

The majority of (MIU) patients that completed and returned a questionnaire told us that they had been waiting less than two hours to be seen.

Individual care

People's rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients as far as possible when delivering care. During the course of our inspection, we saw patients were accompanied by their carers and receiving visitors, thus maintaining contact with their families and friends.

Listening and learning from feedback

Patients and their carers had opportunities to provide feedback on their experience.

We saw that comment cards were available within the SAU and MIU. These could be completed by patients and their carers before being placed in a designated post box located in the waiting area. A summary of the feedback provided by patients during October 2017 was clearly displayed within the waiting area for patients, visitors and staff to see.

Most staff that completed a questionnaire knew that patient experience feedback was collected within the SAU and MIU. Comments indicated, however, that not all had received regular updates on the patient experience feedback. Similarly, not all staff were aware of whether any changes had been made as a result of feedback received. Following the inspection, the health board confirmed that systems were in place to share feedback received from patients. The health board also confirmed that although patient feedback and the improvements from the suggestions made were already displayed within the reception area, action had been taken to display this information more widely within the unit.

The health board had arrangements in place for handling concerns (complaints) raised by patients or their carers. These arrangements were in accordance with 'Putting Things Right'¹.

¹ 'Putting Things Right' is the process for handling concerns (complaints) about NHS care and treatment in Wales.

Senior staff demonstrated a good understanding of the above arrangements. They were also able to describe an example of learning from complaints and the action taken as a result. This aimed to improve the experience of patients waiting to be seen within the SAU and MIU.

Information about the services offered by the local Community Health Council was clearly displayed in the waiting area. This meant that patients and their carers had information about where they could get help and support when wishing to make a complaint through 'Putting Things Right'.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that patients appeared comfortable and well cared for.

We identified that improvements were needed, however, to further promote safe and effective care. These were in relation to completing written care assessments and plans, aspects of medicines management and infection prevention and control.

We also required the health board take immediate improvement action around the storage of medicines and cleaning chemicals and the checking of emergency equipment.

We found innovative practice in relation to monitoring and treating patients who had been diagnosed with a blood clot or a skin infection, which meant they did not have to be admitted to hospital.

Safe care

Managing risk and promoting health and safety

We found that improvement was required to further promote a safe environment for staff and patients.

We considered the environments of both the SAU and the MIU. Generally, both units were in need of some redecoration and upgrading. Some areas within both units were cluttered with equipment and some posed trip hazards.

Cupboards used to store cleaning materials were not routinely locked. We identified that chlorine tablets (used for disinfection tasks) were stored in an unlocked cupboard in the sluice room on the SAU. This meant that there was a potential risk of unauthorised persons being able to access these tablets and be harmed. Our findings were reported to senior staff at the time of our inspection and arrangements were made to remove the chlorine tablets from the sluice. Our concerns were also dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the

inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

Staff confirmed that when the SAU was at full (patient) capacity, patients were sometimes accommodated on the MIU overnight. We were told that whilst emergency buzzers were available, patients did not have access to nurse call buzzers for more routine requests for assistance. Senior staff provided a firm verbal assurance that staff would be allocated to work on the MIU to supervise and support patients with their care needs.

Our other findings in relation to the environment and safety are also described in the sections 'infection prevention and control' and 'medicines management'.

Preventing pressure and tissue damage

We found documentation in relation to skin care was not always completed on the SAU. Due to the type of care provided by the MIU, the routine completion of such documentation was not deemed necessary by the unit staff team.

We looked at a sample of patients' care records on both the SAU and MIU. We saw that not all patients on the SAU had a written risk assessment completed to identify whether they were at risk of developing pressure and tissue damage. In addition, written care plans had not always been developed to guide and direct staff around this aspect of patient care. Monitoring records were not always completed. We observed some of these patients were independently mobile and so may be at low or no risk of developing pressure damage. The lack of a written risk assessment in this regard, however, meant we could not be assured that patients were being suitably assessed to determine the skin care they required. In addition, the lack of written care plans and monitoring records meant that we could not be assured that patients were receiving appropriate care.

We saw that specialist pressure relieving mattresses were available and being used within the unit. These help prevent patients from developing pressure sores.

Staff told us that patients attending the MIU were usually mobile and independent (i.e. self caring). A risk assessment to identify a patient's risk of developing pressure damage was not, therefore, routinely completed as this was felt unnecessary. Our discussions with staff confirmed that should staff have any concerns in this regard, relevant risk assessments and equipment would be obtained from the SAU.

Improvement needed

The health board is required to provide HIW with details of the action taken to demonstrate that patients admitted to the SAU are:

- suitably assessed for their risk of developing pressure and tissue damage
- receiving appropriate care to meet their assessed skin care needs.

Falls prevention

We found most patients on the SAU had been assessed for their risk of falls and a care plan generated. Due to the type of care provided by the MIU, the routine completion of such documentation was not deemed necessary by the unit staff team.

We saw (within the sample of care records we looked at) that most patients on the SAU had a written risk assessment completed to identify whether they were at risk of falls. Most patients also had a written care plan in place to guide and direct staff on around this aspect of patient care. The health board should, however, take action to ensure that all patients are suitable assessed and a care plan generated as appropriate.

Staff told us that patients attending the MIU were usually mobile and independent (i.e. self caring). A risk assessment to identify a patient's risk of falls was not, therefore, routinely completed as this was felt unnecessary. Our discussions with staff confirmed that should staff have any concerns in this regard patients would be referred to the SAU or to their GP for further assessment.

Infection prevention and control

We identified that improvements were needed around aspects of infection prevention and control. These related mainly to the environment rather than individual staff practice.

We saw that personal protective equipment, such as disposable aprons and gloves was readily available on both units and being used by staff to reduce cross infection.

On the SAU, the medicines preparation room and one of the side rooms (used when the unit was experiencing patient flow pressures) did not have hand washing facilities. In addition, a room on the MIU and being used as a

treatment/consultation room did not have hand washing facilities. This meant that staff were unable to easily wash their hands when working in these areas. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections. Hand washing and drying facilities were located elsewhere around the units together with hand sanitisers (although these were limited on the MIU). We saw that staff washed their hands regularly.

Arrangements were in place to safely dispose of and store medical sharps, such as hypodermic needles.

Bed areas, toilets, washing facilities and treatment/consultation rooms appeared clean. We also found that staff placed an emphasis on cleaning shared equipment such as commodes and monitoring equipment. Labels were available and being used on the SAU to show that shared equipment had been cleaned and decontaminated in accordance with a national initiative to reduce cross infection. Such labels were not being used on the MIU.

The sluice room on the SAU was clean. The room, however, was quite cramped given the amount of equipment that needed to be stored. We saw that clean equipment was being stored (in boxes) on the floor in the storeroom on the SAU. This meant it was difficult to effectively clean the floor in this area. It also posed a risk of equipment becoming contaminated. Some of the bins on the MIU were in need of replacing as they had become rusty. Overall, both units were in need of some redecoration to promote effective cleaning.

Senior staff had identified that aspects of the environment were in need of attention. Plans were described to remodel and upgrade the environment to make improvements and address the environmental issues described above.

All patients agreed in the questionnaires that the SAU was both clean and tidy, however one patient did comment in the questionnaires that

“there was too much equipment and stuff in corridors”.

All patients agreed in the questionnaires that the MIU was both clean and tidy.

Staff we spoke with demonstrated an understanding of infection prevention and control procedures. We also spoke with cleaning staff who confirmed that cleaning equipment and materials were readily available. Cleaning staff were knowledgeable regarding their responsibilities for cleaning the units; however, we could not be assured that formal cleaning schedules were up to date.

Improvement needed

The health board is required to provide HIW with details of the action taken to promote effective infection prevention and control within the SAU and the MIU.

Nutrition and hydration

Similar to our findings around preventing pressure damage, we found documentation around nutrition and hydration care was not always completed on the SAU. Due to the type of care provided by the MIU, the routine completion of such documentation was not deemed necessary by the unit staff team.

We saw (within the sample of care records we looked at) that not all patients on the SAU had a written risk assessment completed around nutrition and hydration. The lack of a written risk assessment meant we could not be assured that patients were being suitably assessed to determine their nutrition and hydration needs. In addition, written care plans had not always been developed. We did see that patients' food/fluid intake was being monitored and that staff were assisting patients with meals and drinks as appropriate.

Staff confirmed that a mixture of hot and cold food was available for patients. Generally soup and sandwiches were served at lunchtime and a hot meal was served in the evening. Sandwiches were also said to be available throughout the day for those patients who missed the main mealtimes. We were told there was no formal system in place to inform staff (who serve meals) of patients' particular dietary requirements or needs. In addition, it was not clear whether nursing staff were always informed by serving staff when patients had refused or had not eaten their meal. This meant that patients may not be provided with a suitable diet and their intake may not always be accurately recorded on monitoring charts.

We observed a lunchtime meal served on the SAU. We saw that meals were served very swiftly. Patients were not offered the opportunity to wash their hands and bedside tables were not always cleared prior to serving patients their meals. We informed senior staff of our findings so they could remind staff the importance of properly preparing patients before serving meals.

Staff told us that patients attending the MIU were usually independent (i.e. self caring). Documentation around nutrition and hydration was not, therefore, routinely completed as this was felt unnecessary.

Meals were obtained for patients on the MIU on an ad hoc basis, depending on their care needs. This was usually for patients who were waiting to be admitted to the SAU. We were told that sometimes staff experienced difficulty in obtaining a hot meal for patients. We informed senior staff of our findings so that the reasons for this could be explored and addressed.

Improvement needed

The health board is required to provide HIW with details of the action taken to demonstrate that patients admitted to the SAU are:

- suitably assessed to determine their nutrition and hydration care needs
- receiving appropriate care (including a suitable diet) to meet their assessed needs.

Arrangements must be made to ensure that patients' intake is accurately monitored and recorded.

Medicines management

We identified that improvements were needed around aspects of medicines management.

We looked at a sample of drug charts used on both the SAU and the MIU. Overall, these had been completed fully. We did identify, however, that those used on the SAU had the patient's name and identification recorded on the first page only and not on each subsequent page as required. The charts on both units clearly demonstrated what prescribed medication had been administered. Where this had been omitted, the reason why had been recorded. Whilst oxygen therapy (which needs to be prescribed) was clearly being monitored and its administration recorded, it had not always been prescribed on the drug chart.

On both units we saw that the rooms being used to store medicines were unlocked. On both units medicines were left on work surfaces. The refrigerators used to store medicines were also unlocked and we were told that these could not be locked. This meant that there was a potential risk of unauthorised persons being able to access medicines. Whilst, we saw that the temperature of the fridge on the SAU had been recorded daily this was not the case on the MIU, with records having gaps. This meant that we could not be assured that medicines requiring refrigeration were being stored in accordance with the manufacturer's instructions.

We found that controlled drugs, which have strict and well defined management arrangements, were safely secured in locked cupboards but within the unlocked rooms. In addition, whilst records indicated that daily checks of the controlled drugs had been performed on the SAU, we saw gaps in recordings on the MIU. This meant that we could not be assured that daily checks were being done in accordance with the health board's medication policy.

Our findings around the storage of medicines were reported to senior staff at the time of our inspection and arrangements were made to lock the rooms. We were told however, that keeping the door to the room where the storage unit was housed (on the SAU) may lead to the unit malfunctioning due to overheating. In addition, our concerns were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in insert Appendix B.

We observed staff safely administering medication to patients on the SAU. Staff performed suitable identification checks to ensure that the correct patient received the correct medication.

Good arrangements for pharmacist support were described. This meant that staff working on both units could speak to a designated pharmacist for advice about medicines used on the units. We were told that pharmacist support on the SAU had promoted an effective and timely system for medicines reconciliation², which is an important patient safety issue³.

² The aim of medicines reconciliation when patients are admitted to hospital is to ensure that important medicines aren't stopped and that new medicines are prescribed, with a complete knowledge of all medicines (including prescribed, over-the-counter and complimentary medicines) a patient is already taking.

³ Patient Safety Notice PSN028/February 2016 - Medicines Reconciliation – Reducing the risk of serious harm. Patient Safety Wales.
<http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN028%20Medicines%20Reconciliation%20-%20Reducing%20the%20risk%20of%20serious%20harm1.pdf>

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure the safe use of oxygen therapy.

The health board is required to provide HIW with details of the action taken to ensure that medicines are stored at temperatures recommended by the manufacturer.

The health board is required to provide HIW with details of the action taken to ensure that controlled drugs are checked in accordance with the health board's policy.

Safeguarding children and adults at risk

Senior staff confirmed that there was a health board wide policy on safeguarding and we saw this was available to staff via the health board's intranet. Staff we spoke to were able to provide examples of signs of possible abuse and the process for reporting safeguarding concerns.

Training records showed that most staff (approximately 60 per cent) were up to date with adult safeguarding training. Most staff (approximately 65 per cent) were also up to date with child protection training. The health board should, however, explore the reasons why not all staff were up to date and support them to attend training as appropriate.

Medical devices, equipment and diagnostic systems

The units had a range of equipment to meet the needs of patients. This included monitoring equipment, adjustable beds, pressure relieving mattresses and moving and handling equipment.

We considered the arrangements for the checking of resuscitation equipment on the SAU and the MIU. We identified improvement was needed around the checking of this equipment.

Records had been maintained of checks by staff, however, there were a number of gaps in the records. These indicated that resuscitation trolleys had not always been checked daily as required by local policy. This had been identified via audit activity on the SAU and minutes from a recent team meeting showed that staff had been reminded of the importance of checking the resuscitation trolley daily.

There was no evidence to support that this had been audited on the MIU. In addition we identified airway equipment on the resuscitation trolley was 'out of date'. We informed senior staff of our findings so that appropriate corrective action could be taken.

The lack of regular checks meant that there was potential risk for the resuscitation trolleys not being sufficiently stocked with equipment/medication for use in the event of a patient emergency. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Effective care

Safe and clinically effective care

We saw that patients accommodated on the SAU and those attending the MIU appeared comfortable and well cared for. We saw good evidence of medical assessment and treatment plans on the SAU. The care observed on the SAU was not, however, always reflected within the patients' nursing care records. Records completed by staff on the MIU showed that patients had been assessed and treated promptly.

In addition to our findings in relation to preventing pressure and tissue damage and nutrition and hydration, written assessments in relation to a patient's mental capacity and pain had not always been completed on the SAU. In addition written venous thromboembolism (VTE) assessments, to assess patients for their risk of developing a blood clot, had not always been completed. We also saw that a care bundle⁴ for managing sepsis⁵ had not always been used where this would have been appropriate. It was evident, however, that efforts were being made to increase staff awareness of the prompt recognition and treatment of sepsis. We saw that information around sepsis was prominently displayed on an information board within the SAU. We were told that the information displayed on the board was updated regularly to promote staff

⁴ A care bundle is a set of interventions that, when used together, significantly improve patient outcomes.

⁵ Sepsis is a potentially life-threatening complication of an infection.

awareness of various patient safety/care topics. Previously, we were told, information had recently been displayed around falls prevention and management.

We were told that the MIU was used to provide a pharmacist led anti-coagulation clinic. Patients diagnosed with a thrombosis (blood clot) could attend this clinic to have their blood monitored and anticoagulant medication given. Another clinic provided at the MIU provided treatment to patients who had developed a cellulitis⁶. Patients could attend this clinic to be given intravenous (into the vein) antibiotics. This innovative approach meant that patients could receive the same monitoring and treatment as if they were an inpatient but without having to stay in hospital.

Most staff working on SAU who completed and returned a HIW questionnaire were aware of the Health and Care Standards. This was a contrast to those working on the MIU and who returned and completed a questionnaire, with most not being aware of the Standards.

Improvement needed

The health board is required to provide HIW with details of the action taken to demonstrate that patients admitted to the SAU are appropriately assessed and receiving appropriate care to meet their identified care needs.

The health board is required to inform HIW of the action taken to make staff aware of the Health and Care Standards (2015).

Record keeping

We saw that patients' care records had been maintained on both the SAU and the MIU. Generally, paper records were being used on the SAU and electronic records on the MIU. The sample that we reviewed on both units were in good order and easy to navigate. Entries made within the paper records on the SAU were legible. Nursing care evaluation entries, however, were not always

⁶ Cellulitis is a potentially serious infection of the deeper layers of skin.

completed in a timely manner, rather entries tended to be made at the end of shift. This is not in keeping with professional standards for record keeping, which recommends that written entries must be made as soon as possible after the event⁷.

We saw that paper records on the SAU were not always stored securely when not being used. Senior staff should remind staff of their responsibility to ensure that records are secured against unauthorised access or becoming lost when not being used.

Whilst electronic records were mainly used on the MIU, there were some paper records that had been generated when patients attended the unit. At the time of our inspection, a number of these records had not been filed in patients' medical records. Arrangements must be made to ensure that these are easily and readily available in the event that these patients are admitted to hospital. This would help promote effective care planning and treatment by staff responsible for patients' care.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that records are completed in a timely manner.

The health board is required to provide HIW with details of the action taken to ensure MIU records are easily and readily available in the event patients are admitted to hospital.

⁷ The Code - Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council. <https://www.nmc.org.uk/standards/code/>

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

A management structure was in place and clear lines of reporting were described.

A range of audit activity was described as part of the overall quality and safety assurance arrangements. Given some of our findings under safe and effective care, the health board must review its approach to ensure issues are identified and addressed in an effective and timely manner.

We observed committed staff teams working on both units. The health board needs to explore, however, whether the staffing skill mix on both units is suitable to ensure an appropriate senior presence.

Governance, leadership and accountability

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

A nurse unit manager was responsible for the management of both the SAU and MIU. Senior management support was provided by senior nurses based on the hospital site. Over the course of our inspection, we found that there was a greater presence of senior grade nursing staff on the SAU than the MIU. The health board must explore this arrangement to ensure that teams on both units have a suitable skill mix.

Senior staff confirmed that a system of regular audit activity was in place so that areas for improvement could be identified and addressed as appropriate.

Examples of audit results were provided and included activity in relation to nursing documentation, infection prevention and control, medicines management and incidence of (concerns) complaints and compliments. Compliance with mandatory training was also audited regularly. Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. We also saw minutes of staff meetings where findings from audit activity were shared with a view to making improvements as appropriate. Given our findings in relation to some of these areas, the health board must review its approach to aspects of the audit process to ensure that quality and safety issues on both the SAU and the MIU are identified and addressed in an effective and timely manner.

During our inspection, we invited staff working on the units to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire but we also spoke to a small number of staff working on the days of our inspection. In total, we received 14 completed questionnaires; eight from staff working on the SAU and six from staff working on the MIU. Questionnaires were received from staff undertaking a range of roles on the units. Staff completing the questionnaires had worked on the units ranging from a few months to over 10 years.

Those staff we spoke to told us that they felt supported by their manager and their colleagues. Most staff who completed and returned a questionnaire told us that their manager encourages team working, always or usually gives clear feedback on their work, asks for their opinion before decisions were made that affect their work and that their manager was supportive.

Staff comments indicated that communication between senior management and unit staff could be improved. Comments also indicated that staff did not always feel involved in important decisions and that they felt senior managers didn't always act on staff feedback.

Senior staff described the system for reporting, recording and investigating patient safety incidents. Arrangements were also described for providing reports and action plans to senior managers within the health board to promote service improvements. Staff told us in the questionnaires that incidents they had seen had been reported by either the staff member or their colleague. Staff generally agreed that the health board treats staff who are involved in patient safety incidents fairly and the matter would be handled confidentially. This would help promote a positive reporting culture to promote patient safety. Comments indicated that the way learning from such incidents was shared with staff teams, however, could be improved.

During the inspection and at our feedback session at the end of the inspection, senior staff demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure a suitable staff skill mix on the SAU and the MIU.

The health board is required to provide HIW with details of the action taken to review its approach to aspects of audit activity on the SAU and MIU to promote patient safety and service improvement.

The health board is required to provide HIW with details of the action taken to improve communication between senior management and staff teams.

Staff and resources

Workforce

Throughout the course of our inspection, we observed committed staff teams attending to patients. Staff demonstrated a good understanding of the care needs of the patients for whom they had responsibility.

The SAU was staffed by hospital based doctors, registered nurses and healthcare support workers. The MIU was GP led and staffed by GPs and registered nurses. We also saw input was provided by other members of the multidisciplinary healthcare team.

Comments from staff, both in questionnaires and those we spoke to, indicated that they felt more staff were needed to allow them to do their jobs properly. In particular, comments were made around the additional pressures that were experienced by staff when the MIU was used to accommodate patients at times when the SAU was at full capacity. Senior staff explained that wherever possible, staff were redeployed or bank/agency staff were requested to work when needed. They accepted, however, that it was not always possible to obtain additional staff. This was attributed to the unpredictable nature of the SAU where the number of patients needing admission and their care needs can vary considerably.

Senior staff described that there had been a number of nurse vacancies on the SAU. Shortfalls in staffing were being covered by bank and agency staff. Senior

staff described that considerable efforts had been made to recruit into staff vacancies and the staffing situation was one that was improving.

All staff indicated in the questionnaires that they had undertaken a range of relevant training or learning and development. Most staff told us they had completed fire safety, infection control, privacy and dignity in the care of older persons and dementia/delirium training during the last 12 months. In addition, most staff that completed a questionnaire said that the training or learning and development they complete helps them to stay up to date with professional requirements, helps them to do their job more effectively and ensures they deliver a better experience for patients. Most staff told us in the questionnaires that their manager supported them to receive the training, learning or development opportunities. Senior staff demonstrated that compliance with the health board's mandatory training programme was being monitored. Information provided showed that not all staff were up to date with training requirements and arrangements must be made to support staff to attend mandatory training.

All who provided comments confirmed that they had received an appraisal of their work within the last 12 months.

Improvement needed

The health board is required to provide HIW with details of the action taken to support staff to attend mandatory training (as identified by the health board).

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection 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.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The immediate concerns identified were dealt with under our immediate assurance process (See Appendix B).			

Appendix B – Immediate improvement plan

Hospital: Singleton Hospital

Ward/department: Singleton Assessment Unit and Minor Injuries Unit

Date of inspection: 13 and 14 November 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to ensure that medicines are safely stored on the SAU, the MIU and on other wards and departments across the health board. Consideration must be given to following Patient Safety Notices: PSN 015 / July 2015 The storage of medicines: Refrigerators PSN 030 / April 2016 The safe storage of medicines: Cupboards	Standard 2.6	All staff to be reminded of ABMU policy requirement to lock medication cupboards securely.	SAU Ward Manager and Matron	Complete
		Pharmacy to relocate patient medication from trays in medication storage room to secure cupboard located in same room.	Lead Pharmacist	Complete
		Estates contacted (job number 524046) to explore options to resolve ventilation issue in order to prevent overheating affecting the	Assistant Service Group	Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		unit and the medicines stored inside when outer door is closed.	Manager	Unable to provide timescale for completion until SSDU receive confirmation from Contractors.
		Plans for moving the Omnicell are imminent and included in phase 1 on Unit redesign so this will be a long term solution to being able to secure the whole medication room. External Contractors currently working on the estimated cost of the planned work.	SSDU Director	
		Estates contacted (job number 524044) to repair fridge lock in order to comply with ABMU policy and PSN 015 / July 2015	SAU Manager Ward and Matron	
The health board is required to provide HIW with details of the action taken to ensure that resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on the MIU and other wards and departments across the health board.	Standard 2.6 and 2.9	All staff to be reminded of requirement of daily safety checks for both medication and resuscitation equipment and the requirement to document this.	SAU Manager Ward	Complete
		Daily allocation of these tasks at		Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale	
		shift handover by coordinating nurse. Daily spot checks by unit sisters. Ward assurance reviews and regular local audits by Matron to ensure compliance to continue and fed back to Singleton Unit's Assurance and Learning meeting.	SAU Manager and Matron	Ongoing	
The health board is required to provide HIW with details of the action taken to ensure that cleaning solutions are safely stored on the SAU and other wards and departments across the health board.	Standard 2.1	All cleaning solutions are to be kept in locked cupboard in sluice and sluice door locked	SAU Manager	Ward	Complete
		Daily spot checks by SAU junior sisters	SAU sisters	junior	Complete
		Ward assurance reviews and regular local audits by Matron to ensure compliance to continue and fed back to Unit Assurance and Learning meeting.	Matron		Ongoing

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.

Service representative:

Name (print): Mrs.Christine Williams
Job role: Assistant Director of Nursing
Date: 23/11/2017

Appendix C – Improvement plan

Hospital: Singleton Hospital

Ward/department: Singleton Assessment Unit and Minor Injuries Unit

Date of inspection: 13 and 14 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board is required to provide HIW with details of the action taken to review the signage with a view to making it easier for patients and their carers to identify the SAU and the MIU and the care services provided.	4.2 Patient Information	SAU/MIU improvement plans developed in-line with service redesign which will include a revision in signage to both location and services provided.	Operational Site Manager	August 2018
		As an immediate action, site manager and unit matron to complete a 'walk through' to identify all signage where revision is required.	Operational Site Manager & SAU Matron	February 2018
The health board is required to provide HIW with details of the action taken to identify what	3.2 Communicating	Procurement of hearing loop system for SAU/MIU. All staff to receive training	Senior SAU Matron,	February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
communication aids would be useful to assist patients with specific care needs and how these will be made available on the SAU and MIU (as appropriate).	effectively	and be made aware of location. All staff already aware of language line to communicate with patients whose first language is not English.	Unit Manager, SAU	Complete, November 2017
Delivery of safe and effective care				
The health board is required to provide HIW with details of the action taken to demonstrate that patients admitted to the SAU are: • suitably assessed for their risk of developing pressure and tissue damage • receiving appropriate care to meet their assessed skin care needs.	2.2 Preventing pressure and tissue damage	A documentation work stream is currently reviewing all unit documentation including risk assessments. Weekly audits are undertaken to ensure high levels of compliance and reported to A&L. A weekly pressure ulcer scrutiny panel also meets to review all reported pressure ulcers. Investigations are reported to this group and any shared learning identified. Pressure ulcer training is ongoing on both a unit and local level led by tissue viability nurse (TVN) team.	Matron, SAU Matron, SAU Senior Matron, SSDU TVN, SSDU	Ongoing Complete, November 2017 Complete, November 2017 and ongoing Complete November 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The unit ensures the pressure relieving mattresses and equipment is accessible if such a need is identified.	Unit Manager, SAU	Complete, November 2017
The health board is required to provide HIW with details of the action taken to promote effective infection prevention and control within the SAU and the MIU.	2.4 Infection Prevention and Control (IPC) and Decontamination	SAU and MIU cleaning schedule has recently been reviewed and has resulted in increased cleaning hours.	Unit Manager, SAU	Complete, November 2017
		A 'rapid response' cleaning team has been implemented in Singleton Hospital.	Unit Nurse Director, SSDU	Complete, January 2018
		Monthly audits of cleaning are completed and reported to the unit's Infection Control Committee.	Domestic Supervisor	Complete, November 2017
		Infection Control Training Programme in place and compliance is reported and monitored through SSDU Quality and Safety Committee, Infection Control Committee and Performance Review Process.	Unit Nurse Director, SSDU	On going
The health board is required to provide HIW with	2.5 Nutrition and	A documentation work stream is	Matron, SAU	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
details of the action taken to demonstrate that patients admitted to the SAU are: - suitably assessed to determine their nutrition and hydration care needs - receiving appropriate care (Including a suitable diet) to meet their assessed needs. Arrangements must be made to ensure that patients' intake is accurately monitored and recorded.	Hydration	currently reviewing all unit documentation including risk assessments. Weekly audits are undertaken to monitor compliance against standards of Record Keeping and Risk Assessment and reported to A&L. Additional resources have been made available to support the assessment areas patient's nutritional needs with provision of hostess and access to hot and cold food (including specific dietary requirements). All staff to be reminded of the requirement for patients to be offered wipes to cleanse hands prior and post meal times.	Unit Manager, SAU Unit Nurse Director, SSDU Unit Manager, SAU	Complete, November 2017 Complete, November 2017 Complete, November 2017
The health board is required to provide HIW with details of the action taken to ensure the safe use of oxygen therapy. The health board is required to provide HIW with details of the action taken to ensure that medicines are stored at temperatures	2.6 Medicines Management	Clinical Director to communicate to all medical staff to ensure the prescription of Oxygen therapy when required. Oxygen prescription to be monitored through Ward Assurance Toolkit reviews	Clinical Director, Medicine & USC Matron, SAU	February 2018 Complete, November

Improvement needed	Standard	Service action	Responsible officer	Timescale
recommended by the manufacturer. The health board is required to provide HIW with details of the action taken to ensure that controlled drugs are checked in accordance with the health board's policy.		and reported to A&L.		2017
		Recently published safety alert has been cascaded to all staff.	Unit Nurse Director, SSDU	Complete, January 2018
		Further training for all staff in the safe use of oxygen therapy.	Unit Manager, SAU	February, 2018
		Review to be completed by Pharmacy and Nursing teams to ensure complete compliance of recommended storage arrangements.	Senior Pharmacist and	February, 2018
		Unit Nurse Director has re circulated the Controlled Drugs Policy and reinforced the requirement for checking of all controlled drugs in line with policy.	Unit Nurse Director, SSDU	Complete, November 2017
		Audits undertaken on a three monthly basis by Pharmacy and Nursing teams and reported to A&L.	Matron. SAU	Complete, November 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to demonstrate that patients admitted to the SAU are appropriately assessed and receiving appropriate care to meet their identified care needs. The health board is required to inform HIW of the action taken to make staff aware of the Health and Care Standards (2015).	3.1 Safe and Clinically Effective care	A documentation work stream is currently reviewing all unit documentation including risk assessments.	Matron. SAU	Ongoing
		Practice Development Nurse newly appointed and Training Needs Analysis undertaken. Training Programme developed which includes the support for Mandatory Training Requirements, the Health Care Standards, specifically, Safe and Effective Care and Dignified Care. A HCSW skills facilitator has also been appointed to support the unregistered nursing workforce to ensure they are competent and are able to meet the needs of patients. Mandatory Training compliance is monitored and reported to SSDU Quality and Safety Committee and through the Performance Review Process.	Senior Matron, SAU Unit Nurse Director, SSDU	Complete, January 2018 On going
The health board is required to provide HIW with details of the action taken to ensure that records	3.5 Record	A documentation work stream is currently reviewing all unit	Matron. SAU	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
are completed in a timely manner. The health board is required to provide HIW with details of the action taken to ensure MIU records are easily and readily available in the event patients are admitted to hospital.	keeping	documentation including risk assessments. All revisions made will be consistent with national standards for record keeping. Practice Development Nurse newly appointed. Content of training to include contemporaneous record keeping. Information governance issues are incident reported and any shared learning reported to the Quality & Safety group. Extra resources have been allocated to allow for employment of additional reception staff to facilitate the secure and timely filing of notes.	Senior Matron, SAU Matron, SAU Senior Service Manager, Medicine & USC	Complete, January 2018 Complete, November 2017 Complete, December 2017
Quality of management and leadership				
The health board is required to provide HIW with details of the action taken to ensure a suitable staff skill mix on the SAU and the MIU. The health board is required to provide HIW with	Governance, Leadership and Accountability	SSDU have undertaken a baseline assessment in staffing levels to ensure they are in line with National Staffing Act.	Unit Nurse Director, SSDU Unit Nurse	Complete, January 2018 Complete,

Improvement needed	Standard	Service action	Responsible officer	Timescale
details of the action taken to review its approach to aspects of audit activity on the SAU and MIU to promote patient safety and service improvement. The health board is required to provide HIW with details of the action taken to improve communication between senior management and staff teams.		SSDU are involved in an active recruitment programme. A successful overseas nursing programme is also in operation. Daily monitoring of staffing levels through the unit's escalation process ensures safe staffing levels. Frailty service introduced to ensure MDT support which has impacted on the wider medical intake. Local audit schedule implemented for MIU in line with SAU to ensure safe care and improved standards. During periods of increased escalation regular audit plan developed and implemented to include review of documentation and patient safety measures. Recent collaborate event 'breaking the cycle' implemented to identify issues	Director, SSDU Matron, SAU Clinical Director, Medicine & USC Unit Manager, SAU Unit Manager, SAU Unit Nurse Director, SSDU	November 2017 Complete, November 2017 Complete, November 2017 Complete, November 2017 Complete, January 2017 Complete, January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		with and improve communication, leadership and performance. Clear processes in place to both streamline escalation process and increase visibility of senior management especially out of hours		
The health board is required to provide HIW with details of the action taken to support staff to attend mandatory training (as identified by the health board).	7.1 Workforce	Practice Development Nurse newly appointed and Training Needs Analysis undertaken. Training Programme developed which includes the support for Mandatory Training Requirements.	Unit Nurse Director, SSDU	Complete, January 2018
		Training Programme includes facilitated E Learning sessions and training delivered in Department.	Unit Manager, SAU	Complete, January 2018
		Off unit time allocated on off duty to facilitate staff (both registered and unregistered) release.		
		Mandatory Training compliance is monitored and in addition to reporting into Health and Care monitoring system is locally reported to SSDU Quality and Safety Committee and through the	Matron, SAU	Complete, January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Performance Review Process.		

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.

Service representative

Name (print): Christine Williams

Job role: Interim Unit Nurse Director

Date: 2nd February 2018