Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Ysbyty Cwm Rhondda

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ward A1, Ysbyty Cwm Rhondda as part of its programme of assurance work. Ward 1A provides patients with rehabilitation care. During the COVID-19 pandemic lockdown, Ward 1A had been a designated ward for patients with COVID-19.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

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

We spoke to with the Ward Manager and the Senior Nurse on 8 September 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide

a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We found that the ward have conducted the necessary risk assessments and developed relevant procedures to meet the additional demands stemming from the COVID-19 pandemic.

We found that standard patient visiting arrangements to the ward had been suspended during the pandemic, in line with public health guidelines. However, a process for visiting had been introduced for end of life patients.

We were told that kindle devices, mobile phones and tablets were provided for patients who were unable to receive face-to-face visitors due to the suspended visiting arrangements, and that staff had taken the time to assist patients in contacting their friends and relatives.

We were told that the ward had sufficient stocks of personal protective equipment (PPE) sourced and stock levels were monitored on a daily basis.

The Senior Nurse and Ward Manager spoke highly of the ward staff in how they have responded to the needs of the ward, the patients and in supporting each other during the COVID-19 pandemic.

No areas for improvement were identified.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We were told that the ward environment is actively monitored on a daily basis by the Ward Manager and the multidisciplinary team to ensure the environment is safe, clean and clutter free.

We noted that a comprehensive environmental risk assessment audit had been completed at

a ward level. The risk assessment had recently been reviewed and contained clear actions and timescales.

We were told that any patients who do not have mental capacity receive a Deprivation of Liberty Safeguard (DoLS) assessment completed on admission. This ensures that people's rights are maintained and enables staff to ensure the environment is safe, appropriate and dignified for vulnerable patients. The ward has a locked door policy to support patient safety.

We were told that patients' dignity is fully protected by the appropriate use of screens, curtains and signage at the ward. We were also informed that, during the Covid-19 pandemic, the Ward Manager personally purchased a stock of pyjamas and nightgowns for patients' use in order to maintain their dignity. This was noted as noteworthy practice in maintaining patients' dignity.

We were told that the ward has implemented an 'intentional rounding' checklist to be completed for all patients throughout the day. The 'intentional rounding' checklist involves a proactive check on each patient to ensure they have everything they need and staff are more visible to patients which provides assurance. We were informed that, since the checklist was introduced, patient falls on the ward have reduced. We reviewed the falls audit and it was evident that falls had decreased compared to the previous year. We recognise the introduction of the 'intentional rounding' checklist as an area of good practice.

A range of audits are scheduled throughout the year to support patient safety on the ward, which include audits on falls and pressure and tissue damage. We reviewed a sample of these and found that overall positive scores had been achieved.

No areas for improvement were identified.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We were told that the Ward Manager and Deputy undertake weekly audits of hand hygiene, PPE usage and general ward cleanliness.

We saw evidence that an infection control audit had recently been completed and we also saw evidence that the resulting action plan is regularly monitored.

We were provided with information relating to infection control training. As of 1 September 2020, it showed a completion rate of 96%.

The hospital has a dedicated Infection Prevention and Control link nurse who maintains regular contact with the ward to ensure all staff are kept up to date with any changes in guidance or practice.

We were told that Infection Prevention and Control huddles also take place which involves the multi-disciplinary team in order for the team to safely plan care delivery.

We were told that the ward has designated team members to ensure that adequate PPE supplies are available to ensure patients, staff and visitors' remain safe at all times.

We were told that there are facilities on the ward to isolate patients where required, and relevant risk assessments are carried out. Flowcharts were also available to support staff with the management of any patients with suspected Covid-19.

The following areas for improvement were identified:

We saw evidence that a strategy was in place for the prevention and control of infection. However, we noted that this was due for renewal in April 2020. We were told by the Senior Nurse that the Health Board is aware of this and plans are in place for the policy to be reviewed.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

We found that suitable procedures existed for ensuring that staffing levels are appropriate and are increased when required, for example an increase in acuity on the ward or staff

absence.

We were provided with data on sickness rates which showed no recent cases as of 1 September 2020. We were told by the Senior Nurse that the Ward Manager provides excellent support with sickness absence management. The Ward Manager supports staff by early intervention and by offering alternative ways of working which helps support team members to remain in work.

We were told that the Ward Manager provides a supportive culture and undertakes monthly audits of staff skills set, along with a review of their training needs. We were told that an action plan is in place to ensure that set targets are achieved.

We were provided with mandatory training statistics for the team and found a high rate of compliance in all areas. We were also provided with information relating to staff appraisals and noted that over 96% of staff had received an annual appraisal.

The following areas for improvement were identified:

We saw evidence that an escalation procedure was in place. However, we noted that this was due for renewal in September 2019. We were told by the Senior Nurse that the Health Board is aware of this and plans are in place for the policy to be reviewed.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed below:

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check

As a result of the findings from this quality check, the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website

Improvement plan

Setting: Ysbyty Cwm Rhondda

Ward: A1

Date of activity: 8 September 2020

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.
Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The Health Board should ensure that the policy for infection, prevention and control is reviewed.	The Health Board to ensure the policy is reviewed and updated as required in a timely manner.	To present the new IPC strategy to the next IPC Committee meeting in October 2020 for approval, then for sign off.	Senior Nurse for IPC	01/12/2020
2	The Health Board should ensure that the escalation procedure is reviewed.	The Health Board to ensure the policy is reviewed and updated as required.	A revised Emergency Pressures Escalation Plan has been drafted (9th September 2020) and submitted to the Executive Director of Operations. Once approved, this will be made available on the CTM intranet site.	Civil Contingencies Manager	01/10/ 2020

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Carole Tookey, Locality Nurse Director Rhondda & Taf Ely ILG.

Date: 21/09/2020