

Quality Check Summary

Setting Name: Gorseinon

Hospital: West Ward

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the West Ward within Gorseinon Hospital as part of its programme of assurance work. It is a 36 bed rehabilitation ward that helps patients in their recovery from stays in other hospitals across Swansea Bay University Health Board before being discharged home.

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 the ward manager on 10 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).

Due to the increased demand for beds during the onset of COVID-19, more patients were being discharged straight home from hospitals across the health board. This meant that the profile of patients transferred to Gorseinon Hospital changed; patients had a higher level of

need and required more clinical support and supervision. This included patients requiring palliative care.

This presented a number of challenges for the hospital and staff which are discussed throughout the other sections of this findings record.

The following positive evidence was received:

The hospital has been following the COVID-19 Infection Prevention and Control and the Use of Personal Protective Equipment (PPE) guidance produced by the health board to help protect against the transmission of coronavirus throughout the ward.

We were told that PPE supplies were available from a central hub on site which allowed stock to be quickly replenished when needed by staff on the ward. Staff have undertaken training on how to correctly don and doff PPE safely to reduce the risk of infection. A separate changing area has been made available within the hospital to allow staff to safely do this.

The ward manager informed us that to keep staff updated a notice board is on display within the ward containing information on the latest COVID-19 guidelines, learning from any recent incidents and any change to services staff need to be aware of. All staff also have access to the intranet which contains all the latest guidance from the health board and staff can contact the central infection prevention and control team if they need further assistance.

No improvements were identified.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and 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:

The ward manager outlined the changes that were made to the environment of the ward due to the onset of COVID-19. The space around patient beds was increased to meet social distancing guidelines. To accommodate this a previously out of use ward was opened up adjacent to the clinical areas. Risk assessments were undertaken on the new ward to ensure it was safe and suitable to become operational.

One part of the ward was designated as a 'red' area where patients are closely monitored for signs of any infection. Patients displaying no signs of infection are then housed in the 'green' part of the ward. To help patients get used to these new arrangements orientation

boards and dementia-friendly yellow doors have been installed to help patients navigate their way around the ward.

Staff have added their names to the top of their PPE equipment such as visors, to help improve communication with patients and to help make it easier to identify staff members providing their care.

The hospital has continued to ensure patient needs are being met. The ward manager confirmed that patients are involved in discussions about their care through their care plans and daily ward rounds where they can speak to clinical staff such as occupational therapists about their needs. A healthcare assistant was appointed to focus on implementing activities to help engage patients and aid with their recovery. For example, an afternoon tea session was set up where patients could have tea and cake and staff reported a positive engagement in this from patients. It also helped staff to spend more time and understand their patients in a different way to when providing care for them.

During lockdown and the restriction to visiting arrangements, patients were able to stay in contact with their families and friends virtually using iPads gifted to the hospital. For palliative patients efforts were made to move patients to rooms that had patio doors which allowed patients to see their families while adhering to strict infection control guidelines. We noted this as good practice during a challenging period where staff had to balance the rights of patients with the safety to staff, patients and visitors.

During a review of the evidence we looked at a recent report reviewing patient falls that occurred on the ward throughout June 2020. We noted that compliance with the taking of lying and standing blood pressure readings was low; readings were only taken for 1 of the 6 patient falls recorded. We discussed this issue with the ward manager who explained the remedial actions taken in response to the findings which has led to improved compliance in subsequent months; staff have been allocated to specific areas, folders have been created for different parts of the ward to record readings and staff have been undertaking regular audits to ensure both lying and standing blood pressures are taken and recorded as expected.

No improvements were identified.

Infection prevention and control

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

The following positive evidence was received:

During the height of COVID-19, all patients transferred to the ward were housed in the 'red' area of the ward for 14 days to be monitored for any risk of infection. Staff were allocated

to work solely in these areas during their shift and nursed patients with appropriate PPE in line with government guidance. Patients that showed no signs of infection were then moved across to the 'green' area of the ward.

Housekeeping supervisors were involved in the development of this new protocol, and housekeeping staff have helped facilitate a clean ward and have supported this new way of working. The ward manager confirmed that these arrangements have worked well and have helped keep the number of infections low and helped stop the spread of infection across the ward.

The arrangements are still in place at the hospital however the monitoring period for patients in the 'red' area has been reduced to 7 days due to the decline in the infection rate. This reduction was risk assessed and agreed with the health board and will help with the flow of patients through the hospital.

A standard infection control, environmental and sharps audit is carried out monthly on the ward. We saw evidence of audits undertaken in August 2020 and September 2020 which did not identify any serious concerns or risks. We also saw evidence of a hand hygiene audit undertaken in September 2020. The ward manager explained that the ward has recently been able to acquire an ultra violet light box to help highlight any issues with hand washing and scrubbing techniques.

A specialist infection control nurse has been visiting the ward weekly throughout the COVID-19 pandemic to ensure that policies and procedures are being complied with. The nurse also undertakes their own weekly checks of the ward in relation to infection control and the ward manager confirmed that all issues raised by the nurse have subsequently been addressed.

No improvements were identified.

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:

The ward manager confirmed that HealthRoster is used as an electronic tool to manage staff rotas, staff working preferences and absence management. Analysis can be undertaken via the tool to check staff numbers and the skill mix of staff rotas to ensure they are appropriate to cover the needs of patients. We reviewed the number of staff on duty on the day of the quality

check and found that the staffing numbers were appropriate for the number of patients.

The amount of staff on shift increased during the COVID-19 pandemic due to the higher level of needs of patients at the hospital. An extra staff nurse was rostered on to the night shifts to provide additional nursing support and senior cover was added to the night and weekend shifts to ensure there was support and guidance for staff seven days a week.

It was clear from our discussion with the ward manager that staff have been flexible and shown a willingness to adapt and take on extra responsibilities. Staff have undertaken additional training to enhance their skills in areas such as cannulation, venepuncture, palliative care and complex wound management. This has helped the hospital to cope with the shift to accepting patients with higher needs while continuing to provide safe and effective care.

Performance Appraisal and Development Reviews (PADR) held between managers and their staff have been used to highlight any learning requirements and to understand their personal preferences for where they wish to work (e.g. within 'red' or 'green' areas). We saw evidence that confirmed 75% of staff had received their PADR and that overall compliance with mandatory training by staff was 91%. The ward manager explained the difficulties faced with ensuring compliance during the COVID-19 pandemic with a decrease in face-to-face training and with some staff members absent from work self-isolating or shielding. However, we were assured that such training has now been reinstated and plans are in place to ensure full compliance with training requirements as a priority for the hospital.

Arrangements have been made to help support the well-being of staff during COVID-19 and the shift to nursing patients with higher needs. A training session was arranged for staff to help them talk about and deal with the difficult situations they have experienced such as coping with bereavement and providing emotional support to palliative patients whose families were unable to be by their side. The ward manager told us that staff found the training helpful and it was decided by senior management that the training would be made mandatory to help support all staff through this difficult period.

The following areas for improvement were identified:

We were told that staff last received clinical supervision under previous management in 2018. The ward manager confirmed that plans were in place to train senior staff as clinical supervisors and restart the programme; HIW would expect this to be implemented as a priority to help develop staff.

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.