Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

University Hospital Llandough, Wards East 3 and 4

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Wards East 3 and 4, University Hospital Llandough as part of its programme of assurance work.

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 7 October 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:

Wards East 3 & 4 were previously general medical wards with a total number of 30 beds over the two areas. East 4 previously specialised in pharmacology (poisons) and endocrine disorders such as diabetes whereas East 3 was formally part of a stroke rehabilitation unit.

Following the COVID-19 pandemic, East 3 was now being used to treat patients with COVID-19 who did not require aerosol generating procedures (AGPs) as part of their treatment. These patients were all for escalation to critical care if they met the criteria and therefore were unpredictable and could deteriorate quickly. Patients requiring AGP were transferred to another area where this was carried out. East 4 was located a floor above East 3 and continued to treat diabetic, heart failure and gastroenterology patients. This ward was managed and staffed by the same team.

We were told that changes made to the environment included reducing the number of beds in order to maintain social distance between patients. East 4 reduced from 30 beds to 20 and East 3 reduced from 18 beds to 10. In the bay areas, alternate beds remained unused to provide adequate space between patients. There was clear signage of location and level of PPE. Cleaning schedules were in place to increase the frequency of cleaning, with cleaning equipment being made readily available in specified areas throughout the ward. Hygiene equipment, such as disinfectant wipes and alcohol gels were refilled and replaced more frequently to ensure a continuous supply. Specific areas were allocated for the donning and doffing of PPE with appropriate signage displayed. We were told that a continuous risk based review was in place to manage overall demand for beds across the health board to ensure patient safety where capacity is increased.

Staff allocated to work on the COVID-19 (East 3) ward were unable to assist on East 4. However, staff from East 4 could assist on East 3 but could not return to East 4, in order to prevent the spread of infection. The ward manager we spoke with said that the infection prevention and control (IPC) nurse visited the ward regularly, providing support and updates to staff. They also delivered sessions on further training specific to COVID-19.

We were told that three office spaces were created to allow medical and nursing staff to social distance. These offices were equipped with computers, phones and printers and staff were instructed to clean equipment after use. Staff break times were limited to two members of staff at a time to limit the number of people in the staff room.

The ward manager stated that whilst visitors were no longer allowed, a system was in place where staff could meet relatives and collect items being brought in for patients with minimal contact.

We asked about procedures for COVID-19 patients who were transferred for investigative procedures such as x-rays. We were told that patients who required transfer throughout the hospital for these investigative procedures were carried out at the end of the working day. Porters and security staff arranged the transfer and all equipment was cleaned following any contact.

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:

We were told that patient dignity had been maintained in a number of ways. There were less patients in bays and therefore more room between beds to provide personal care. Single sex bathroom facilities were used and patients were designated a specific bathroom to use for infection control purposes. Additional hygiene items, such as disinfectant wipes were made available to patients. We were informed that private cubicles on East 3 were well equipped with en-suite bathrooms, televisions and internet access.

The reduction in beds on East 4 from 18 to 10 meant that there was sufficient space and privacy. Patients had use of individual lockers allowing for personal items to be stored away from surfaces, keeping cleanliness and hygiene standards. The staff member we spoke with told us that curtains could be pulled around two bed spaces allowing more space for personal care. We were told that an environmental risk assessment had been completed for wards East 3 and 4. This was not supplied as part of the evidence to support this quality check.

We were told that patients' needs were met through a variety of methods. Patients were encouraged to keep in touch with relatives using personal mobile phones. We were told patients had access to a landline, a mobile telephone and digital tablet which were cleaned thoroughly between uses. We were told that patients who wanted to hold private conversations had the use of a separate room and access was limited to one patient at any one time. Volunteers would bring donations of activity books and pens along with items of clothing. All items were single use and disposed of following use.

The staff member we spoke to stated that the ward had good connections with the chaplain service. Religious representatives had been able to call the ward to speak to patients when requested. The catering service offered halal, vegetarian, vegan and gluten free meals.

We were provided with the falls audit information for August. Patients at a high risk of falls were identified and discussed in the safety briefing at each shift change and daily huddle. The ward manager stated that as there were less patients on the ward, there were less falls reported. We were informed that all staff had received training in manual handling.

The following areas for improvement were identified:

We were told that an environmental risk assessment had been completed for wards East 3

and 4. This was not supplied as part of the evidence to support this quality check. The health board needs to provide a completed environmental risk assessment, together with a documented action plan.

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 saw evidence of a number of infection control policies and COVID-19 specific policies, both ward specific and health board level including 'COVID-19: Guidance for the Remobilisation of Services within Health and Care Settings. Infection Prevention and Control Recommendations'. This document described a new way of working during the pandemic and outlined relevant infection control guidelines and use of PPE.

We were told that all staff had been fit tested to ensure safe suitability and fit of masks. Staff also received training in the correct use of PPE. We were told that there had been no issues with the supply of PPE and staff were all aware of stock location and how to access these both in and out of hours.

We were told that the frequency of cleaning patients' tables and bed areas has been increased. Areas had been decluttered, ensuring that there were minimal items on lockers and tables allowing for more adequate cleaning.

We were told that a safety briefing took place every morning to clarify the number of patients with infections, their location on the ward and what bathroom they were to use. Staff were then allocated to patients and received handover including allocated bathroom facilities. The ward manager told us that staff feedback regarding the safety briefing was positive and an example of good practice and as a result this method had been rolled out over all wards.

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:

We saw evidence of 100 per cent compliance with staff performance appraisal and development reviews (PADR), which provided all staff with clear objectives and feedback. We were told that requests for training and support were actioned. Staff requiring additional support were given a performance management plan with subsequent positive outcomes. We were told that the ward manager had appropriate links with induction facilities who ensured that all staff were inducted efficiently and held working access details for point of care testing equipment and the staff portal.

We were told that staffing levels were maintained throughout the pandemic. Bank staff who were familiar with the ward were block booked and provided with training. The health board employed a surplus pool of health care support workers to support wards during the pandemic and they were used where shortfalls were identified.

We saw evidence that showed that mandatory training compliance was generally good at 91 percent or above. Additional training was arranged with human resources for the band 6 nurses to enable them to take on further responsibilities such as staff rotas and completion of PADR's. Specialist nurses in infection control had delivered additional training and support in relation to COVID-19.

We were told that staff well-being was addressed continuously throughout the pandemic. The ward manager was visible throughout. Staff were encouraged to discuss concerns with the ward manager and colleagues and to take longer breaks when needed. A well-being room was created where donations of food and drink items were kept. Staff used this room to have time away from the ward area. The staff member we spoke with, told us that information was displayed in staff toilets for people experiencing financial problems. They also provided staff with information to apply for financial support. They told us regular ward meetings took place where well-being was discussed as a team.

No improvements were identified.

What next?

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

Where an improvement plan is required, it should:

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

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

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

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

Improvement plan

Setting: University Hospital Llandough

Ward/ Wards East 3 and 4

Date of activity: 7 October 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	We were told that an environmental risk assessment had been completed for wards East 3 and 4. This was not supplied as part of the evidence to support this quality check. The health board needs to provide a completed environmental risk assessment together with a documented action plan.	2.1 – MANAGING RISK and PROMOTING HEALTH and SAFETY	The UHB can confirm that the environmental risk assessment has been completed.	Julia Somerford-Ward Sister	Complete

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: Rebecca Aylward

Date: 27/10/2020