Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Welshpool Hospital: Maldwyn Ward

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of the Maldwyn Ward at Welshpool Hospital within Powys Teaching Health Board as part of its programme of assurance work. Maldwyn Ward is a 21 bed unit and provides general medical, rehabilitation and palliative care services.

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 15 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).

We were provided with a range of guidance materials that the ward had been following since the outbreak of COVID-19 to help protect patients and staff. This included national guidance for healthcare settings as well as localised guidance issued by Powys Teaching Health Board.

The following positive evidence was received:

We saw evidence of a recent COVID-19 risk assessment undertaken at the ward that outlined the range of measures in place to help mitigate cross-infection of staff and patients during the pandemic. The ward environment was modified in consultation with the senior nurse for infection prevention and control at the health board; red, amber and green zones were implemented to help safely separate and manage patients according to their COVID-19 status, as well as to help reduce thoroughfare throughout the ward. The number of beds available on the ward was reduced from 21 to 17 to comply with national guidance to ensure the space between patient beds allowed for safe social distancing.

The ward manager spoke about the new arrangements in place to support the well-being of staff during COVID-19. The location of the staff room was moved to ensure staff members could adhere to social distancing guidelines. The new staff room has been informally labelled a 'well-being hub', where any donations from the local community such as coffee and food are stored and are available for staff during their breaks. We were told that all staff have completed a personal COVID-19 risk assessment with their manager to help protect and manage those staff identified as being at a higher risk of experiencing more serious symptoms if they contract COVID-19.

The ward manager confirmed that there had not been any incidents of shortages of Personal Protective Equipment (PPE) being available for staff to wear since the onset of COVID-19. Weekly stock checks of PPE are undertaken by ward staff each Wednesday and stock is replenished from a centralised hub managed by the health board.

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 confirmed that the red, amber and green zones set up to help keep patients and staff safe during COVID-19 has worked well. We were informed that posters are displayed throughout the ward to remind staff of the different levels and types of PPE required for each zone. The main entrance to the ward is no longer accessible to help reduce thoroughfare throughout the ward; staff and any visitors now access the ward from the garden.

Evidence provided included a picture of signs that are placed on closed curtains around patient beds on the ward, to remind staff to ask and make themselves known before entering. This is to help protect the privacy and dignity of patients.

The ward manager discussed the measures in place to help protect the rights of patients, especially those with dementia and other cognitive impairments. A dementia champion has been assigned for the ward and staff have undertaken training on the Butterfly Scheme[1] to help understand the needs of such patients, to allow them to provide more effective and appropriate care and support.

We were told that patients were able to stay in contact with their families and friends electronically during lockdown and the restriction to visiting arrangements. Visits are being slowly re-introduced with a booking system in place. Additionally, visitors are educated and informed about how to wear the required PPE appropriately by staff and escorted directly to the patient.

The ward manager described how the needs of patients are met by involving patients and their families in care planning assessments, daily ward rounds and weekly multidisciplinary team (MDT) meetings. 'This is me'[2] documentation is used on the ward to record personal details and describe the needs of patients with dementia and those with cognitive impairments to help focus their care.

We saw evidence of a Quality Checks in Health Care report completed by a senior nurse in August 2020, which checked whether care on the ward was being provided in line with relevant standards and in a safe and compassionate way. We noted that the nurse found areas of good practice and we saw that all identified improvements had been actioned in a timely way.

We were told that the risk to patients of pressure or tissue damage is discussed during the weekly MDT meeting. We received data that showed the number of incidents of pressure ulcers on the ward had remained consistently low over the last 36 months.

The following areas for improvement were identified:

The ward manager told us that the large day room on the ward was currently not accessible to patients due to equipment being stored in there as a result of a lack of other storage options. We noted that this issue was also picked up in the observational quality check undertaken in August 2020. The nurse also reported that equipment was being stored in one

[1] The Butterfly Scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn't as reliable as it used to be.

[2] 'This is me' is a leaflet produced by the Alzheimer's Society to help hospital staff better understand the needs of people with dementia. The leaflet provides professionals with information about a person with dementia to help enhance the care and support they receive whilst in an unfamiliar environment

of the bathrooms on the ward.

This meant that patients are unable to participate in group activities within the day room and rehabilitation activities are being carried out at the bedside. Due to the potential impact this may have on the recovery of patients, we recommend the health board reviews these arrangements to help reduce the impact on patients.

We were told that patients have weekly risk assessments to help monitor and prevent the risk of falls. However, following review of the evidence provided, we identified a recent spike in the amount of falls and a corresponding increase in the 12 month moving average. We recommend that the health board reflects on potential reasons behind this increase and provides assurance to HIW of the actions that will be taken to address this issue going forward.

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 spoke to the ward manager about the arrangements in place to help stop the transmission of COVID-19 throughout the ward, via patient admissions and throughout the wider community when patients are discharged. Patients are either tested for COVID-19 before being transferred onto the ward or undergo a test upon arrival. In both instances patients are kept isolated from other patients on the ward in one of five separate rooms until the test results are received. The patient is then moved to the required zone. We saw evidence of a COVID-19 transfer checklist that is completed by staff on the ward ahead of any patient discharge. The checklist aims to improve communication and provide clarity about the COVID-19 status of each patient to community services, to ensure the patient is handled safely and appropriately.

The ward manager confirmed that all staff received COVID-19 awareness training and training on how to safely don and doff PPE at the beginning of the onset of COVID-19. Staff members were required to demonstrate their understanding and competency in relation to the safe use of PPE to the ward manager following the training. We were told that refresher PPE training is being organised for all staff shortly as a reminder for staff ahead of any anticipated second wave of COVID-19. We received evidence of a PPE audit undertaken in August 2020 to monitor the safe use of PPE and saw that no issues were identified.

We were told that a resource folder is being maintained at the ward to keep staff updated with any announcements or changes to local arrangements relating to COVID-19. Monthly team meetings were replaced with daily staff huddles during the height of COVID-19 to ensure

information was cascaded down to staff and ensure they were kept up to date with the rapidly changing landscape.

We were provided with evidence of a number of policies and procedures specific to COVID-19, including infection prevention and control (IPC) guidance, and audit activities undertaken on the ward to monitor compliance with these requirements and help identify improvements. IPC highlight reports are completed at a ward level quarterly and submitted to the health board to be discussed during health board group meetings to share learning across all sites. More frequent checks carried out on the ward include monthly hand hygiene and cleaning audits and we saw that no issues had been identified during recent audits.

We saw evidence that very few incidents of healthcare acquired infections had occurred at Welshpool Hospital during the 2020-21 financial year.

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 spoke about the arrangements in place to help ensure that there is the right skill mix and numbers of staff on the ward during each shift. HealthRoster is used as an electronic tool to manage staff rotas, staff working preferences and absence management. Analysis was undertaken in line with the Nurse Staffing Levels (Wales) Act 2016[3] to determine an appropriate number of staff needed to provide care to patients that meets their needs. Emergency requests for additional resources are escalated and filled from the temporary staffing unit at the health board or via agency staff.

We were told that a 'Know how we are doing' board was displayed on the ward that showed the required staffing numbers and the actual staffing numbers per shift. Staff are encouraged to report any 'shifts of concern' when staffing issues arise that may potentially impact on the level of care provided to patients. Encouragingly, we were told that only three shifts of concerns had been reported in the last six months.

The ward manager spoke about the managerial support provided to staff to support them in

[3] https://www.legislation.gov.uk/anaw/2016/5/enacted

their roles. This included regular catch ups and the completion of annual Performance Appraisal and Development Reviews (PADR) to discuss objectives and to help identify any learning requirements. We saw evidence that 63% of staff had received their annual PADR and saw that dates had been arranged in the coming months for the completion of those outstanding. HIW would expect these to be completed as agreed and would see ensuring compliance with completion rates for future PADRs to be a priority for the health board.

We were told that staff are provided with time to complete their training requirements alongside their day to day responsibilities. We saw evidence that compliance with mandatory and statutory training was high amongst staff working on the ward. Staff are encouraged to upskill wherever possible, but such training can only be undertaken once staff have completed their mandatory and statutory training.

The following areas for improvement were identified:

During our discussion with the ward manager we spoke about whether staff were being provided with opportunities for clinical supervision. Only a small number of staff are currently receiving clinical supervision and HIW would expect such opportunities to be encouraged further to increase staff participation to help their development with the aim to improving patient care.

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: Welshpool Hospital

Ward: Maldwyn Ward

Date of activity: 15 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	The health board must review the issue of equipment being stored in the day room and bathroom on the ward to help reduce any potential impact on the recovery of patients.	Health and Care Standards 2015 Standard 6.1	Due to Covid-19, the dayroom is currently being used for staff welfare, huddles, donning and doffing of PPE etc. Patients are able to access the dayroom outside of these times, with a current limit of 2 patients at a time to comply with social distancing requirements. As soon as able the dayroom will return to its normal function. Access to the physiotherapy gym is still utilised for 1:1 activity. It is recognised that there is a lack of	Zoe Clent – Community service manager	Anticipated 4 months 1 month

			storage on the ward for large manual handling equipment and as such the hoist equipment is currently stored in the bathroom. The deputy ward sister will request that the works department visit the ward and undertake a review of opportunities to create appropriate storage area for the hoists. If a patient requests a bath then the equipment is currently moved out to facilitate this.		
2	The health board must investigate the increase in the amount of falls over the last 12 months and provide HIW with assurance of the actions that will be taken to address the issue going forward.	Health and Care Standards 2015 Standard 2.3	There are some fall monitoring aids in use on the ward. It was agreed that contact would be made with relevant companies to explore the availability of alternative and additional aids to meet patient's needs. There will be a review of the DATIX reports that involve patients falls. The purpose of this will be to identify any learning, common themes and to review the recording and collation of the number of falls. In addition, this will be added to the falls working group development work, led by the Innovations department.	Zoe Clent – Community service manager	1 month 2 months

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: Zoë Clent

Date: 03 November 2020