Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Setting Name: Royal Gwent Hospital, Ward C7 West

Activity date: 7 October 2020

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ward C7 West, Royal Gwent Hospital 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 Sister and Senior Nurse 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:

Ward C7 West is a 30 bedded surgical ward specialising in the care of adult patients with colorectal disorders. At the time of our quality check the ward was only treating emergency surgical patients. The ward was full, with 30 patients being cared for.

We were told that a COVID -19 outbreak occurred on the ward in March 2020 where a number of patients and staff became infected. Documentation we received confirmed that the hospital had completed a full investigation into the outbreak. Staff we spoke to confirmed that lessons had been learnt and these lessons had been shared amongst staff. We saw evidence to confirm that ward C7 West conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic.

We were told that regular audits were set up to ensure sufficient PPE was available. Staff were provided with training and educational talks on appropriate PPE which included safe removal and disposal of PPE. When required, PPE is used by all staff, visitors and patients. Additional PPE stock is stored centrally so all wards can have easy access.

We were told that a COVID - 19 notice board was set up outside the ward to raise awareness and to ensure the safety of patients and staff. This board displayed information posters outlining the new visiting requirements, and contained contact details for the staff working on the ward.

Visitors were required to complete a questionnaire with staff before accessing the ward and details were recorded for track and trace purposes. The ward manager provided detailed feedback on measures put in place to support patients and families during this time and explained the Attend Anywhere scheme. Staff were trained in virtual technology to support patients to make contact with friends, family and medical staff who were unable to attend the hospital to visit due to COVID 19 restriction. The ward manager told us that family members and patients were very complimentary of the scheme and evidence sent to us supported this.

We were told that patients who were symptomatic would remain in their cubicle, pending the outcome of a test. The test results would usually be returned in two to six hours. If the test result came back as positive, the patient would then be transferred to the designated COVID-19 ward and infection prevention control would immediately be notified.

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 staff adapted quickly to environmental changes and social distancing measures were implemented for staff and patients.

We were told that when patients were admitted to the ward, the staff completed various assessments including, falls risk and waterlow[1]. If the patient was at a high risk of falling the staff completed a care plan risk assessment which was updated weekly. If the patient did subsequently fall, the plan would be further updated. Fall stars were also in place to highlight to staff, which patients were more susceptible for falling.

We were told that measures to protect privacy and dignity included the use of a do not disturb sign and patient curtain dignity pegs, when personal care was being undertaken. The health board had a values and behaviours framework. Patient centred care was at the forefront of this framework, ensuring patients and families' wishes and preferences were listened to and accommodated where possible.

We were told that the ward had a well-established multi-disciplinary team, who worked with various therapists. The ward manager explained how the staff on the ward work collaboratively with the psychology department resulting in quick referrals being made if any deterioration in patients' mental health was noted.

We were also informed that the ward has its own Discharge Team who work with the Occupational Therapy team, and patients' families to support timely discharges. Dieticians and physiotherapists also provided support and helped ward staff to identify patients who are able to be discharged quickly.

Following discussions with the ward manager and a review of submitted documentation it was clear that any patient with an infectious disease would be managed appropriately in line with their policies and procedures. If there had been any, these would be reviewed through an Infection Control Root Cause Analysis process with the ward manager and senior nurse. Any learning and actions would then be fed back to all ward staff.

No areas for improvement were identified.

[1] Waterlow is a pressure area risk assessment. The primary aim of this tool is to assist in assessing risk of a patient / client developing a pressure ulcer.

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 provided with the relevant policies operating at the health board, these included the Health Board Infection Prevention Policy and Standard Operating Procedure (SOP) for Working Safely during Coronavirus.

We were told staff have increased cleaning throughout the hospital, the ward was cleaned regularly during the day and night. We were told that regular cleaning of touch points, and safe practice regarding hand hygiene and regular checks of staff compliance with PPE was in place. In addition the ward manager advised us that staff were encouraged to challenge any staff members who were not compliant with the PPE requirements and regular management spot checks occurred to ensure compliance. Dedicated areas for staff to don and doff PPE equipment were also in place to reduce the risk of cross contamination. We were also told that step by step guides were available throughout the ward, reminding staff on what type of PPE staff should be wearing.

The self-assessment provided stated that the infection control nurse (ICN) specialist, audited the ward every three months with senior nurse surveillance between these quarterly audits. The ICN audit included a review of hand hygiene compliance, cleaning schedule compliance, inspection of equipment e.g. mattresses and commodes, monitoring infection rate cases (e.g. MRSA, CDT), MRSA screening compliance and staff training specific to infection control.

We were told that information folders containing all up to date and relevant COVID-19 policies and procedures were kept in the staff room areas as an easy accessible reference for staff. The ward manager would ensure that this folder contained the most up to date information.

The following areas for improvement were identified:

We examined the infection control risk assessment audit action plan and noted that red areas highlighted for cleaning audits and hand hygiene audits completion rates were low and had not been completed correctly for 3 consecutive months for July to September.

The ward manager told us that cleaning was being undertaken, however staff were not always signing the cleaning rotas, resulting in a low percentage score from the audits. We were told that a new ward assistant is due to be appointed, who will have oversight on a number of issues including these audits. We were also told that staff would shortly be receiving hand sanitiser training, which would enable staff to provide training to staff and

patients on the ward. In addition further evidence was provided which demonstrated an improvement with 94% compliance recorded on 22nd of September.

The health board must ensure that cleaning schedules, and hand hygiene audits show improvements and evidence is submitted to us.

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 were told that staffing resources are planned in advance and reviewed daily, to help ensure sufficient staff numbers are on shift to meet the care needs of the patients. An emergency COVID - 19 hub had also been set up during the height of the pandemic; we were told that although the hospital had experienced a number of staff absences in the early stages of the pandemic, the hub helped to allocate resources when staff shortages occurred. The use of agency staff and the accessibility and quick turnaround of COVID - 19 test results for staff had also helped to maintain safe staffing at the hospital.

We were told that agency staff must complete all mandatory training requirements and must be inducted by a senior staff member to ensure they have a good understanding of hospital procedures and patients.

During discussions we were told that staff anxiety had increased during the pandemic, it was reassuring to hear that well-being services were being utilised and we were told that there was good support systems available to staff. The ward manager explained that an information folder had been set up in the staff room, which included all the well-being support schemes available for staff who perhaps wanted to access services confidentially without having to speak with colleagues or senior staff.

As part of the governance process, management were monitoring overtime levels to ensure that staff were not working excessive hours.

Documentation provided to us indicated that there was no staffing issues or any concerns with vacancies on the ward. The ward manager told us that retention of staff was good and that they had worked hard to ensure staff felt part of an inclusive and supportive team. The senior nurse and ward manager were very complimentary of their team and they stated they were proud of the way the team worked and adapted throughout the pandemic. Virtual

team building tasks had taken place and we were told of former patients who had set up charitable donations for the patients and staff.

The following areas for improvement were identified:

We were provided with evidence relating to mandatory training, which showed compliance with the majority of mandatory training was over 70%. However compliance with the All Wales COVID-19 Workforce Risk Assessment, which is a tool aimed to identify vulnerable and at risk staff who needed to be redeployed from front line patient facing roles, was under 30% and information governance under 50%. It was acknowledged that completion of training during the initial stages of the pandemic was difficult, however the ward manager told us that improvements would be made to ensure all staff complete their training. The health board must ensure that all staff complete the above training courses as a priority and ensure that mandatory training compliance is maintained.

Improvement plan

Setting: Royal Gwent Hospital

Ward: Ward C7 W Colorectal

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.

Ref No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must ensure that cleaning schedules are signed off, and hand hygiene audits show improvements. HIW will require updated audits to reflect that improvements have been made.	Standard .4 - Infection Prevention and Control (IPC)	The Ward Manager will work with Facilities Manager to ensure ownership of the cleaning schedules to ensure sign-off. Hand Hygiene Audits will be conducted regularly with clear action to address non-compliance.	Ward Manager	December 2020

Ref No.	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
2	The mandatory training evidence supplied showed a low compliance with the: All Wales COVID-19 Workforce Risk Assessment at under 30%: and information governance under 50%. The health board must ensure that all staff complete the above training courses as a priority and ensure that mandatory training compliance is maintained.	Standard 7.1 – Workforce	An improvement trajectory will be developed for formal review monthly, with immediate action to address performance if compliance is not being achieved.	Ward Manager	Monthly trajectory to be developed by end of November 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: Amanda Hale

Date: 03/11/20