

# Quality Check Summary

## South Pembrokeshire Hospital, Cleddau Ward

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cleddau ward in South Pembrokeshire 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 Clinical lead for Community Hospitals and the Head of Community Nursing (Pembrokeshire) on 28 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 were told that the need for additional surge<sup>1</sup> beds in response to the COVID-19 pandemic

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<sup>1</sup> surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients—one

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led to the development of Cleddau Ward in South Pembrokeshire Hospital. The infection control team assessed the ward and accepted Cleddau ward as suitable for green<sup>2</sup> patients.

Whilst the formal environmental risk assessment won't be completed until November 2020, we were told of the assessments undertaken to ensure the ward is fit for purpose and safe for patients. Relevant policies and procedures are in place as well as reporting systems to ensure any patient and/or environmental issues can be logged.

We were told that patient visiting arrangements to the ward had been suspended during the pandemic, in line with public health guidelines. However, a process for visiting has been introduced for patients who staff have assessed as requiring support from their families and carers.

We were told that the family liaison officer supports patients who are unable to receive face to face visitors by assisting patients with telephone and video calling, so contact can be maintained with family and carers.

We were told that the ward had sufficient stocks of personal protective equipment (PPE) available and stock levels were monitored regularly.

**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:**

Cleddau Ward was previously a day hospital which has since been reconfigured and equipped to accommodate additional beds. Cleddau ward is an extension to Sunderland ward and therefore has the same patient profile, the rehabilitation of patients. The measures we were told of that have been put in place to protect the dignity of patients included separate male and female bedded areas. Dignity is being maintained by screens and some dignity curtains. All bedded areas have rails for the curtains, staff confirmed they were awaiting provision of full curtains.

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that challenges or exceeds normal operating capacity  
(<https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/whatismedicalsurge.aspx>)  
<sup>2</sup> Green: non COVID

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Welsh speaking staff are also available to ensure a patients' preferred language can be spoken.

A family liaison officer supports patients to maintain contact with families and friends through telephone calls and the use of electronic devices; provides families and carers with updates to ensure good communication is maintained. As a result of lockdown restrictions, visiting is limited. However, we were told of the circumstances in which some visitors were supported to see patients who may need the support from their family or carers. These visitors are provided with appropriate PPE.

We were told inspections from the health board's health and safety team, infection prevention and control department and a fire inspection were completed for the area to be converted to a ward from a day hospital. Regular reviews are undertaken by the clinical lead nurse and resource centre manager to ensure the environment is safe and appropriate for patient care. We were told that any actions highlighted as a result of these visits have been completed.

We were told that equipment checks are in place and this had resulted in a number of profiling beds and mattresses being replaced. A system is in place to ensure the monitoring and reporting of any equipment that is broken or in need of replacement.

We were told that intentional rounding<sup>3</sup> and Fundamentals of Care<sup>4</sup> are in place to ensure patient care and safety. Pressure and damage tissue audits showed no issues since they started in June 2020 and three falls were reported in June 2020. It was confirmed that these incidents related to one patient and as a result the patient was assessed and moved to another ward.

**The following areas for improvement were identified:**

We were told that a formal environmental risk assessment has not yet been completed for Cleddau ward, but a target date for the completion of this is November 2020. Despite the measures undertaken to ensure the ward is safe and fit for purpose, the risk assessment must be given priority.

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<sup>3</sup> **Intentional rounding (IR)** is a structured process whereby nurses in hospitals carry out regular checks, usually hourly, with individual patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items. (<https://bmjopen.bmj.com/content/7/1/e014776>)

<sup>4</sup> The **fundamentals of care** include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions... making sure you provide help to those who are not able to feed themselves or drink fluid unaided. ([www.rcn.org.uk](http://www.rcn.org.uk))

## 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 that up to date infection prevention and control (IPC) policies were in place, which were supported by supplementary COVID-19 specific advice and guidance documents. Staff are informed of the latest IPC information on a daily basis.

We were told of the systems in place to ensure IPC measures are effective. These included working with the IPC team to ensure audits are undertaken and results monitored and acted on appropriately. We were told that the IPC audit submitted had been reviewed and the areas that required action had been completed. The hand hygiene audit provided showed 100% compliance. IPC audit results are displayed on notice boards within the ward.

We saw evidence that over 82% of staff had completed the mandatory infection prevention training. We were told that staff had received additional training regarding donning and doffing of PPE and FFP3<sup>5</sup> face masks.

No issues were highlighted regarding the availability of PPE, with regular stock checks being undertaken to ensure sufficient supplies. Posters and signage on the correct use of PPE are displayed throughout clinical areas.

The data received regarding non-COVID-19 related infection rates on the ward was nil. We were told that infection incidents are reported and reviewed by the clinical lead and any learning from these events is shared at team meetings.

**No areas for improvement 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).

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<sup>5</sup> A FFP3 mask is worn when carrying out potentially infectious aerosol generating procedures

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**The following positive evidence was received:**

We were told that suitable procedures existed for ensuring that staffing levels are sufficient, which included weekly discussions with the workforce team. Staffing levels are increased when required, for example daily acuity and dependency assessments are undertaken to identify any challenges for staffing such as patients requiring enhanced patient support or a surge in capacity on the ward.

We were told staffing rotas are completed in advance and any staffing deficits can be filled with the use of bank staff. Staff were clear of the process in place for requesting bank and/or agency staff.

The data provided showed a number of vacancies required for Cleddau and Sunderland wards. However, we were informed that a number of successful appointments had been made since submitting the data and therefore the ward had a full establishment of staff.

We found that there were career opportunities on the ward, for example the development of a band 4 assistant practitioner<sup>6</sup> to work alongside the registered nurses to support with the demands of the ward.

We were told that both short and long term sickness rates had improved in August and September compared to July 2020. However, some unplanned absences were being experienced because of COVID-19 and self-isolation requirements.

We were provided with mandatory training statistics and found a high rate of compliance in most areas. Some training that required face to face contact had been stopped due to COVID-19, but where possible, alternatives have been found. For example, fire safety training can now be completed online. We were told that mandatory training is regularly monitored and that additional training had been provided for staff, for example, in how to don and doff PPE.

We were told that there was adequate support in place for staff. Data provided showed a high compliance rate with staff appraisals. Regular team meetings take place which are minuted and a staff newsletter is produced which includes the main points from staff meetings. In addition to the employee assistance scheme, well-being sessions were put in place to support any member of staff who may be experiencing anxiety as a result of COVID-19. A quiet room is also in place for staff who may require some time away from the ward.

**No areas for improvement were identified.**

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<sup>6</sup> Assistant practitioners work at a level above that of healthcare support workers and have more in depth understanding about factors that influence health and ill health. ([www.rcn.org.uk](http://www.rcn.org.uk))

## 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: South Pembrokeshire Hospital

Ward: Cleddau

Date of activity: 28 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 needs to ensure that an environmental risk assessment is completed by November 2020 and that any actions arising are addressed in line with the current monitoring activities in place	Health & Care Standard 2.1 Managing Risk & Promoting Health & Safety	<p>The service will identify an appropriate environmental risk assessment tool for the area by October 2020.</p> <p>The service will undertake an environmental risk assessment of the area by end of November 2020.</p> <p>Any actions identified from the environmental risk assessment will be identified</p>	Clinical Lead Nurse - Community Hospitals	<p>November 2020</p> <p>November 2020</p> <p>December 2020</p>	<p>Complete 23/10/20</p> <p>Complete 02/11/20</p> <p>Complete 13/11/20</p>

			and an action plan developed and reviewed monthly until completion.			Monthly meetings ongoing for continual review
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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: Clinical Lead Nurse

Date: 13/11/2020