Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Glangwili Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Towy ward, Glangwili 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 are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found here.

We spoke to the Senior Ward Sister and Senior Nurse Manager on 25 November 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?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. 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 informed that Towy ward is currently being refurbished and the ward is temporarily located on Padarn ward (an empty ward) whilst refurbishment takes place. We were told that Towy ward had been identified for refurbishment following three separate outbreaks of norovirus back in December 2019 and January 2020, which had been linked to the poor environment. We were informed that the ward should be fully refurbished and back in use during January 2021.

We noted that various environmental risk assessment audits had been completed at ward level with control measures put in place. The Senior Ward Sister and the Senior Nurse Manager told us that they both actively monitor the ward environment on a daily basis and undertake spot checks.

We were told that patients' dignity is fully protected by the appropriate use of privacy curtains. We were also told that red pegs were placed on cubicle doors to inform staff and visitors that care and treatment was taking place. The use of red pegs on cubicle doors is rarely seen and this is noteworthy practice to ensure the privacy and dignity of patients nursed in single rooms is maintained.

We were informed that patients' social, emotional, physical and cultural needs are assessed on admission to the ward. We were also informed that patients have access to Patient Advice and Liaison Service[1] (PALS team) who liaise with family members. The PALS team visit the ward daily and arrange for patients to speak with family members directly over the phone or via video call. The PALS team also arranges for patients laundry to be picked up by family members at designated collection points. The ward has a cordless phone for patients use and the health board had provided the ward with two iPads at the start of the pandemic so that patients can communicate with family members whilst visiting times were restricted.

We were told that staff complete an 'intentional rounding' checklist for all patients throughout the day. The 'intentional rounding' checklist involves a proactive check on each patient to ensure they have everything they need, and staff are more visible to patients which provides assurance.

The following areas for improvement were identified:

A range of audits are undertaken to support patient safety on the ward, which include audits on falls and pressure and tissue damage. We reviewed a sample of these and found that, overall, the number of falls and pressure and tissue damage was high on the ward.

[1] Patient Advice and Liaison Service (PALS team) is a service available to patients, carers and relatives for confidential advice and support.

We were provided with a detailed action plan developed by the Senior Ward Sister for both falls and pressure and tissue damage which had recently been approved by the Head of Nursing. The action plans included clear recommendations and outcomes along with details of the monitoring and evaluation arrangements in place. We noted that some of the recommendations had already been completed.

We recommend that an updated action plan is submitted to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety on the ward.

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. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

We were told that, since the pandemic started, the ward has a dedicated Infection Prevention and Control link nurse who maintains daily contact to ensure all staff are kept up to date with any changes in guidance or practice.

We were told that specific COVID-19 guidance for infection prevention and control in healthcare settings is available on the health boards' intranet site for all staff to view. We were also told that a dedicated COVID-19 file has been set up on the ward to keep staff updated. Furthermore, a WhatsApp[2] group has been set up in order for staff to be immediately kept updated with any changes. We also noted that the Health Board has signed up to the National Infection Prevention and Control manual which is available electronically.

The Senior Ward Sister told us that they undertake regular audits of infection control, hand hygiene and general ward cleanliness. We reviewed the latest hand hygiene audit and noted that a score of 100% had been achieved.

We were told that the ward had sufficient stocks of personal protective equipment (PPE) and that stock levels were monitored on a daily basis by the Senior Ward Sister.

We were provided with information relating to infection control training. As of 25 November 2020, it showed a completion rate of 80.65%. The Senior Ward Sister confirmed that arrangements are in place to allow the remaining staff, who are due to renew their training

[2] WhatsApp Messenger is a cross-platform instant messaging application that allows iPhone, BlackBerry, Android, Windows Phone and Nokia smartphone users to exchange text, image, video and audio messages.

online, to have protected time in order to complete the training. Staff have access to 'donning and doffing' PPE training online in a video format. We were also told that the ward has five members of staff who are qualified 'fit testers' for FFP3 masks.

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:

Despite only having been in post since March 2020, the Senior Ward Sister was very clear and knowledgeable about her role and it was evidence that significant improvements had been made since she took up post.

We found that the Senior Ward Sister has suitable procedures in place for ensuring that staffing levels are appropriate and are increased when required, for example an increase in dependency levels on the ward or staff absence. The Senior Ward Sister ensures that rosters are drawn up six weeks in advance, with appropriate skill mix shift allocation. The Senior Ward Sister also told us that, where bank or agency staff are required, these are block booked, if possible, to aid continuity within the nursing team. We were told that in the event of a higher acuity, all staff are aware of the need to escalate to senior managers and review in line with the health boards Enhanced Support policy.

We were also provided with information relating to staff appraisals and noted that a high number of staff have received an annual appraisal since the Senior Ward Sister has been in post. As of 25 November 2020, it showed a compliance rate of 86.21%. Where some staff members are due to receive an annual appraisal, the Senior Ward Sister confirmed that arrangements are in place for those to be undertaken in a timely manner.

The following areas for improvement were identified:

We were provided with mandatory training statistics for the nursing team which showed a low compliance rate of 60.97%. The compliance rate is low due to the changes in the ways of working as a consequence of COVID-19 and difficulties in securing the services of training providers under current circumstances. We were provided with an action plan developed by the Senior Ward Sister where options to address the risks of not keeping up to date with

mandatory training have been considered. This included continuing to review the availability of face to face training. When this is not achievable, to consider whether the training can be delivered via digitally enabled means such as through webinars, video conferencing or e-learning programmes. The Senior Ward Sister has appointed an Electronic Staff Record (ESR) champion to help staff navigate the e-learning programmes on the ESR system. We also saw that the Senior Ward Sister had undertaken a detailed training needs analysis for the nursing team and developed a training plan to ensure all staff undertake updated training in a timely manner.

We recommend that an updated action plan for completion of mandatory training is submitted to HIW within three months of the quality check, so that we can assess progress made to improve compliance with mandatory training.

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: Towy Ward, Glangwilli Hospital

Date of activity: 25 November 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 recommend that an updated action plan for falls and pressure and tissue damage is submitted to HIW, within three months from the date of the quality check, so that we can assess progress made to improve and support patients' safety on the ward.	Standard 2.2 Preventing Pressure and Tissue Damage Standard 2.3 Falls Prevention	• All staff to be 100% compliant with Purpose T E-learning. • Arrange ward based pressure damage training. • Arrange further ward based falls,	Senior Ward Sister/ Senior Nurse Manager Senior Ward Sister/Tissue Viability Support Worker Senior Ward Sister/Professional and Practice Development Nurse	28th February 2021. 18th December 2020. 10th December 2020.

			documentation and frailty training. • Frailty teaching sessions began 27th November • All staff to attend frailty teaching session.	Senior Ward Sister/Ward Sister/Physiotherapist/Professional and Practice Development Nurse/Occupational Therapist Senior Ward Sister/ Senior Nurse Manager	27th November 2020. 29th January 2021.
2	We recommend that an updated action plan for completion of mandatory training is submitted to HIW within three months of the quality check so that we can assess progress made to improve compliance with mandatory training.	Standard 7.1 Workforce	• Mandatory training compliance to be above 80% currently 65.52% • All staff to attend in house training when available. There has been a reduced face to face in-house training programme due to COVID-19. • Staff to	Senior Ward Sister/ Senior Nurse Manager Senior Ward Sister/ Senior Nurse Manager Senior Ward Sister/	28th February 2021. 28th February 2021.

			prioritise E-Learning elements of mandatory training in the absence of face to face training.	Senior Nurse Manager	
			• Develop and arrange ward based fire and cardiac arrest Scenario sessions to bridge the gap until face to face training sessions are available post pandemic.	Senior Ward Sister/ Senior Nurse Manager Fire Safety Advisor/Simulation and Resuscitation Advisor	31st January 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: Emma O'Rourke (Hywel Dda UHB - Senior Ward Sister)

Date: 09/12/2020