Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Cas-Gwent Ward – Chepstow Community Hospital
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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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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cas-Gwent Ward, Chepstow Community Hospital as part of its programme of assurance work. Cas-Gwent is a 34 bedded community step down ward providing general medical, rehabilitation, and ongoing support to patients before their final discharge home or into residential care.

HIW's quality checks form part of a new tailored 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 services. 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 assurance and inspections can be found here.

We spoke to the Ward Manager and senior nurse on 17 May 2021 who provided us with information and evidence about their service. 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 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental and infection control risk assessments and audits
- Fire safety policies/procedures, including fire safety risk assessment
- COVID – 19 policies and procedures.

We also questioned the service representatives 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 the two wards in Chepstow Hospital changed into one ward at the start of the pandemic. Social distancing measures were in place for staff and patients. A relative's room was being used as a staff room and staff meetings are taking place in the day room to stop overcrowding in staff areas. The ward manager explained that staff adapted quickly to the environmental changes.

We were told that measures to protect privacy and dignity included the use of same sex bays and toilets for patients. Do not enter signs were also available for use when personal care was taking place.

The ward manager identified the greatest risk to patients was the risk of a fall, due to the age of the patient group. We were told two bays on the ward were placed closely to the nursing station for patients identified as high risk. In addition, all patients have a call bell to request staff support.

We were told that all patients have risk assessments on admission, which are checked weekly. We saw documentation confirming that falls and pressure tissue damage audits were completed. During discussions, we were told that any patient with an infectious disease would be managed in line with the health board's general infection prevention and control policies and procedures. We were told that any learning, actions, or improvements were immediately shared with staff.

We were also informed that the multi-disciplinary team worked well with the ward staff,

patients, and their families. We were told that patients are encouraged to take part in activities and routines. The routines used in the hospital were based on daily routines, which would help support and prepare the patients when discharged.

We were told that equipment on the ward is stored correctly and this allowed patients to move around the ward safely. All patients have their own lockers to securely store their medication. This allows patients to receive their medication in a timely manner.

We were told that, due to lockdown restrictions, visiting was limited to palliative care patients and patients with deteriorating mental health. All visitors complete track and trace forms, and meet patients in the day care room. Visitors have temperature checks and are provided with PPE. All patients had access to a ward mobile phone and electronic devices to speak or video call family and friends.

Patients had virtual tours on electronic devices, of the residential care homes they were being discharged to. Patients also had the opportunity to meet with some staff from the care homes as part of the virtual tour. We were told that the virtual tours had been well received by patients.

There was a Chaplin at the hospital and a member of the ward staff was also a Chaplin. Both provide support to patients and their families.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Figures on current infection rates for any Healthcare Acquired Infections and copies of investigation reports where there have been cases of COVID-19 outbreaks / nosocomial transmission on the ward.
- Generic infection control policies and Covid-19 specific policies
- Current data on infection rates
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits
- Cleaning schedules

The following positive evidence was received:

We saw the infection control policy and other supporting policies and procedures for the prevention and control of infection.

We were told staff have increased cleaning throughout the hospital; the ward had a designated housekeeper who was responsible for cleaning the ward, Monday to Friday. On weekends ward staff were responsible for cleaning the ward. We were informed that the IPC lead provided good support to the ward and they worked closely together to make sure that policies and procedures are complied with.

Cleaning audits are completed daily and checked by the nurse in charge. The senior nurse and infection prevention control nurse complete full cleaning audits monthly. Hand hygiene audits are completed twice a month and more frequently in the event of an outbreak of infection. We reviewed the health and care monitoring documentation for the last twelve months that confirmed that these audits take place.

We were told that infection control issues are discussed at monthly quality and patient safety meetings, attended by ward managers and senior nurses. Any learning or actions from these meetings are shared with the team.

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 regular management spot checks occurred to ensure compliance. We were also told that step-by-step posters were available on the ward, reminding staff on what type of PPE staff should be wearing. Posters and leaflets were also available for visitors to know what PPE they needed to use whilst visiting the ward.

We were told that information boards and 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.

In order to keep staff and patients safe, lateral flow test for patients take place twice a week and all patients have their temperatures checked daily. Newly admitted patients self-isolate until two negative COVID-19 tests are confirmed. Any patients who test positive are immediately transferred to a designated COVID-19 ward within the health board. Patients will only be discharged from the hospital after two negative COVID-19 test have been confirmed.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

The key documents we reviewed included:

- The most recent falls audit results
- The most recent pressure and tissue damage audit results
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety

The following positive evidence was received:

We were told that staffing resources are planned and reviewed daily, to help ensure sufficient staff numbers are on shift to meet the care needs of the patients. Additional cover or staff shortages was accessed through the resource bank or agency staff.

New members of staff are allocated an experienced member of the team as point of contact for support and guidance.

The ward manager explained to us that welfare support had been made available to staff in a variety of ways. Members of senior management were available to staff for discussions and support. Senior managers were described as being accessible, supportive and visible on the ward.

We were told that well-being services and contact numbers were displayed in staff areas and staff can be referred to occupational health services or self-refer if needed. We were told that staff on the ward all pulled together and provided a real team effort to provide an effective service to patients. This had resulted in relatives and visitors feeling appreciative of the ward staff, with staff receiving thank you letters and gift donations from patients and families.

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.

The ward manager told us that retention of staff was good and the ward management team worked hard to ensure staff felt part of an inclusive and supportive team. There were some staff vacancies due to retirements or promotions; we were told that these vacancies had been advertised.

We saw documentation, which reflected that compliance figures provided for staff's personal appraisal development review (PADR) were at 87% for the previous 12 months. We saw evidence that the overall mandatory training compliance for individual staff at the hospital was over 80%.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements 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 the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.