Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Ward 5, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Ward 5, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on 25 and 26 January 2023. Ward 5 provides acute care and rehabilitation for patients following a stroke.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector, one HIW Healthcare Inspector and two clinical peer reviewers. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patients provided very positive feedback about the care and treatment they had received on the ward.

We found staff treated patients and their carers with dignity, respect, compassion and kindness. We also saw staff encouraging and assisting patients to be as independent as their condition allowed.

While we saw some useful information for patients and their carers displayed in the ward and the hospital, there was generally a lack of written information displayed for patients specifically about their stoke care. In addition, there was a lack of equipment to aid communication between staff and patients.

We found the ward had suitable arrangements in place for managing complaints and concerns. However, responses from staff showed they did not always receive updates on feedback provided by patients.

This is what we recommend the service can improve:

- The health board must review the provision of equipment on the ward to aid communication between staff and patients
- The health board must take suitable action to ensure patients on the ward and their carers can easily access written information regarding stroke care
- The health board must take suitable action to promote the 'Active Offer' on the ward
- The health board must review the therapy facilities used by patients on the ward and take suitable action to ensure they are sufficient for providing therapy to patients as part of their care
- The health board must take suitable action to ensure patients on the ward and their carers can easily access information on the health board's complaints process.

This is what the service did well:

- We saw many examples of staff treating patients with respect and kindness
- We saw noteworthy practice to help maintain patient confidentiality during the board round
- We found innovative arrangements were in place to update carers, who lived away, using video link

- We saw staff encouraging and assisting patients to be as independent as their condition allowed.

Delivery of Safe and Effective Care

Overall summary:
We saw the hospital and ward was accessible to patients, staff and visitors. However, we found the ward was cluttered with equipment.

We found good arrangements were in place to prevent patients from developing pressure and tissue damage and to prevent patient falls. We also found good arrangements were in place to meet the nutritional and hydration needs of patients on the ward.

Generally, arrangements were in place to provide safe and effective care to patients on the ward. However, we did identify some improvement was needed around some aspects of infection prevention and control, medicines management and managing written information relating to patients.

In addition, we found improvement was needed around aspects of stroke care delivered at the hospital. Senior staff were already aware improvements were needed around stoke care and described significant work was being undertaken to make improvements in this regard.

Suitable arrangements were described for responding to safeguarding concerns, however, we were not fully assured staff were escalating concerns to relevant staff.

Immediate assurances:

- We saw equipment was stored in the area outside the therapy room located on the ward and we were not assured the fire officer was in agreement with this arrangement
- We found medicines used on the ward were not always stored securely, which posed a potential risk to the safety and wellbeing of patients and other individuals who may access and ingest medication not meant for them.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- The health board must review the storage arrangements on the ward to ensure they are sufficient

- The health board must take suitable action to remind staff to wash their hands in accordance with the health board's policy and to ensure sharps boxes are replaced when needed
- The health board must take suitable action to ensure written policies are reviewed and updated in accordance with the health board's frequency rules
- The health board must take suitable action to ensure staff report safeguarding concerns to senior staff as appropriate
- The health board must take suitable action to reassure staff their concerns will be addressed
- The health board must take suitable action to ensure staff handle patient information in a way that protects patient confidentiality.

This is what the service did well:

- We found checks of the emergency equipment and the sepsis trolley were being completed regularly
- We found good arrangements were in place to prevent patients on the ward from developing pressure and tissue damage, to prevent patient falls and to meet the nutritional and hydration needs of patients
- We saw staff were diligent in cleaning shared equipment
- We saw staff were engaging positively with patients during the mealtime and saw a good example of consideration being given to meeting a patient's particular meal preference
- We saw patient records were up to date and they showed evidence of how decision making relating to patient care had been made.

Quality of Management and Leadership

Overall summary:
A suitable management structure was in place and clear lines of reporting and accountability were described and demonstrated.

Suitable arrangements were described for reporting on and monitoring the quality and safety of the services provided on the ward. In addition, a Task and Finish Group had been set up and positive action was described to improve the stroke service provided to the health board's population.

Staff responses made within HIW's questionnaire were mixed. Generally, staff responses were positive regarding their immediate manager and senior managers, teamwork, training, incident reporting and the action taken by the organisation in relation to health and wellbeing. However, the responses indicate improvement was needed around involving staff in important decisions and the staffing levels on the ward.

The health board had a comprehensive mandatory training programme, and generally staff training compliance was good. However, we identified poor compliance with mandatory resuscitation training, safe moving and handling training and infection prevention and control training.

Immediate assurances:

- We identified poor staff training compliance with mandatory resuscitation training, safe moving and handling training and infection prevention and control training, which meant we were not assured there were a sufficient number of staff who had the required up to date skills.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- Ward systems for following up progress from actions identified from staff meetings and when issues have been escalated should be reviewed to ensure these are robust
- The health board must take suitable action to respond to the less favourable comments made by staff during the course of our inspection, especially around staffing.

This is what the service did well:

- Most staff who answered the question in the HIW questionnaire recommended their organisation as a place to work and they felt the organisation takes positive action on health and wellbeing matters
- We saw good evidence of multidisciplinary team working and the lead consultant promoting compassionate, and patient focussed care.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of four were completed.

Respondents indicated they were very satisfied with their care and treatment with all of them rating the service they had received as 'very good'.

Patient comments included the following:

> *"Everyone here works very hard, remains cheerful with all interactions and really give confidence to patients that they are being well looked after."*
> *"Staff are very supportive. My care has been excellent."*

We asked what could be done to improve the service the unit provides. Comments included the following:

> *"I don't know how it could. Everyone here works to a very high standard, even remaining cheerful through long shifts."*
> *"More staff."*

Staying Healthy

Health Protection and Improvement
We saw there was a lack of information displayed for patients and their carers regarding a stroke.

However, we did see information was clearly displayed, for visitors to the ward to see, on the importance of hand hygiene and the precautions in place to help prevent the spread of COVID-19.

We also saw signs were clearly displayed notifying patients, visitors and staff that smoking was not permitted anywhere within the hospital. This was in accordance with current legislation to help prevent disease caused by second-hand smoke.

Dignified care

Dignified care

During the course of our inspection, we saw many examples of staff treating patients with respect and kindness and making efforts to maintain their dignity. We saw that dignity curtains were drawn and doors to cubicles, toilets and washing facilities were closed when personal care was said to be being provided by staff.

The patients we saw appeared well cared for. We saw efforts were made by staff to dress patients in their own daytime clothes rather than remaining in their pyjamas or dignity gowns.

We saw noteworthy practice during the morning board round to help maintain patient confidentiality. We saw doors to bays and side rooms were closed and privacy screens were used to deter staff and visitors entering the ward when the board round was taking place.

All four respondents who completed a patient questionnaire agreed staff had treated them with dignity and respect and were polite to them. In addition, all felt measures had been taken to protect their privacy.

During the inspection we used online questionnaires to obtain feedback and views from staff working on the ward. A total of 15 were completed.

All staff who completed a questionnaire agreed patients' privacy and dignity were maintained on the ward.

Communicating effectively

Generally, there was a lack of equipment to aid communication between staff and patients.

We saw signs displayed in the ward to help patients find toilets and washing facilities. Some signs included pictures to help patients identify these areas.

We were told staff and access to a translation service, to help staff communicate with patients whose first language is not English.

We saw there was some written information displayed bi-lingually in both Welsh and English within the hospital and on the way to the ward. However, written information displayed in the ward was in English only. We were told there were no Welsh speaking staff working on the ward. Overall, we saw the Welsh language was not promoted on the ward and saw no evidence of an 'Active Offer'.

When asked whether they are Welsh speakers, the majority of staff (8/10) who answered this question in the questionnaire indicated they were not.

Arrangements were described to speak with and update carers, who lived a distance away and who may find visiting the hospital difficult, on their loved one's progress using video link or telephone.

Patient information
We saw clear signage to help visitors find their way to and from the ward and other wards and departments within the hospital.

We also saw information displayed on the different uniforms worn by staff to help patients and visitors identify the different members of the staff working on, and visiting, the ward. The name of the ward manager was clearly displayed together with details of how the manager could be contacted.

There was a lack of information displayed for patients and carers regarding stroke care. However, there was a Specialist Stoke Nurse available to speak with patients and carers and to answer their specific questions about stroke care and rehabilitation. We also found ward staff and other members of the multi-disciplinary team provided explanations to patients and carers in this regard.

All four respondents who completed a patient questionnaire agreed they had been given enough information to help them understand their healthcare.

The majority of staff (14/15) who completed a questionnaire agreed sufficient information was provided to patients. However, one disagreed.

Timely care

Timely Access
During the course of our inspection, we saw staff responding to patients' requests for assistance. However, we found that sometimes nurse call bells had been used by patients to request assistance and there was a delay in staff responding to these. Staff we spoke with attributed these delays to staff being busy attending to other patients.

Ahead of our inspection, we reviewed the Sentinel Stroke National Audit Programme (SSNAP) data for July to September 2022 on the hospital's performance on stoke care. This showed delays were experienced across a number of aspects of stroke care provided by the hospital.

All respondents who completed a patient questionnaire told us staff had provided care to them when they had needed it. In addition, all respondents who answered the questions in the questionnaire agreed they always had access to a nurse call buzzer (3/3) and that when they had used the buzzer staff had come to them (3/3).

Just over 50% of staff (8/15) who completed a questionnaire agreed they had enough time to give patients the care they need, while the remainder (7/15) disagreed.

Individual care

Planning care to promote independence
We saw staff encouraging and assisting patients to be as independent as their condition allowed.

We saw suitable equipment had been provided to, and was being used by, patients to help them get out of their bed or chair and walk.

There was an emphasis on promoting patients' independence following a stroke. We saw good multidisciplinary team working in this regard. While there was a designated therapy room located on the ward, we were told this did not provide sufficient space to provide the level of therapy patients should expect from a designated stroke service.

We were told that most therapy was provided within the ward, which presented challenges to staff due to a lack of space.

All respondents who completed a patient questionnaire agreed when they had needed to go to the toilet, staff had given them a choice of using a toilet, a commode or a bedpan and had helped them in a sensitive way.

People's rights
During the course of our inspection, we found staff providing care to patients in a way that recognised their individual needs and rights.

While there were restrictions in place due to COVID-19, we saw patients were able to receive visits from their relatives, subject to certain safety measures being followed.

Senior staff described all staff were expected to complete Equality and Diversity training as part of the health board's mandatory training programme. We saw good compliance with this training.

All four respondents who completed a patient questionnaire told us they had been involved as much as they had wanted to be in decisions about their health care. In addition, all agreed staff had listened to them and their friends and family.

Also, all four respondents who completed a patient questionnaire told us they had not faced discrimination when accessing or using the health service.

Listening and learning from feedback

Senior staff confirmed concerns and complaints received about the care and treatment provided to patients on the ward would be dealt with under the health board's procedure. This was in keeping with 'Putting Things Right'. However, information on the health board's complaint process was not displayed in the ward. In addition, the information displayed for patients and carers on how they could access advice and support on raising a concern or a complaint was not current.

We saw the policy (and associated procedures) was approved and implemented in October 2012. According to the document, it should have been reviewed in 2017. However, it appeared a review had not taken place.

Senior staff also described suitable arrangements for sharing information from complaints with the ward team and sharing learning. Arrangements included via email, via a ward-maintained communication book and via meetings attended by the ward manager. However, consideration should be given to implementing a system to demonstrate that all relevant ward staff have accessed and read the information shared via the ward's communication book.

We were told staff from the hospital's Patient Advice and Liaison Service (PALS) visited the ward regularly and provided support to patients and carers should they have any concerns about the care and treatment provided. It was evident from our discussions, the ward manager regularly spoke with patients and carers to identify any concerns and made efforts made to deal with these 'on the spot'.

When asked whether patient experience feedback is collected within the ward, 50% of staff (7/14) who answered this question told us it was, and the other 50% either told us it wasn't (4/14) or they didn't know (3/14). When asked whether they receive regular updates on patient feedback, over 50% of staff (8/14) who answered the question told us they didn't and the reminder either told us they did (5/14) or they didn't know (1/14). In addition, when asked whether feedback from patients is used to make informed decisions within the hospital, most staff (6/14) told us they didn't know and the reminder either told us it was (4/14) or it wasn't (4/14).

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety
We saw the hospital and ward was accessible to patients, staff and visitors. There was level access to the main entrance of the hospital and lifts provided access to those wards and departments not located on the ground floor.

We saw some areas of the ward needed redecoration. Painting work was being done at the time of our inspection.

We saw staff had made efforts to ensure the ward was free from trip hazards. However, it was evident that the ward did not have sufficient storage for the amount of equipment required as we saw it was cluttered with equipment.

We saw equipment and cardboard boxes were stored in the area outside the therapy room located on the ward. The area also contained a cubicle occupied by a patient. HIW informed senior staff who took immediate action to have the boxes removed as these may have posed a fire risk. Senior staff confirmed equipment on wheels could be stored in the area as this can be easily moved in the event of a fire to ensure a clear escape route. However, this was not explicitly stated within the most recent fire risk assessment for the ward. Rather the risk assessment referred to any escape route not being obstructed.

HIW was not assured the fire officer had agreed to equipment being stored in this area. We required the health board to take immediate action regarding this matter. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

While respondents in the patient questionnaire agreed they always had access to a nurse call bell, we found some patients did not have this within easy reach. This meant they may not have been able to ask for assistance when they required help.

The majority of staff (10/11) who answered the question in the questionnaire agreed they are encouraged to report errors, near misses or incidents. In addition, the majority (10/11) also felt staff involved are treated fairly and the organisation protects confidentiality in this regard. The majority of staff (10/11) who answered the question also felt the organisation takes action in response to incidents to ensure they do not happen again. In addition, most staff (9/11) who answered the question agreed there are given feedback about changes made in response to incidents.

Preventing pressure and tissue damage
We reviewed a sample of patient records for six patients who were accommodated on the ward at the time of our inspection. The records showed all patients had been assessed on admission for their risk of developing pressure damage and an appropriate care plan put in place. We also saw evidence of patients being repositioned frequently and ongoing monitoring of their skin state by staff.

We saw a system had been developed by staff to prompt them when individual patients were due to be repositioned and for their skin state to be checked. We identified this as noteworthy practice to promote timely and effective care for patients at risk of developing pressure and tissue damage.

We saw suitable pressure relieving equipment, such as specialist mattresses, was available and being used appropriately.

Falls prevention
Within the sample of patient records we reviewed, we saw all patients had been assessed for their risk of falls and an appropriate care plan put in place. In addition, we found where patients required enhanced supervision, additional staff were obtained to supervise patients.

Infection prevention and control
We saw the ward was clean and saw shared equipment was labelled to show it had been cleaned and decontaminated. Cleaning schedules were displayed and showed areas had been cleaned regularly.

All respondents who completed a patient questionnaire told us they felt the ward was ‘very clean’.

We saw the ward had five cubicles that could be used to accommodate patients who required to be nursed in isolation due to an infection risk.

Handwashing and drying facilities were readily available on the ward together with hand sanitiser stations. However, we saw that staff missed opportunities to wash their hands, which may contribute to the spread of infection.

We saw that personal protective equipment (PPE) was readily available and saw staff wearing PPE when attending to patients. While staff changed PPE between attending to patients, we saw staff sometimes did not change PPE between tasks. This may increase the risk of cross infection.

There were no staff changing facilities located on the ward that could be used in the event of an outbreak of infection, which may increase the risk of cross infection.

Suitable medical sharps containers were used. However, we saw that some of these were at capacity and required to be replaced, to prevent the risk of injury. We informed staff of this so appropriate action could be taken.

Staff we spoke to were aware of their role regarding infection prevention and control procedures.

All staff who completed a questionnaire felt there were adequate infection control procedures in place.

Policies were in place in relation to infection prevention and control and staff confirmed they could access these. We saw a number of these were approved and implemented more than three years previously such as the policy for hand hygiene, decontamination of equipment and the overarching infection control strategy. According to the documents they should have been reviewed. However, it appeared a review had not taken place.

Regarding COVID-19, we were told that generally restrictions had been removed. However, staff and visitors were still required to wear a face mask and adhere to handwashing. In addition, visitors were asked not to attend the ward if they had new respiratory symptoms or felt unwell. Where patients were identified with COVID-19, they were accommodated in cubicles.

All respondents who completed a patient questionnaire told us they felt COVID-19 measures were being followed, where appropriate.

We were told where COVID-19 was present on hospital wards, a hospital site risk assessment was in place to help inform the actions needed to be implemented to reduce the risk of spreading the virus.

The majority of staff (10/11) who answered the questions in the questionnaire agreed the health board had implemented the necessary environmental and all (11/11) agreed the organisation had implemented practice changes in response to COVID-19. In addition, the majority of staff agreed there has been a sufficient supply of personal protective equipment (10/11) and there were decontamination arrangements in place for the environment (10/11).

Nutrition and hydration
Within the sample of patient records we reviewed, we saw all patients had a nutritional risk assessment completed within 24 hours of being admitted to the ward. We also saw patients had a care plan in place. In addition, we found staff were accurately monitoring patients' food and fluid intake, where necessary.

We found patients had been assessed by a dietician and a speech and language therapist as appropriate.

During our inspection, we observed the serving of a lunchtime meal. We found a suitable system was in place to identify those patients who required assistance. We also found a suitable system in place to identify patients with specific dietary needs, those who required a modified diet and those who were nil-by-mouth for safety reasons. Patients were provided with a choice of meal.

While we saw patients were prepared for their meals, there were missed opportunities for patients to wash their hands prior to having their meal.

Hostess staff were engaging positively with patients during the mealtime, and we also saw good communication between staff to help coordinate the serving of the meals. The meals we saw being served appeared appetising.

We saw staff made efforts to serve patients hot meals in a timely way to prevent the meals going cold. We also saw staff assisting patients to eat their meals according to their assessed needs. In addition, staff provided patients with clothes protection to help keep their clothes clean and maintain their dignity.

We saw a good example of consideration being given to meeting a patient's particular meal preference.

All respondents who completed a patient questionnaire agreed staff had helped them at mealtimes, if required, and that they had time to eat at their own pace.

Medicines management
A medicines management policy was in place and staff confirmed they could access this. We saw the policy was approved and implemented in October 2014. According to the document, it should have been reviewed in 2017. However, it appeared a review had not taken place.

We saw the All-Wales medication charts were being used on the ward. These had been completed to show the medicines prescribed, when they had been prescribed and when medicines had been administered. We saw codes had been used appropriately to show the reason for when medicines could not be administered.

We saw medicines were being stored at an appropriate temperature, including those requiring refrigeration. We also saw records showing regular temperature checks had been performed of the medication storage room and medicines fridge.

We saw that Controlled Drugs, which have strict and well-defined management requirements were being stored securely and had been subject to regular stock checks.

We saw variable practice when medicines were administered by nursing staff. On one occasion we saw medicines administered safely by nursing staff, who involved the patient, providing explanations as appropriate. We identified this as noteworthy practice. However, on another occasion, we found medicines had been administered later than prescribed. While an appropriate reason was provided, we saw that the exact time of administration had not been recorded. This meant the patient may have received a subsequent dose earlier than they should have. We raised this with the ward staff who took appropriate action.

When medicines were being administered, we saw staff were diligent to ensure unlocked medicine trolleys were not left unattended. However, we saw medicine trolleys used on the ward, whilst locked, could not be effectively secured, when not in use, to help prevent unauthorised removal from the ward.

In addition, we identified two cupboards and the medication fridge located in the (locked) treatment room could not be locked due to the locks being broken. We reported this to the ward manager so suitable action could be taken to secure the medicines.

HIW was not assured medicines, which should be stored in a lockable cupboard, a lockable fridge, or stored in a lockable trolley were being suitably stored to reduce the risk of unauthorised access. This posed a potential risk to the safety and wellbeing of patients and other individuals who may access and ingest medication not meant for them.

We required the health board to take immediate action regarding the above matters. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Safeguarding children and safeguarding adults at risk

Senior staff described suitable arrangements for responding to safeguarding concerns in relation to children and adults at risk. We saw a current written policy and procedures were in place, and these were in accordance with the Wales Safeguarding Procedures.

We were told there were patients on the ward who were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Within the sample of patient records we reviewed, we saw one of the authorisations had recently expired. This meant the authorisation to deprive the patient of their liberty was no longer valid. We informed senior staff of this so that action could be taken as appropriate.

Safeguarding training was part of the health board's mandatory staff training programme. Data provided by senior staff showed approximately two thirds of ward staff were up to date with safeguarding training. However, we were not fully assured staff escalated safeguarding concerns to the ward manager in a timely way.

All staff who answered the question in the questionnaire (11/11) told us if they had a concern about unsafe practice, they would know how to report it. In addition, all the staff (11/11) told us they felt secure raising concerns. However, when asked whether they felt confident the organisation would address their concerns, almost 50% of staff (5/11) told us they didn't know, with the reminder either being confident (4/11) or not being confident (2/11).

Medical devices, equipment and diagnostic systems
We saw a range of equipment was available to meet the assessed needs of patients, such as specialist pressure relieving aids, mobility aids, hoists, commodes and monitoring machines.

Staff we spoke with were aware of the correct procedure to follow to report equipment found to be faulty.

We saw staff were diligent in relation to cleaning shared equipment to prevent cross infection.

Effective care

Safe and clinically effective care
Generally, we found arrangements were in place to provide safe and effective care to patients on the ward.

However, in addition to the improvements needed around infection prevention and control, medicines management and managing written information relating to patients, we also found improvement was needed around aspects of stoke care delivered at the hospital.

We found staff had assessed patients using recognised nursing assessment tools to help the early detection of risks, such as pressure and tissue damage and falls. In addition, we found appropriate care plans had been put in place.

We also found the National Early Warning Score (NEWS) documentation was being used and completed. In addition, the Sepsis Screening Tool was available together with a sepsis pathway and associated Sepsis Six care bundle.

Ahead of our inspection, we reviewed the SSNAP data for July to September 2022 on the hospital's performance on stoke care. This showed patients were not always receiving stoke care in accordance with the National Clinical Guideline for stoke care.

Quality improvement, research and innovation
Senior staff described an electronic Patient Status at Glance (PSAG) board had been installed on the ward to help communicate and share key patient safety information amongst the ward staff and members of the multi-disciplinary team.

We saw a system had been developed by staff to prompt them when individual patients were due to be repositioned and for their skin state to be checked. We identified this as noteworthy practice to promote timely and effective care for patients at risk of developing pressure and tissue damage.

Senior staff also described work was ongoing to develop a useful ward information leaflet for patients and carers. In addition, senior staff described study days and ward-based training for staff on stroke related care were to be reintroduced in the very near future.

Senior staff were already aware improvements were needed around stoke care (from the SSNAP data) and described significant work was being undertaken to improve the stoke service provided to patients. This work was being coordinated by a designated Task and Finish Group to monitor progress with the health board's action plan. It was evident from our conversations with staff leading this work they were committed to making improvements in this regard.

Record keeping
We found patient records were generally well maintained, however, we found some improvement was needed around the management of written information relating to patients.

During the inspection, we saw staff accessing information from the medical records of patients and also via computer. We saw occasions when staff had not logged out of the computer system posing a potential risk to patient confidentiality. While we

saw notes were kept in trolleys, these were not always secure to prevent unauthorised access. We also saw some patient notes left out on a filing cabinet in the ward.

The electronic PSAG board was clearly visible in the ward. While there was a facility to hide patients' names, we saw this was not being used. Senior staff took immediate action to address this and to remind staff of the importance of using this facility to protect patient confidentiality.

We also saw confidential waste stored in an open container, posing a potential risk to patient confidentiality. We informed staff of this so that arrangements could be made to store the waste securely.

We saw patient records were up to date and they showed evidence of how decision making relating to patient care had been made. However, signature sheets used on the ward to identify staff making entries in the records were not complete. Therefore, it may be difficult to identify and trace staff making entries in the record and who had been involved in decisions around a patient's care.

Quality of Management and Leadership

Staff Feedback

During the inspection we used online questionnaires to obtain feedback and views from staff working in the unit. A total of 15 were completed by a variety of staff including nurses, allied health professionals, support workers and administration staff. Not all respondents completed the questionnaire to the end.

Responses from staff were mixed. Staff comments included the following:

> ***"The ward always appears understaffed with not enough HCSWs to support patients, relying on agency staff who do not understand the needs of the patients."***
> ***"[We need] More information for relatives. Booklets, handouts, signposting guidelines."***
> ***"[We need] health support for relatives."***

We asked staff what could be done to improve the service. Staff suggestions included the following:

> ***"More democratic approach to decision making and feedback from patients. I feel certain members of staff are kept more up to date than others."***
> ***"… due to the ward moving location in COVID we have lost therapy space and the ward environment is not conducive to effective therapy as it is often loud and very busy…"***
> ***"Flow through the stroke ward is an issue as it is a combined unit and we do not have stroke specific community teams or ESD to aid discharge of patients in a timely manner."***

Governance, Leadership and Accountability

We found a suitable management structure was in place and clear lines of reporting and accountability were described and demonstrated.

Senior staff described the ward was represented at various meetings as part of the health board's arrangements for reporting on and monitoring the quality and safety of the services provided. In addition, a separate Task and Finish Group had been set up and positive action was described to improve the stroke service provided to the health board's population.

However, the ward systems for following up progress from actions identified from staff meetings and when issues have been escalated, such as estates related issues, should be reviewed to ensure these are robust and demonstrate timely action has been taken.

During our inspection the ward and hospital managers engaged positively with the HIW inspection process. They demonstrated a commitment to learn from the inspection and make improvements as appropriate.

Generally, staff made positive comments about their immediate line managers. The majority of staff (12/14) who answered the question in the questionnaire agreed their manager could be counted on to help them with a difficult task at work. In addition, all staff who answered the question in the questionnaire agreed their manager was supportive in a personal crisis. Whilst most staff (9/14) who answered the question agreed their manager gave them clear feedback on their work, some (5/14) disagreed.

All staff (12) who answered the question in the questionnaire agreed they knew who the senior managers are and agreed that senior managers were visible. Most staff (9/12) who answered the question agreed communication between senior management and staff was effective. In addition, most staff (9/12) agreed senior managers acted on feedback. When asked whether senior managers try and involve staff in important decisions, staff responses were mixed, with 50% of staff (6/12) who answered this question agreeing and 50% disagreeing.

When asked in the questionnaire whether the hospital supports staff to identify and solve problems, most staff (8/14) who answered this question in the questionnaire, agreed. However, some (6/14) disagreed. Similarly, most staff (8/13) who answered the question agreed the hospital took swift action to improve when necessary. However, some (5/13) disagreed.

The majority of staff (13/14) who answered the question in the questionnaire agreed the hospital encouraged teamwork. Most staff (12/14) agreed partnership working with other departments was effective. Slightly less (11/14) agreed partnership working with outside organisations was effective.

Most staff (9/14) who answered the question in the questionnaire agreed care of patients was the organisation's top priority. When asked whether they would recommend their organisation as a place to work, the majority of staff (12/14) agreed.

Staff and Resources

Workforce
We saw doctors, nursing staff, allied healthcare professionals, healthcare support staff, administration staff, catering/hostess staff and housekeeping staff working on the ward.

We observed a board round and saw doctors, nurses and allied health professionals were able to contribute to discussions around patient care and treatment planning. We saw good evidence of multidisciplinary team working and the lead consultant promoting compassionate, and patient focussed care.

We found consideration was given to ensuring an appropriate number and skill mix of staff were working on each shift according to the needs of patients. Shortfalls in staff levels were described and we saw a hospital wide approach to deploy staff to those areas according to risk. We also saw agency staff working on the ward due to patient acuity.

Details of staffing levels were displayed on the ward and senior staff confirmed these were reviewed every six months.

When asked whether there were enough staff to allow them to do their job properly, the majority of staff (9/12) who completed a questionnaire, disagreed. However, the majority (12/15) agreed there was an adequate skill mix within the team.

The majority of staff (13/15) who completed a questionnaire told us they had received appropriate training to undertake their role. The remainder (2/15) told us they had received partial training. We asked if there was any other training staff would find useful. Staff comments included:

> *"All training necessary for the role is provided."*
> *Specialised stroke training. Catheterisation. Ng tubes formal training."*
> *"Further training in understanding CT scans in relation to stroke patients and their impairments."*

All staff agreed their training or development had helped them do their jobs more effectively and safely and helped them deliver a better patient experience. In addition, the majority of staff (13/15) agreed their training had helped them stay up to date with professional requirements.

Senior staff provided information on staff compliance with the health board's mandatory training programme at the time of our inspection. Generally, we saw good compliance.

However, from the data provided we identified poor compliance with mandatory resuscitation training, safe moving and handling training and infection prevention and control training.

Ward training information showed between 22.22% - 53.84% of applicable ward staff were up to date with resuscitation training and 12.5% of staff were up to date with (face-to-face) moving and handling training. In addition, training information for occupational therapy staff showed 0% of applicable staff were up to date with resuscitation training, 50% were up to date with (face-to-face) moving and handling training and 40% were up to date with infection prevention and control training.

HIW was not assured there were a sufficient number of ward staff working on the ward and occupational therapists visiting the ward who had the required up to date skills to perform effective resuscitation and to use safe moving and handling techniques when assisting patients. In addition, HIW was not assured occupational therapy staff had the required up to date knowledge to promote effective infection prevention and control.

This posed a potential risk to the safety and wellbeing of patients in the event of a patient emergency (collapse) and also to patients who are unable to move independently. It also posed a potential infection control risk.

We required the health board to take immediate action regarding the above. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

The majority of staff (13/15) who completed a questionnaire told us they had an appraisal of their work in the last 12 months. The remainder (2/15) told us they had not. In addition, all staff that answered this question also told us they had been supported by their manager to attend training identified as part of their appraisal.

The majority of staff (9/11) who answered the question in the questionnaire agreed their job was not detrimental to their health. In addition, most staff (8/11) agreed the organisation took positive action on health and wellbeing. The majority of staff (9/11) also agreed they were offered full support when dealing with challenging situations. The majority of staff (10/11) were also aware of Occupational Health support available.

The majority of staff (9/10) who answered the question in the questionnaire told us they had not faced discrimination at work. The remainder preferred not to say. In addition, all staff (10/10) who answered the question in the questionnaire told us there was fair and equal access to workplace opportunities.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans 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 inspection.

As a result of the findings from this inspection 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.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We saw cardboard boxes were located on the floor outside the therapy room.	These posed a potential fire hazard and were obstructing the fire escape route, which may have hindered the safe evacuation of the patient and staff in this area.	We reported our findings to senior staff.	Senior staff arranged for the boxes to be removed immediately.

Appendix B - Immediate improvement plan

Service: Princess of Wales Hospital - Ward 5

Date of inspection: 25 and 26 January 2023

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to secure medicines used on Ward 5 to help prevent unauthorised access.	Standard 2.6 Medicines Management	To ensure that all cupboards and medication fridge within the Ward Treatment room have working locks. To ensure that the mobile medication trollies on the stroke ward are secured to a wall when not in use to ensure no unauthorised removal.	Senior Nurse/ Ward Manager Senior Nurse/ Ward Manager/Head of Nursing	Immediately actioned and completed Action completed - mediation trollies on ward 5 now tethered. By March 2023 - all wards on Princess of Wales site will have been surveyed to ensure appropriately secured.

The health board is required to provide HIW with confirmation the fire safety officer agrees with equipment being stored outside the therapy room located on Ward 5.	Standard 2.1 Managing Risk and Promoting Health and Safety	To ensure that the fire risk assessment for Wards 5 & 6 has been updated. Updated and included as evidence.	Acute Services General Manager / Fire Officer	[Provided to HIW]
The health board is required to provide HIW with details of the action taken: • to improve mandatory staff training compliance in respect of resuscitation training, safe moving and handling training and infection prevention and control training • to promote patient safety in the interim.	Standard 7.1 Workforce Standard 3.1 Safe and Clinically Effective Care Standard 2.4 Infection Prevention and Control	To increase provision for the stroke ward team to access mandatory training. Resuscitation training: Registered Nursing Staff have been allocated the first available sessions in March 2023 for Immediate Life Support training, with current compliance at 53.84% Dates for all Heath Care Support Workers allocated in February 2023 for them to complete Basic Life Support training. Resuscitation training team to carry out a review for compliance of AHPs within stroke services (ward 5) on Basic Life Support compliance. Mitigation – There is always a compliant registered member of staff on duty which	Senior/Ward Manager and Head of Nursing Head of Resuscitation Services	By end of March 2023 By end of February 2023

		will continue to be monitored via staff roster until all staff are trained.		
		Manual Handling Training: Additional provision to be made available for Stroke Ward staff. Princess of Wales hospital has a practice educator recently trained to be able to deliver sessions and these sessions have now been arranged for all staff.	Head of Nursing	By end of March 2023
		Mitigation – 79% staff have completed the online learning		
		Infection Control Training: Available on ESR – all non-compliant staff within nursing and allied health professions have been provided time to ensure compliance.	Senior/Ward Manager/ Head of Nursing and AHP Leads	By end of Feb 2023
		Mitigation – All ward staff are aware of the importance of IPC procedures. Regular hand hygiene audits, bare below elbow and PPE (personal Protective		

		Equipment) audits are carried out at ward level. The teams will be working to improve all mandatory training compliance to above 85% with clear oversight of this by senior and lead nurses at monthly HR Rostering site based meeting where ESR compliance is reviewed and clear actions for improvement logged. A copy of this for January 23 included. Robust monitoring of this will take place via the Unscheduled Care Group and Diagnostic, Therapies and Specialties Care Group Quality, Risk and Patient Experience assurance meetings.		By end of Feb 2023

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.

Service representative:

Name (print): Emma James

Job role: Unscheduled Care Director of Nursing

Date: 6th February 2023

Appendix C - Improvement plan

Service: Princess of Wales Hospital - Ward 5

Date of inspection: 25 and 26 January 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action taken to review the provision of equipment to aid communication between staff and patients.	Standard 3.2 Communicating Effectively	Sonic-aid is available on the ward for hard-of-hearing patients and robust training of staff is in progress. Training will be provided to ensure staff are aware of how to identify patients requiring translation and how to access translation services.	Ward Manager/Senior Nurse	By 3rd April 2023
The health board is required to provide HIW with details of the action taken to promote the 'Active Offer' on the ward.	Standard 3.2 Communicating Effectively	Posters and signage are being updated to ensure it complies with the 'Active offer' guidance.	Ward Manager/Senior Nurse	In progress - aim by 30th June 2023

		Targeted plan in place for 100% compliance with Welsh Language Awareness on ESR- currently 46%. Welsh-speaking staff are easily identifiable through badges/uniforms. To ensure awareness and review of 'Active offer' this Topic will be on agenda for ward meetings.		
The health board is required to provide HIW with details of the action taken to ensure patients on the ward and their carers can easily access written information regarding stroke care.	Standard 4.2 Patient Information	Work has commenced on the rebranding of Princess of Wales Hospital – ward information boards will be linked to the stroke ward. Wall-mounted information leaflet racks have been ordered to display stroke association leaflets. Stroke association packs are available on the ward and as part of the patient checklist – all relatives will be given one. Records to be maintained.	Ward Manager/Stroke CNS	By 28th April 2023

		Stroke Association staff meeting with patients and relatives is established. Taking place weekly, supporting stroke recovery. Ward Manager to loan stroke book 'rebuilding your life after stroke' for relatives/patients as part of the meet and greet welcome to Ward 5.		
The health board is required to provide HIW with details of the action taken to review the therapy facilities used by patients on the ward and to take suitable action to ensure they are sufficient for providing therapy to patients following stroke	Standard 2.1 Managing Risk and Promoting Health and Safety Standard 6.1 Planning Care to Promote Independence	Owing to the risks associated with increased capacity requirements over the winter period, therapy (including stroke) accommodation was displaced adjacent ward 16. Initial mitigation includes the provision of a single clinical room. With the speech and language team utilising clinical space for set sessions during the week.	Therapy Leads	Completed

		Clinical service leads will now seek to establish a medium and substantive option for adequate therapy space against the backdrop of ongoing inpatient capacity needs across the hospital site.	Clinical Director for Therapies, Unscheduled Care Group Director of Operations and Nurse Director.	By 30th June 2023
The health board is required to provide HIW with details of the action taken to ensure patients on the ward and their carers can easily access information on the health board's complaints process and current sources of help and support on raising a concern or complaint.	Standard 6.3 Listening and Learning from Feedback	Link to previous response – an update of the ward boards will ensure posters in the corridor reflect CTM guidance for Putting Things Right. Contact details for the Ward manager will also be available. Posters are now in place displaying QR codes for feedback and reporting concerns.	Ward manager/Senior Nurse	By 28th April 2023
The health board is required to provide HIW with details of the action taken to improve the system for providing staff with regular	Standard 6.3 Listening and Learning from Feedback	As linked to the previous update QR codes for feedback have been updated allowing the feedback	Ward Manager/Sister/Senior Nurse	By 31st May 2023

updates on patient feedback and how this is used to make informed decisions.		system Civica to be utilised by all staff. Feedback to be shared with all staff- via email, meetings and displayed on the ward boards. Ward staff meetings at regular intervals have been scheduled. Minutes to be taken with actions delegated and fed back at the next ward meeting.		
The health board is required to provide HIW with details of the action taken to review the storage arrangements on the ward to ensure they are sufficient.	Standard 2.1 Managing Risk and Promoting Health and Safety	Daily checks of the ward area are to be undertaken by the Ward Manager to ensure all equipment is stored in a safe manner in line with updated fire risk assessment. Continued stock management to be maintained jointly with ward 6 – to release potential capacity to store more effectively within the clinical area.	Ward Manager/Senior Nurse	By 31st March 2023
The health board is required to provide HIW with details of the	Standard 2.1 Managing Risk	There is a system in place for staff to report call bells as	Ward Manager/Senior Nurse	Action complete

action taken to ensure patients have access to a call bell when they require this.	and Promoting Health and Safety	broken/missing immediately to the Ward Manager. Spare call bells are available on the site in the event of breakdown. Ward manager understands the process of repair/replace items such as calls bells and how to escalate issues to senior team. Issues which affect a wards risk assessment and health and safety are raised at the daily Safe 2 Start meeting.		
The health abord is required to provide HIW with details of the action taken to: • remind staff to wash their hands in accordance with the health board's policy and • ensure sharps boxes are replaced when needed.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	A robust plan is in place to ensure all staff are compliant with infection control training level 2 – target 100%. Ward Manager has ensured that alcohol gel is available at every bedside. Senior nursing staff are providing oversight and take every opportunity to remind staff of	Ward manager/Sisters/Senior Nurse	By 28th April 2023 By 31st March 2023

		the need to decontaminate hands appropriately. Ward Manager/Senior nurse to undertake spot checks of the area weekly. Utilisation of AMaT (Audit tool to monitor compliance) and input targeted intervention as required supported by IPC colleagues. Ward Manager has undertaken audit of sharps boxes which will continue weekly. All staff to be educated at the time and information reinforced at staff handover and ward meetings.		
The health board is required to provide HIW with details of the action taken to ensure written policies are being reviewed in accordance with its frequency rules. Where policies are beyond their review dates, the health board is required to provide HIW with	Standard 3.1 Safe and Clinically Effective Care	All staff access Health Board policies online only. Detailed work is underway throughout the health board to ensure all policies are being reviewed if out of date. This is being led by the newly formed Unscheduled Care Group. Any policies identified as being		

details of the action taken to prioritise reviews.		beyond their review date, if still clinically relevant, would be taken through the appropriate policy group for update and sign off.		
The health board is required to provide HIW with details of the action taken to ensure staff report safeguarding concerns to senior staff as appropriate.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk	Ward Manager to implement system where staff are able to share concerns with senior staff. Targeted plan in place to ensure 100% compliance with safeguarding level 2 and 3 training. At handover and in ward based team meeting, ward manager/sister/senior nurse will ensure there is opportunity for sharing concerns/safeguarding issues. Ward Manager to take part in board round and MDT in order monitor concerns raised.	Ward Manager/Sisters/Senior Nurse	By 31st May 2023
The health board is required to provide HIW with details of the action taken to reassure staff who	Standard 2.7 Safeguarding Children and	Ward Manager will ensure that there is opportunity for staff to raise concerns and will feed back	Ward Manager	By 31st March 2023

raise concerns that these will be addressed.	Safeguarding Adults at Risk Standard 7.1 Workforce	to staff outcomes from safeguarding meetings. Safeguarding to be a fixed item on ward meeting agenda.		
The health abord is required to provide HIW with details of the action taken to ensure staff handle patient information in a way that protects their confidentiality	Standard 3.5 Record Keeping	Training plan is in place for all staff to be 100% compliant with information governance training. Ward Manager has commenced spot checks weekly to ensure information governance compliance, including ensuring staff have logged out of PCs and personal information is hidden on the e-white board.	Ward Manager/Sister/Ward Administrator	By 28th April 2023
The health board is required to provide HIW with details of the action taken to ensure staff making entries in notes can be easily identified.	Standard 3.5 Record Keeping	Roll out of WNCR (Welsh Nursing Care Record) – digital documentation has commenced throughout Princess of Wales of Hospital, which will ensure any entries will be easily identifiable.	Ward Manager/ Senior Nurse	By 28th April 2023

		Audit weekly to ensure compliance with signature sheets.		
The health board is required to provide HIW with details of the action taken to review the ward systems for following up progress from actions identified from staff meetings and when issues have been escalated to ensure these are robust.	Governance, Leadership and Accountability	Regular staff meetings are in place. The ward manager will ensure minutes are taken, actions identified and allocated. Actions reviewed at start of next meeting. Minutes from meetings will be circulated to all staff and will also be available on the ward.	Ward Manager/Senior Nurse	By 31st May 2023
The health board is required to provide HIW with details of the action taken to respond to the less favourable comments as recorded under the 'Quality of Management and Leadership' section of this report	Governance, Leadership and Accountability Standard 7.1 Workforce	Ward Manager and Senior Nurse have taken the opportunity to share the comments recorded under the Quality of Management and Leadership with staff. In response to this, they are ensuring that steps are taken to address recruitment, attendance at streamlining	Ward manager/Senior Nurse/Stroke CNS	By 30th June 2023

		events, and recruitment to HCSW posts are not delayed. Review of rotas to ensure that supplementary staffing is requested in a timely fashion. Completion of acuity/Safecare and reviews of safe staffing levels to be undertaken. Design a system that staff can confidentially make suggestions on how to improve the ward. Give consideration to staff opinion at ward meetings – staff suggestions of solution of problems e.g. PDSA cycles.		

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.

Service representative

Name (print): Emma James

Job role: Nurse Director for Unscheduled Care

Date: 27th March 2023