

## **Hospital Inspection (Unannounced)**

Barry Hospital, Sam Davies Ward  
/ Cardiff and Vale University  
Health Board

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2020

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Sam Davies Ward, Barry Hospital within Cardiff and Vale University Health Board (UHB) on the 28 and 29 January 2020.

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

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

The ward provided a very good environment to support the care and treatment of the patients. The ward was well equipped, with a range of activities available to patients. The number of initiatives on the ward to improve patient outcomes is commended.

Staff on the ward were committed to delivering a very good standard of patient care.

There was very good management and leadership seen within the ward and staff felt supported by management.

Patients reported a positive experience on the ward and were treated with dignity and respect.

This is what we found the service did well:

- Dignified care
- Staff, patient and carer information
- Safe, clean environment
- Infection prevention and control
- Visibility of management
- Staff support and supervision
- Quality of information in patient care records
- Patient risk assessments
- Medication management.

This is what we recommend the service could improve:

- Discharge planning to avoid delayed transfers of care
- A training matrix for staff.

## 3. What we found

### Background of the service

Cardiff and Vale UHB is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they provide training for healthcare professionals.

The health board employs approximately 14,500 staff, and spends around £1.4 billion every year on providing health and well-being services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

Barry Community Hospital was opened in 1995 and offers Vale of Glamorgan residents a variety of primary and secondary care services. These included: Outpatients, Minor Injuries, Radiology, Rehabilitation Wards, Mental Health Services for Older People Wards, Therapies, Dental, GP and Out of Hours Services. The hospital's minor injury unit reopened after a £240,000 upgrade in May 2015.

Sam Davies Ward is a 23 bedded rehabilitation and complex discharge planning ward, serving elderly patients with dementia, and is located on the First Floor of Barry Hospital. The ward has one respite bed (which is for patients who meet the criteria for Continuing Healthcare), and receives referrals from the community as well as other hospital sites. The ward is part of the Integrated Medicine Directorate within Cardiff and Vale UHB.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, feedback from patients about the services they had received was very positive.

Staff were providing patients with safe and effective care.

There was a wealth of information displayed for staff, patients and carers.

Some improvements were required regarding the discharge planning process.

During the inspection we distributed HIW questionnaires to patients and families / carers to obtain their views on the services provided. A total of three were completed. We also spoke with patients and families / carers during the inspection. Most patients rated the care and treatment provided during their stay at the ward as excellent, and agreed that staff were kind and sensitive when carrying out care and treatment.

We also distributed HIW questionnaires to staff to find out what working conditions were like and to obtain their views on the standard of care. In total, we received ten completed questionnaires which were received from staff undertaking a range of roles and disciplines on the ward.

### **Staying healthy**

The hospital was a designated no smoking zone. This also extended to the use of vapour/e-cigarettes. These arrangements complied with Smoke-free Premises Legislation (Wales) 2007.

We saw there was a dedicated noticeboard for nutrition and hydration. This included a poster called 'Good Food First', for patients to improve their diet if they had a poor appetite or needed to gain some weight. Information was also provided on how many glasses of water were needed each day, how often certain types of drinks should be consumed and other general information on healthy eating.



There were also several other notice boards including:

- Welcome notice board, giving information about the ward and who to speak to
- Student information, including trainee mentor process and student outcomes from the ward
- Safeguarding, including an easy read on the Mental Capacity Act
- Cardiopulmonary resuscitation<sup>1</sup>, including flowcharts, above the resuscitation trolley
- Ears and Eyes, giving advice to staff on how to improve the stay of a patient with visual impairment or hearing difficulties
- Carer's, called John's Campaign, a campaign for extended visiting rights for family carers of patients with dementia in hospitals, that included information on carer's assessments
- Dementia, including behaviours and awareness.

There was a good range of health promotion and healthy living information available on the ward. Leaflets were displayed in wall mounted leaflet holders, which included information on medicines management, carer's support and agencies that can provide help and support. There were also various posters to help staff, such as immediate action following a patient fall, useful telephone numbers and the discharge process.

The This is Me<sup>2</sup> scheme was in operation on the wards, a This is Me booklet logo was displayed next to the bed of those patients with a diagnosis of

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<sup>1</sup> Cardiopulmonary resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

<sup>2</sup> A simple leaflet for anyone receiving professional care who is living with dementia or experiencing delirium or other communication difficulties. 'This is me' can be used to record details about a person who can't easily share information about themselves.

dementia or cognitive impairment who required additional support or a different approach to the provision of care.

During the inspection we noted musicians from Valley and Vale<sup>3</sup> playing music throughout the ward for the benefit of the patients and attempting to create an environment where individuals could relax. The patients and staff were engaged and enjoyed the experience.

## **Dignified care**

During the inspection we saw staff treating patients with respect, courtesy and politeness, this included being discreet when speaking about patients to other staff to ensure they could not be easily overheard. Staff also made efforts to protect patients' privacy and dignity when providing assistance with personal care needs. The doors to individual patient rooms were also closed when staff were speaking to patients or attending to their personal needs. All staff respondents to the questionnaire agreed that the privacy and dignity of patients was always maintained, and that patient independence was promoted.

Patients appeared well cared for with staff paying specific attention to patients' appearance and clothing. The patients we spoke with also told us that the nurses would help prompt them on how to look after themselves. This helped to support rehabilitation and allowed the patient to start to recover the ability to do activities of daily living. The family members / carers we spoke with said they were very happy with the way their family members were treated and that staff were always kind and treated them with dignity and respect.

The ward was well maintained, clean and tidy, adding to the sense of patients' well-being. Each bed had a washable privacy curtain, with a colourful design, that could be closed to provide patients with privacy. We were told that the curtains were laundered on a regular basis, or when soiled. Records of cleaning were kept and seen by the inspection team.

Patient toilet and bathroom facilities were available on the ward and these were clearly designated as male and female. Patients' continence needs had been

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<sup>3</sup> <http://valleyandvale.org/projects-valley-and-vale/>

assessed and we saw a continence bundle<sup>4</sup> within the patient care records we checked, that were completed on admission and reviewed and updated accordingly.

Patients had a choice of what to eat and drink from a set menu and had access to water, which was in easy reach. At the lunch and evening meal, patients were also encouraged and assisted to use the large day room at the end of the ward. Whilst meal times were protected, meaning that visitors were not allowed during this time, relatives and carers were encouraged to visit during these times, if they wished, to support patients during meal times. The food looked appetising and hot.

### **Patient information**

Directions to the ward were clearly signposted from the entrance to the hospital and provided access for wheelchair users. On the ward there was adequate signage available to help patients and visitors find their way around the ward, including clear directions to toilets and emergency exits.

The hospital carers notice board was located centrally on the ward and included reference to the two carers champions. There was also reference to carers on the ward notice at the entrance to the ward. Additionally, there was a white board by the entrance to the ward showing who was working on the ward, split into two teams on each side of the ward, that is, the female and male sides. Each side was staffed by at least one qualified nurse, and two health care support workers. The names of the doctors on duty were also displayed near the ward clerk's desk.

As described above there were a number of available leaflets and notice boards including information on the complaints / concerns process and the role of the

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<sup>4</sup> Assessment tools to identify immediate needs and the need for support in the longer term, an audit tool to measure how well staff are responding to patient needs and a questionnaire to be used to get feedback about patient experience. It's aim is to provide the right care for those patients who are admitted into hospital with continence issues, or identify patients with new continence issues, or continence issues not previously known about.

Community Health Council<sup>5</sup> in protecting patients' rights. The NHS (Wales) Putting Things Right<sup>6</sup> booklets were also available.

### Communicating effectively

There was not one notice board on the ward that could be considered as a Patient Safety at a Glance (PSAG) Board<sup>7</sup>. There was a patient bed board, nutritional / feeding notice board and a board in the staff rest room with information including patients at risk of falls, pressure ulcers and mobility. Ideally there should be one board, without patient identifiable data, containing information such as individual care needs, standardised icons and length of stay. The ward should consider the location and information for one board to display all the relevant information.

A number of the health board posters were bilingual and there were two Welsh speakers on the ward. The ward should consider displaying a welcoming poster at the entrance to the ward in Welsh and English stating "Please inform a staff member of your language choice", thereby providing Welsh speakers with the Active Offer<sup>8</sup>.

We were informed that translation services could be accessed should patients wish to communicate in other language other than English or Welsh. There were hearing loops available for the patients on the ward that were clearly sign posted. Additionally there was a braille alphabet card on the ward for patients

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<sup>5</sup> Community Health Councils (CHCs) are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

<sup>6</sup> Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

<sup>7</sup> The PSAG board is a clear and consistent way of displaying patient information within hospital wards.

<sup>8</sup><http://www.wales.nhs.uk/sites3/Documents/415/A%20active%20offer%20information%20pack%20-%20Health%20-%20FINAL1.pdf>

and family members. There were also braille signs on the toilets and on various rooms to help patients with visual difficulties. A number of dementia friendly clocks were also at various locations around the wards.

## **Timely care**

During the inspection we saw that the ward was busy, but it felt calm and well organised. We also noted staff responding promptly to any patients who had used the call bell when requiring attention.

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. Nearly all staff who completed a questionnaire said they were at least usually able to make suggestions to improve patient care. They also said they usually had adequate materials, supplies and equipment to do their work.

## **Individual care**

### **Planning care to promote independence**

The ward was spacious with wide corridors that gave sufficient space for patients with mobility issues and wheelchair users. There was a range of mobility aids and adaptations used on the ward. We saw a number of patients being assisted and encouraged to use the day room that was equipped with a television and comfortable chairs. In addition there were DVDs, books, dementia friendly jigsaws and books, and games. We noted the occupational therapists and physiotherapists were on the ward, Monday to Friday, helping patients to develop, recover, improve and maintain the skills needed for daily living.

As mentioned previously, the This is Me system was used for patients with dementia and where a patient had difficulty with their language or speech. This initiative aimed to help staff have an improved understanding of each patient on the ward, which could help provide a tailored person centred care based on individual needs and preferences.

Most staff said in the questionnaires that there was usually enough staff to enable them to do their job properly and they were satisfied with the quality of care they are able to give to patients. All respondents agreed patients and/or their relatives were also usually involved in decisions about their care.

Patient care records reviewed, as part of the inspection, did not include a completed discharge plan, or record the rehabilitation potential or planning of an individual's discharge. This document forms an important part of patient

discharge as it ensures continuity of care, assesses the support required by the patient when they leave hospital and any continuing health care needs.

Four out of five patients, based on an examination of their patient records, were in our view ready for discharge, but there was nothing in the notes listing a date when they could or were going to be discharged. Additionally, they were not documented as medically fit and there was not an active discharge plan. There were appropriate discharge planning meetings, that were documented but these were not followed up as robustly as they could have been. It is also possible that patients may not be declared appropriately as a delayed transfer of care (DTC), when they should be. A DTC is an inpatient in a hospital, who is ready to move on to the next stage of care, but is prevented from doing so, for one or more reasons.

There was a discharge policy, that explained the actions and correspondence to be completed if actions were not taken by the family or carer to facilitate the discharge of a patient. These were not recorded in patient care records and the documents may not be completed. The policy offers a leverage that is not being used by the ward.

#### Improvement needed

The health board is to ensure that:

- Discharge plans are completed in full and included in the patient records
- The discharge policy is followed and reasons for non-compliance documented
- Patients are appropriately declared as DTC where necessary.

#### People's rights

We found that family / carers were able to provide patients with assistance and be involved in their care in accordance with their wishes and preferences. This included being present when discussing care needs with the multidisciplinary team if required.

There were fixed visiting times, including protected meal times. However, the times were flexible around the needs of patients and relatives. In particular those who were travelling long distances and these could be negotiated with the ward staff.

Family or carers, where applicable, were able to provide patients with assistance and be involved in their care in accordance with their wishes and preferences. These would be recorded in patient care records, to ensure that all members of the ward team were informed.

We found staff protecting the privacy and dignity of patients when delivering care. For example doors to single rooms were closed and curtains were used around individual beds when care was being delivered.

A 24 hours chaplaincy service was available to the ward and the chaplain visited once a week, to provide pastoral care. There was a quiet room on the ward, that families of patients could use, called John's room, equipped with a sofa, tea and coffee making facilities and the room had been freshly decorated.

### Listening and learning from feedback

We saw information relating to raising a concern or compliment, to the health board, displayed in the ward. This team was formerly known as the Patient Advice and Liaison Service (PALS), which was a point of contact for patients, families and carers and offered confidential advice, support and information.

The team collected and analysed the feedback for the ward. These experiences provided the health board with the service user's perspective on what was working well and what was not, to monitor performance and demonstrate learning and improvement.

We were provided with information for the six months ending January 2020 that included the following comments from patients:

*"Care received was excellent."*

*"Staff on the ward very friendly and understanding."*

*"Fantastic staff. Lovely food. No job is enough for the staff."*

*"I feel the staff do a good job in the ward. Would definitely be a shame if it closes."*

The results of the feedback provided by patients were displayed on a section of the 'How are we doing'<sup>9</sup> board under the section 'You said.....we did'<sup>10</sup>. Staff who completed the questionnaires told us that patient experience feedback was collected. All respondents said feedback was used to make informed decisions within their ward.

There were good systems in place for managing complaints and we were told by staff that complaints were rare about the service on the ward. There was a formal complaints procedure in place, which was compliant with the NHS Wales Putting Things Right process.

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<sup>9</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/news/48637>

<sup>10</sup> Patients and visitors are informed of the changes that have taken place on a ward in direct response to their feedback that has been received. It is anticipated that this will encourage patients and visitors to share their experiences of using Health Board services, which will assist in shaping improvements; in turn, improving the patient experience.



## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that staff were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The wards were well maintained, clean and tidy, and arrangements were in place to reduce cross infection.

Patients' care needs had been assessed and staff monitored patients to promote their well-being and safety.

There were a number of initiatives on the ward to improve the patients' outcomes.

### Safe care

#### Managing risk and promoting health and safety

The Sam Davies Ward was easy to find from the hospital entrance and well signposted. There was no clutter noted on the ward and hoists were stored in a separate alcove off the entrance corridor. No tripping hazards were seen so the patients, staff and family / carers would be safe when walking around the ward. Patients who completed the questionnaire and patients we spoke with, all agreed that the ward was clean and tidy. Whilst a number of the waste bins did not open and close properly, we were shown evidence that this has been escalated to the Estates Department for replacement.

We saw evidence of up to date risk assessments, and health and safety risk assessments, for the ward. Additionally, there were patient risk assessments in place that are further described below. General and specific clinical audits and risk assessments were undertaken on a regular basis in order to reduce the risk of harm to patients and staff.

We found that the housekeeping cupboards were locked and cleaning products or other hazardous chemicals were stored securely to prevent unauthorised access.

All bed areas had chairs for patients and all appeared to be in a good condition. The bed areas were also clear of clutter as were the corridors in the ward. Nursing staff were visible in patient areas throughout the inspection.

### **Preventing pressure and tissue damage**

Patient care records reviewed, showed that patient pressure areas were documented and assessed on admission and at regular intervals after this. In addition, Waterlow Risk Assessments, which gives an estimated risk for the development of a pressure sore in a given patient, were also completed on a regular basis. We also noted skin bundle assessments<sup>11</sup> being completed for patients at risk. The overall assessment on pressure and tissue damage prevention and care was excellent, documented and updated appropriately.

Specialist pressure relieving equipment such as air mattresses and air cushions were available and being used appropriately. The ward manager also told us that a representative of the bed manufacturer had also been to the ward to explain the safe and effective use of this equipment.

The tissue viability nurse<sup>12</sup> also visited the ward, on request, to give advice and to assist in the management of patients with any issues.

The patient care records also showed that patients had been assisted and encouraged to move their position whilst in bed, or in a chair, regularly. We also saw staff assisting and encouraging patients to move around the ward, with assistance when required, to reduce patients developing pressure ulcers.

### **Falls prevention**

The review of a sample of patient care records showed that patients had been assessed for their risk of falls. These assessments were also regularly reviewed

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<sup>11</sup> <http://www.wales.nhs.uk/sitesplus/863/page/65480>

<sup>12</sup> Tissue Viability Nurses provide support and education in wound care and pressure damage prevention to enable healthcare professionals to provide evidence based and cost effective care.

and updated. We also saw that up-to-date care plans were in place for those at risk of falls, and if a patient fell, an electronic incident form was completed via a system called Datix, which is a patient safety software for incident reporting and adverse event reporting. Patients at risk of falls were also identified on a board in the staff room.

Staff who completed the questionnaires said that if they saw an error they would report it, although only a few staff said they had seen errors, near misses or incidents in the last month that could have hurt staff and patients. Most staff, who completed a questionnaire, agreed that staff who were involved in an error, near miss or incident were treated fairly. All agreed that their organisation encourages them to report errors, near misses or incidents and most agreed the organisation would treat reports of an error, near miss or incident confidentially. All agreed that action would be taken on incidents identified and none disagreed.

A majority of staff who completed the questionnaires agreed they were informed about errors, near misses and incidents that happened in the organisation. Most said they were given feedback about changes made in response to reported errors, near misses and incidents, one member of staff said:

*"I'm not convinced the organisation gives all the information required, but definitely I'm informed by my manager."*

The audit information displayed on the ward showed that there had been five falls in the previous month. Staff we spoke with said that the falls assessments would be further reviewed after each fall.

### **Infection prevention and control**

The ward appeared to be clean and we saw, as described above, that patient beds and chairs were clean and properly maintained. We discussed the cleaning arrangements with the housekeeper on the ward. The housekeeper was well versed in the requirements of the role, this knowledge included the policies and procedures, and the housekeeper was also able to explain how a room would be deep cleaned, following use by an infectious patient. We reviewed both the wards' weekly and daily cleaning schedules, and these were completed appropriately.

Personal protective equipment such as disposable aprons and gloves were available and were being used appropriately to maintain effective infection prevention and control. Appropriate facilities were also in place for the safe disposal of clinical waste, including medical sharps such as needles.

There was a comprehensive infection control policy in place on the ward and we found that regular audits had been undertaken to ensure that staff were adhering to the policy and good practice principles. The results of these audits were displayed on the 'How are we doing' board, to show that effective infection prevention and control was evident on the ward.

We found there was good compliance with staff completing infection and prevention control training. Staff we spoke with were all able to describe their role in relation to infection prevention and control and the precautions taken for isolating patients. All members of staff could describe the five steps of hand hygiene, and we observed staff using hand sanitiser gel or hand washing between patient contact and procedures. We saw hand sanitising stations placed near entrances / exits, and strategically placed throughout the ward, for staff and visitors to use, to reduce the risk of cross infection. To maintain good infection prevention and control, staff on the ward adhered to the Bare Below the Elbow<sup>13</sup> policy

None of the patient care records reviewed required the use of the sepsis<sup>14</sup> screening tool<sup>15</sup>. Staff we spoke with said that if there was evidence to show that a patient was at risk of becoming septic, or they were becoming septic, then a septic bundle would be put in place. Prompt treatment of sepsis helps increase the patient recovery and survival rate of sepsis.

### **Nutrition and hydration**

There was a nutrition and hydration board on the ward that included information on drinking water and ways in which to eat healthily and improving nutrition. Meals were prepared on site and looked appetising, they appeared to be hot, well presented and were served at regular times. Patient meal times were protected and patients were encouraged and assisted to use the day room as described above.

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<sup>13</sup> The BBE policy enforces that all staff including the clinical and administrative teams, should not wear any clothing or jewellery (apart from a plain wedding band), below the elbow on to the ward, and particularly when in contact with patients.

<sup>14</sup> Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.

<sup>15</sup> [Sepsis Screening Tool](#)

An adult nutritional screening tool was in place, to assess a patient's nutritional status, that had been completed on admission, for all patient care records reviewed. Where appropriate, food and fluid intake was documented on a daily basis. We also noted that patients had been referred to the dietician and that the record of the review had been documented in the progress report.

We saw that water jugs and cups were placed on bedside tables, within easy reach of patients. Staff were also seen to assist patients to drink throughout the inspection.

Patients we spoke with said that they enjoyed their meals. However, we noted that patients were not offered hand wipes prior to their meals. Not cleaning hands before eating a meal increases the patients' risk of infection that is transmitted through hand to mouth contact.

#### Improvement needed

The health board must ensure that antiseptic wipes are provided and used by patients prior to their meals.

#### Medicines management

The health board medicines management policy was available in the room where the medication was stored, in addition to being available through the health board intranet. We saw evidence of regular temperature checks of the medication fridges being completed and recorded. This ensured refrigerated medication was stored at the manufacturer's advised temperature.

The In-patient Medication Administration Record<sup>16</sup>, also known as the All Wales Medication Chart, were completed correctly and in full, in accordance with professional code of conduct and health board policy. We saw that intravenous (IV) fluids were appropriately signed for, and recorded on the appropriate records.

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<sup>16</sup> [http://www.awmsg.org/medman\\_medchart.html](http://www.awmsg.org/medman_medchart.html)

We saw that patients wore identification bands, and these were checked against the drug chart identification label, during administration of medication, to reduce the risk of medication errors.

We found there was appropriate storage of controlled drugs and the administration of medication to patients was conducted competently. This included a daily stock check for the controlled drugs, countersigned by two qualified nurses as required by the policy. There was a clear record completed, to show when staff administered medication, and any reasons for non-administration were recorded.

We observed the medicines round and found that the drug trolley was not left unattended at any time. Staff we spoke with said that a pharmacist visited the ward three times weekly to advise on medication related issues. We were informed that when medication was required, that was not routinely stocked, nursing staff had a process in place for ordering the medications required.

### **Safeguarding children and adults at risk**

The health board had policies and procedures in place to promote and protect the welfare of adults who were vulnerable or at risk. They were available on the health board intranet. The main door to enter and exit the ward was secured on the inside and required a code to be entered to leave the ward. Patients we spoke with said that they felt safe on the ward and knew who to talk to, if they had any concerns.

The staff training records showed that staff were trained in safeguarding adults and children. Staff we spoke with were also aware of the need to refer patients to an Independent Mental Capacity Advocate (IMCA)<sup>17</sup> or an Independent Medical Health Advocate (IMHA)<sup>18</sup>, if required.

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<sup>17</sup> An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

<sup>18</sup> An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment. Advocates are not employed by the NHS or any private healthcare provider, and they provide free, independent and confidential support.

Our review of the patient care records demonstrated that there was evidence of staff having a good knowledge and understanding of mental capacity assessments<sup>19</sup> and Deprivation of Liberty Safeguarding (DoLS)<sup>20</sup>. The relevant paperwork was completed and placed in patient care records. However, the reason for referral to DoLS and any reviews were not recorded.

#### Improvement needed

The health board must ensure that all relevant paperwork is completed in full including the reasons for referral to DoLS.

#### Medical devices, equipment and diagnostic systems

There was appropriate equipment in place on the ward, to support the needs of the patients. This included walking frames, commodes, monitoring equipment and hoists. We noted that the clinical equipment checked was appropriately maintained.

We noted that there was appropriate resuscitation on the ward, that was conveniently placed. Above the equipment there was a notice board describing the cardiac arrest procedure, together with Resuscitation Council<sup>21</sup> Algorithms and guidelines. There was evidence that resuscitation equipment had been checked as required by the local policy.

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<sup>19</sup> [Mental Capacity Assessment](#) - The Mental Capacity Act states that a person lacks capacity if they are unable to make a specific decision, at a specific time, because of an impairment of, or disturbance, in the functioning of mind or brain. An assessment is required to determine this.

<sup>20</sup> The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect vulnerable adults, who may become, or are being deprived of their liberty in a care home or hospital setting. These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and/or care and need to be deprived of their liberty, in their best interests, otherwise than under the Mental Health Act 1983 (MCA Code of Practice). The safeguards came into force in Wales and England on the 1st April 2009.

<sup>21</sup> <https://www.resus.org.uk/resuscitation-guidelines/>

## Effective care

### Safe and clinically effective care

There were a number of white boards used throughout the ward to show patient status, as described above. There was also a notice board near the entrance to the ward that displayed the nurse staffing levels against the establishment. This notice board also contained up to date information on clinical audits, including infection control, falls and pressure ulcers on the ward.

We saw the planned 12 month audit programme for the ward and also the results of the last audits in areas including nutrition, hand hygiene and infection control. The ward also participated in the National Audit of Dementia (NAD), a clinical audit programme looking at the quality of care received by people with dementia in general hospitals. Any lessons learned were passed on at handovers and safety briefings.

There was clear evidence of pain management in the patient care records reviewed.

### Quality improvement, research and innovation

Staff we spoke with described a number of initiatives on the ward, to deliver improved patient outcomes. These included:

- Digital heroes, children from Ysgol Bro Morgannwg visited the ward to pass on their digital skills to the patients, as part of an initiative with Digital Communities Wales<sup>22</sup>. The initiative also built confidence and communication skills for the children
- Valley and Vale volunteers, in addition to the music on the ward described above, they also ran a music group for patients
- John's campaign as described above
- An account with the local library, volunteers bring books for patients and they also talked to patients

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<sup>22</sup> <https://www.digitalcommunities.gov.wales>.



- The Soroptimists<sup>23</sup> raised funds for dementia friendly books and jigsaws.

We also saw evidence that the work on the ward had been recognised for the following awards:

- The ward manager was the joint winner of the 2019 Manager of the Year at the health board Staff Recognition Awards, and also received a special commendation from the chair of the health board
- The silver award as part of the Carer Friendly Accreditation scheme provided by Carer Trust South East Wales<sup>24</sup>.

### Information governance and communications technology

There was a system in place to ensure that patient data was effectively and safely stored. Patient care records were stored in designated trollies to prevent inappropriate or unauthorised access to the notes. We observed that these records were normally located by the ward clerk's desk in the centre of the ward. We did not see any instances where records were left unattended thus reducing the risk of breaching patient confidentiality and inappropriate and unauthorised access to patient data.

The ward manager had access to the Electronic Staffing Records (ESR) to enable them to update and review employee and workforce information. Staff also had access to the ESR to view their own information.

### Record keeping

Patient care records were very well organised with a consistent structure. Members of the multidisciplinary team also documented on the same paperwork, making the continuation of the patients progress easy to follow. Record keeping was considered to be very good and appeared to be complete and well organised, to ensure the continuity of care between clinicians. All entries were signed and dated with the time of the entry included. All patients had their needs promptly assessed on admission to the ward and relevant risk

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<sup>23</sup> <https://sigbi.org>

<sup>24</sup> <https://www.ctsew.org.uk/carers-friendly-accreditation>

assessments had been undertaken. Patient care records could be further improved with the name and designation of the signer, and, as noted above, discharge planning could be improved.

There was evidence of a written handover that was informative, precise and updated daily.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.*

There was evidence of very good leadership and management and staff were positive about the management and the support they received from them.

Staff were very professional, enthusiastic and committed to delivering a high standard of patient care.

Mandatory training compliance for the ward was generally good.

There were vacancies for registered nurses within the ward but managers were confident these would be filled in the near future.

## Governance, leadership and accountability

As stated above, during our inspection we invited staff working on the ward to provide their comments on topics related to their work. This was mainly done through a HIW questionnaire, we also spoke to a number of staff during the course of our inspection.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. All staff who completed a questionnaire said that they knew who the senior managers were in the organisation and a majority said there was always or usually effective communication between senior management and staff. One member of staff commented:

*"I am very confident to say that I can contact Senior Management if I needed their help or advise at any time and they are always willing to help out."*

Most staff who completed a questionnaire said the organisation always or usually encouraged teamwork and most felt the organisation was always or

usually supportive. All staff agreed front line professionals who deal with patients were empowered to speak up and take action when issues arise. Nearly all said there was always or usually a culture of openness and learning within the health board that supported staff to identify and solve problems. Additionally, the majority of respondents thought the health board always or usually has access to the right information to monitor the quality of care.

The majority of respondents agreed the care of patients was the organisation's top priority and all agreed that the organisation acted on concerns raised by patients. Nearly all agreed they would recommend the organisation as a place to work and all agreed they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment. One member of staff commented:

*"I highly recommend my organisation for a place to work and for treatment. Always use a person centred approach in patient care."*

A clear management structure was in place and senior staff were aware of their lines of reporting. Roles, responsibilities and lines of accountability were also clear. Staff we spoke with felt supported by their ward manager and spoke highly of them. The ward manager was noted as being visible, accessible and prepared to work on the ward as required.

Throughout the inspection and during the concluding inspection feedback, senior staff demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

## **Staff and resources**

### **Workforce**

#### *Vacancies and absences*

There were five full time equivalent qualified nurse vacancies on the ward and just under three health care support worker (HCSW) vacancies on the ward. The ward manager told us that three additional qualified staff would be starting to work on the ward in the very near future. Also a number of bank HCSWs had expressed an interest in working on the ward, should there be any permanent HCSW vacancies advertised.

Most staff we spoke with said that despite the vacancies and any sickness absences, this did not affect patient care. The ward was able to maintain the minimum nurse staffing levels through the use of bank staff and staff termed as

floaters from another hospital, managed by the senior nurse. This was also evidenced through our checks of the staffing rotas over the previous three months. Staff we spoke with said that nursing on the ward was very challenging, due to patient acuity and dependency. The ward staff we spoke with said that they felt supported by senior management to ensure the nurse staffing levels were met.

### *Support to staff*

There was evidence from speaking to staff and from staff questionnaires that the vast majority of staff felt supported by their immediate manager. Some staff comments included:

*"I am very happy and grateful to my ward manager for all the support she gives to me and to the other members of the teams. She is here for support using professional and personal matters. She always goes that extra mile to support staff."*

*"I feel I can speak out to my manager and always feel supported. She is very approachable."*

All staff who completed a questionnaire agreed that their manager always or usually encouraged them to work as a team and that their manager could be counted on to help them with a difficult task at work. Most said management gave feedback on their work.

During the inspection we noted that the ward management were visible on the ward, helping other nursing staff when required. They also had a detailed knowledge of the patients and their needs. The medical staff we spoke with also said that the ward was exceptionally well managed and that the ward manager led by example.

All staff said that if they were concerned about unsafe clinical practice they would know how to report it and said they would feel secure raising concerns about unsafe clinical practice. All staff felt confident their organisation would address their concerns once reported.

A majority of staff who completed a questionnaire said management always or usually ask for their opinion before making decisions which affect their work. All said that their manager was always or usually supportive in a personal crisis.

Most staff said senior managers always or usually involved staff in important decisions and most said management always or usually acted on staff

feedback. Most respondents said management were always or usually committed to patient care.

### *Training and development*

All staff who completed a questionnaire said training or learning and development always or usually helped them to do their job more effectively. The majority of staff said it helped them to stay up to date with professional requirements and all said it helped them deliver a better experience for patients. Nearly all respondents said they had undertaken training in dementia care.

The majority of staff respondents told us they had an appraisal, annual review or development review of their work in the last 12 months. A majority said their learning or development needs were identified, and nearly all told us that their manager always supported them to achieve their training needs. The information on ESR showed an 83 percent appraisal compliance rate on the ward. We viewed a sample of staff files and saw there were in date appraisals on file, signed and agreed by the member of staff. We were also informed that ESR would inform the ward manager a month in advance of when the appraisal was due.

The information on ESR also showed an 86 percent training compliance. The ward manager said that there was a plan to increase this compliance rate in the near future. The majority of mandatory training had been well attended which included; fire safety, safeguarding, infection prevention and control, and equality, diversity and human rights. Whilst the ward manager had access to ESR to drill down in the system to establish what training staff needed to completed, there was not a training matrix maintained, to view at a glance the compliance by each member of staff against the various areas of training required to be completed.

### *Health and well-being*

A majority of staff who completed a questionnaire agreed that their job was good for their health, all respondents agreed that their immediate manager takes a positive interest in their health and well-being and most agreed their organisation takes positive action on health and well-being.

*“My manager is always compassionate with health & wellbeing, not convinced the organisation are as compassionate.”*

All respondents said their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion,

sexual orientation, disability or age. No respondents reported having been discriminated against, either by a patient or by management.

#### Improvement needed

The health board must ensure that:

- Current recruitment plans, and methods of how the current staffing deficit throughout the hospital is managed on a day to day basis, are shared with HIW
- A training matrix is maintained for all the staff on the ward, that shows, at a glance, who is in date, and who requires training to be updated.

## 4. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.



## 5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our 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
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Hospital:** Barry Hospital  
**Ward/department:** Sam Davies Ward  
**Date of inspection:** 28 and 29 January 2020

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection.				

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):**

**Job role:**

**Date:**



Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>brought to the meetings and provided to relatives at the meetings, with the policy followed up with appropriate letters.</p> <p>The ward reports weekly to both the Lead nurse and the Discharge Liaison Nurse regarding the DTOC patients and the current position in terms of discharge.</p> <p>The existing wards information board is being updated with relevant up to date information around discharge planning and how patients/relatives and careers can be supported.</p> <p>Documentation currently used for discharge planning is to be reviewed by Senior Nurse/ Ward Sister and aligned with discharge policy</p> <p>Ward Sister and Senior Nurse to consider adapting the SAFER Bundle of care and Red to Green principles to ensure critical actions are taken each day to facilitate discharge and avoid unnecessary delays.</p>	<p>Ward Manger/Deputy Ward Manager</p> <p>Deputy Ward Manager/Ward Manager</p>	<p>Review September 2020</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
		will be audited in 1 month.		2020
<b>Quality of management and leadership</b>				
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> <li>• Current recruitment plans, and methods of how the current staffing deficit throughout the hospital is managed on a day to day basis, are shared with HIW</li> <li>• A training matrix is maintained for all the staff on the ward, that shows, at a glance, who is in date, and who requires training to be updated.</li> </ul>	7.1 Workforce	<p>All vacancies to Sam Davies ward are being recruited to. The new staff nurses have been recruited and two have already commenced in post. In addition, two HCSWs have also been recruited.</p> <p>Recruitment is undertaken in line with the UHB policy and day to day management of staffing deficits is managed through the Clinical board Senior and Lead Nurse structures. Staffa re deployed across the UHB to cover staffing deficits in all of the hospitals - a risk based approach is taken.</p> <p>There is a continuous open advert open for applications. There is a recruitment event planed for March 2020 where staff from the Community Sites will attend to promote the ward.</p> <p>Training records are kept on ESR All</p>	Ward Manager	<p>3 months</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Wales system. The Ward Sister can access a report for compliance on request. All staff on the ward can access their own training record. Monthly reports to be requested from LED and shared with the staff.		

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):** Linda Edwards

**Job role:** Ward Manager

**Date:** 25 March 2020