Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Urology Ward, Royal Gwent Hospital, Aneurin Bevan 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 Wards D2 East and D2 West, Royal Gwent Hospital, Aneurin Bevan University Health Board on 3 and 4 May 2023. The following hospital wards were reviewed during this inspection:

- D2 East Ward - 21 beds providing urology services
- D2 West Ward – 16 beds providing urology surgical services.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 19 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and one patient experience reviewer. 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 provided to them.

We found staff treated patients with respect and kindness, and overall made efforts to protect their privacy and dignity when providing care.

Patients appeared well cared for and we found staff responded promptly to patients' requests for assistance.

While we saw information displayed on notice boards, this did not include health promotion information or signposting to specific services.

This is what we recommend the service can improve:

- Provide health promotion information on both wards
- Provide signage to assist patients with sensory deficit
- Introduce a scheme is assist the care of patients with cognitive impairment.

This is what the service did well:

- We saw many examples of staff treating patients with respect and kindness
- We found patients pain was well managed
- We found staff encouraging patients to mobilise.

Delivery of Safe and Effective Care

Overall summary:
We found the hospital wards to be providing safe and effective care to patients. We found good arrangements in place to prevent patients from developing pressure damage and prevent patient falls. We also found good arrangements were in place to meet the nutritional and hydration needs of patients.

This is what we recommend the service can improve:

- The health board must ensure that staff comply with the bare below the elbow policy
- The health board must ensure the door to the medicines room remains closed and secure at all times.

This is what the service did well:

- We found good arrangements were in place to prevent patients from developing pressure damage and patient falls
- We saw comprehensive record keeping
- We found iPads used to record and evaluate vital sign recordings.

Quality of Management and Leadership

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

Senior staff described a system of audit to monitor the quality and safety of services provided on the wards. We found the quality and safety arrangements on the wards were appropriate.

The health board had a comprehensive mandatory training programme with good staff compliance on both wards.

We saw that the majority of available staff had received an up-to-date appraisal.

This is what we recommend the service can improve:

- The health board must ensure that all staff complete safe moving and handling training.

This is what the service did well:

- We found a good management structure in place with clear lines of reporting and accountability
- Staff training compliance was good for many topics
- We found the Safe Care programme a reliable tool to ensure there were safe staffing levels on the ward.

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 19 were completed. Patient comments included the following:

"Staff have been amazing, even the staff taking me to theatre."

"Very attentive and pleasant staff"

"Consultant and nurses are very efficient and friendly. Nothing but excellent treatment and the service is wonderful."

"All staff have been excellent from consultant to cleaner."

Person Centred

Health promotion
We saw information displayed on dementia, learning disabilities and bereavement. However, there was no health promotion information such as smoking cessation, nutrition or screening for cancers displayed on either ward. **The health board must ensure health promotion information and advice is displayed on the ward for a range of health conditions. In addition, include signposting information for services such as smoking cessation in order that patients an access these services.**

We were told smoking was not permitted anywhere within the hospital. This accordance with current legislation to help prevent disease caused by second-hand smoke. We were also told patients were signposted to health board's smoking cessation service where they could access advice and support to help them stop smoking.

Dignified and respectful care
During our inspection we saw many examples of staff treating patients with respect and kindness and making efforts to maintain their dignity.

Where patients were accommodated in multi-bedded bays, we saw dignity curtains were drawn. We also saw doors to toilet facilities were closed when personal care was taking place. The feedback we received from patients and relatives was very positive with staff being described as 'attentive' and 'courteous'.

Patients appeared well cared for and suitably dressed in their own clothing or hospital gowns. We saw evidence that patients were having their pain measured, actioned and evaluated regularly using a suitable pain assessment tool.

All patients 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. Responses from all patients showed staff had provided care to them in a kind and sensitive way.

Most patients (18/19) told us they had been involved as much as they had wanted to be in decisions about their health care. All patients who completed a questionnaire told us staff had listened to them and their family and friends.

Individualised care
Patients we saw appeared well cared for. We saw staff encouraging patients to mobilise which followed the 'Move it May' initiative that was introduced to improve patient flow and timely discharge.

We saw signage displayed to assist patients to find toilets and washing facilities. However, there was no additional signage to assist people with sensory deprivation. **The health board must ensure additional signage is added for toilet and washing facilities that will aid patients with sensory deficit in locating such facilities.**

We saw a large display board with information about dementia care. However, the wards did not use the 'This is Me' or 'Butterfly' schemes for patients with cognitive impairment. **We recommend introducing an initiative for patients with cognitive impairment such as 'This is Me' or 'The Butterfly Scheme'.**

Timely

Timely care
We found the care and treatments on the ward to be completed in a timely and calm manner. The ward was a calm yet busy environment with staff undertaking tasks and treatments with a structured and organised approach.

All patients who completed a patient questionnaire told us staff had provided care to them when they had needed it. All patients who completed the questionnaire agreed they always had access to a nurse call buzzer. When asked whether staff came to them when they used the buzzer, all patients agreed.

Equitable

Communication and language
We saw signage to help visitors find their way to and from the wards and to other wards and departments within the hospital. We found this was generally easy to follow. However, the signage at the entrance of the ward was a hand drawn sign which was awaiting replacement. The ward manager told us that a sign had been ordered and they were awaiting delivery.

Rights and Equality
During 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, we were told patients were able to receive visits from relatives and friends. We observed relatives visiting the ward at mealtimes to assist patients who had difficulty feeding themselves.
Senior staff provided us with compliance figures showing that most staff had completed Equality and Diversity training as part of the health board's mandatory training programme.

In addition, all patients who completed a patient questionnaire told us they had not faced discrimination when accessing or using the health service.

Delivery of Safe and Effective Care

Safe

Risk management
We saw the both wards were accessible to patient, staff and visitors. There was level access to the hospital with lifts to access all wards which were located over several levels.

We saw that the entrance signs to the wards required renewing. We were told by the ward manager that these had been ordered.

The wards areas were observed to be organised and free of clutter enabling manoeuvring of wheelchairs, stretchers and trollies. We found the wards to be clean and tidy. Domestic cleaning staff were present on the wards throughout our inspection.

Senior staff described suitable arrangements for the reporting, recording and investigating incidents and for providing feedback to ward staff.

During our record review, we saw evidence of patients having been assessed for the risk of developing pressure damage. Appropriate care plans were in place according to the risk identified. Where needed, we saw evidence of patients being repositioned frequently. We also saw evidence of ongoing monitoring of patients' skin particularly in the post-operative period where patients were acutely less mobile.

We saw evidence of patients having been assessed for their risk of falls. Where patients had been identified as at risk of falls we saw appropriate care plans were in place.

Infection, prevention, control and decontamination
The ward was found to be very clean and tidy. Equipment was cleaned in between patient use and placed in a designated store room. We saw that mattresses and beds were cleaned following patient use and were checked weekly. We saw cleaning staff were visible on both wards throughout the course of the inspection. The ward area was found to be in a good state of repair and furnishings allowed for effective cleaning.

We saw personal protective equipment and hand gel was available throughout the ward and staff were seen to be using it appropriately. We saw suitable means of

isolation on both wards. We were told that if a patient required isolation to facilitate IPC then one of the three cubicles would be used to perform barrier nursing.

We found that the safety cross on D2 West displayed out of date information. There was no Safety Cross displayed on D2 East. **We recommend the health board display up-to-date safety crosses on both wards to provide staff and visitors with information about safety data of the ward.**

We were provided with documents that evidence that IPC audit activity had been completed monthly. The audit result for bare below the elbow on ward D2 East had been below 85% for four months. **The health board must ensure that all staff adhere to the regulations and bare below the elbow in clinical areas.**

Safeguarding of children and adults
Senior staff described suitable arrangements for responding to safeguarding concerns. We saw a current written policy and procedures were in place. These were in accordance with the Wales Safeguarding Procedures. Senior Staff confirmed staff could contact the health board's safeguarding lead for advice on safeguarding matters.

Safeguarding training was part of the health boards mandatory training programme. Data provided by senior staff showed that compliance with training was 100% on D2 West and 91% on D2 East for safeguarding adult and 93% on D2 West and 91% on D2 East for safeguarding children.

Blood management
We found strict arrangements were in place to ensure the safe administration of blood products on both wards. Staff were also aware of the correct process in which to report adverse events relating to blood products.

Staff we spoke to were confident in the process of administering and monitoring of blood products including patient checks. We were told that a record of all staff competent in the administration of blood products was kept by the ward managers.

Management of medical devices and equipment
We saw a range of equipment was available to meet the assessed needs of patients, such as pressure relieving mattresses, mobility aids, commodes and vital sign monitoring machines. Staff we spoke to agreed that they had access to the correct equipment to assist with patient care.

We saw equipment had labels to show when they required servicing and saw this was up to date.

Staff we spoke with were aware of the correct procedure to follow to report equipment found to be faulty. We saw staff cleaning shared equipment following use to prevent cross infection.

Medicines Management
We found that medications were prescribed, documented and administered correctly in line with the medicines management policy. Drugs were stored appropriately in locked cupboards within a locked room. However, during our inspection we found the door to the drugs room to be wedged open. This was escalated to the ward managers and rectified immediately. Staff were informed by the ward manager that the door must remain locked.

The Medicines management policy was found to be sufficiently robust. Medication storage fridge temperatures were appropriately checked and recorded on a daily basis.

Medicines administration charts were generally completed correctly. We saw that patients' details were shown on all charts, however, this was not always consistent throughout the chart.

The ward had a dedicated pharmacist and staff were able to access medication from the site manager out of hours. Staff stated they felt that they were able to access medications and were supported by pharmacy staff. Oxygen was not prescribed on the medications chart, however, this was documented in the NEWS. We recommend ensuring that oxygen requirement is prescribed on the medication chart.

Effective

Effective Care
We saw evidence that services are arranged to ensure movement though pathways. We found that referrals were made to multi-disciplinary teams prior to discharge.

We found that there was good communication between staff including shift handovers and disseminating information throughout the team.

The ward had an allocated discharge liaison officer who assisted in all aspects of discharge planning. They ensured that families are involved in the planning process and facilitate communication to the wider team.

An electronic patient management system was in use where vital signs observations were recorded and flagged when NEWS scores were high and when repeat observations were needed.

Staff we spoke to were aware of how to access the hospital's clinical policies and procedures to support them in their practice.

We saw on both wards Patient Status at a Glance (PSAG) boards were clearly displayed, which included patients initial and surname along with abbreviated information about the status of each patient to assist communication between members of the multi-disciplinary team.

Nutrition and hydration
Information regarding patient nutritional needs was given at handover and documented in the patient records. Relatives were welcomed onto the ward at meals times to assist patients who required help to eat and drink. Patients were found to have access to water and hot drinks were served around meal times or on request.

Patient records
We found patient records were up to date and the notes showed evidence that care was being assessed and evaluated. Documentation was generally of a good standard. We found that records were kept securely in locked cabinets and accessible to all members of the multi-disciplinary team (MDT).

We saw that iPads were used to record patient vital signs using the National Early Warning Score (NEWS) tool. Staff told us that an alert is raised when a patient has a high NEWS score, which is received by Advanced Nurse Practitioners (ANP) who then attend the ward to review for patient. The iPads were also seen to alert the ward nurses when the patient was due to require follow up vital sign recordings. Staff we spoke to agreed that the iPads were a good addition to enable care to be given effectively.

Efficient

Efficient
During our record review we found referrals were made to Physiotherapy and Occupational Therapy when required. We saw that discharges were support by a ward based Discharge Liaison Officer who assisting in facilitating safe and efficient discharges and smooth transition to the community.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found a suitable management structure was in place and clear lines of reporting and accountability were described and demonstrated. Senior staff confirmed they visited the ward regularly and were available to provide advice and support the ward managers and ward teams.

Senior staff described a system for audit and provided examples evidencing this process. We saw that a variety of audits had been undertaken which included a ward visit audit completed by an external auditor.

We saw good quality and safety monitoring arrangements on the ward. Suitable arrangements were described for sharing relevant information and updates to policies and procedures with the wider ward teams.

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

Workforce

Skilled and Enabled Workforce

We saw doctors, nursing staff, allied health professionals, healthcare support workers, administration staff, catering/hostess staff and domestic staff working on both wards.

During our inspection the staffing levels and skill mix on both wards appeared appropriate to meet the assessed needs of patients. We were told bank staff were used to cover any shortfalls in staffing that could not be covered by members of the ward team.

The ward manager told us they used the digital programme Safe Care to ensure the correct number of staff were present for the level of acuity on the ward. This was completed twice daily at the change of shift and could also be updated at any point during the shift where there was a change in staff or patient situation.

Details of staff were displayed on a board at the entrance to D2 East where patients and visitors could clearly view them. This included the staff members name, role and what colour uniform they wear.

Staff we spoke to said they were confident with who to report concerns to and when.

We requested details of mandatory staff training. Compliance was good for the majority of topics with over 85% of staff having completed the training. However, the data provided showed that safe moving and handling training compliance was low on both wards. **The health board must ensure all staff complete safe manual handling training as part of the mandatory training programme.**

We saw evidence that all staff receive an annual appraisal which was documented and recorded in individual staff files. Staff meetings are held every four months with the opportunity to perform meetings more regularly if necessary.

Staff described the process in which incidents would be reported which included completion of Datix incident report.

Culture

People engagement, feedback and learning

We saw that mangers were visible on both wards and seen to be friendly and professional. We saw managers were involved in delivering care and assisting with medication administration rounds.

The ward followed the Putting it Right complaints process. We were told that the majority of complaints received were regarding waiting times for urology surgery. Managers told us that complaints were documented in patients notes and on the Datix system. Complaints were captured in a database and investigated by the ward managers and putting it right team. The ward managers shared learning through safety briefings, emails and via the ward Whatsapp group.

Learning, improvement and research

Quality improvement activities

We were told about initiatives that take place on the wards that involve staff from the multi-disciplinary teams. The most recent initiative was known as ‘Move it May’ which encouraged a more streamlined and safer discharge for patients. We

were told that there had been an improvement in discharges throughout the time of the initiative.

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
During our initial tour of the ward areas we noted COSHH Equipment left in sluice and COSHH equipment storeroom was not locked.	This posed a risk of patients or visitors being able to access harmful substances causing poisoning or damage to skin or eyes.	This was escalated immediately to the Ward Manager who liaised with the domestic staff and estates department.	COSHH equipment was removed from the sluice and secured in a locked cupboard. The ward manager instructed the estates team to provide a lock on the door of the COSSH equipment cupboard.
During our tour of the ward we noted the door to the medicine preparation cupboard was propped open with a bin allowing patients and visitors to access the room.	Risk of patients being able to access medications and medical devices.	This was escalated immediately to the Ward Manager.	The door was closed and secured ensuring no unauthorised person could gain access. Ward teams were instructed to ensure that the door is closed and secure at all times.

Appendix B - Immediate improvement plan

Service: Wards D2 East & West Royal Gwent Hospital, Newport

Date of inspection: 3 & 4 May 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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate improvements identified				

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:

Appendix C – Improvement plan

Service: **Wards D2 East and West, Royal Gwent Hospital, Newport**

Date of inspection: **3 and 4 May 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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
We identified a lack of health promotion information on both wards.	The health board is required to provide HIW with details of the action taken to review the provision of information available for patients/visitors on the wards and how this may be displayed more clearly. This must include information for patients/representatives on how they may provide feedback and make a complaint.	A health promotion information board has been developed and added to the ward education boards on D2W and D2E Ward education boards have been added to the DECi nursing audits to ensure standardisation. Information in regrads the concerns procedure has clearly been displayed in the ward areas	Head of Nursing	31st July 2023

There was insufficient signage for patients with sensory impairment.	The health board is required to provide HIW with details of the action taken to review the provision of signage used on the wards to ensure it meets the needs of patients with sensory impairment or cognitive difficulties.	Cognitive impairment education boards are displayed on both wards which includes guidance on how to complete 'This is Me' documentation. Arrangements made for the Patient Centred Care Team to visit the wards to provide advice on additional signage and resources to support patients with sensory impairment or cognitive difficulties. Clear sign posting now in place to direct patients to hearing loop.	Head of nursing	31st Aug 2023
We found poor compliance with safe moving and handling training.	The health board is required to provide HIW with details of the action taken to improve staff compliance with mandatory moving and handling training.	Number of transfer specialists increased across the Divison Education/Study leave rostered to provide staff the	Divisional Nurse	30th September 2023

		opportunity to complete manual handling training A check list and work book has been developed and mandated for all staff to complete within 2 weeks of commencing in post.		
We saw that the audit for 'bare below the elbow' had been below 85% for the past four months.	The health board must ensure that all staff adhere to the regulations and bare below the elbow in clinical areas.	Hand hygiene audits increased to daily until compliance is above 95%. Bare below the elbow poster displayed in clinical areas Actions and learning to be fed back at: • ward meeting • ward mangers meetings • urology directorate meetings.	Divisional nurse	31st Aug 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): Amanda Hale

Job role: Divisional Nurse

Date: 17th July 2023