

# Hospital Inspection Report (Unannounced)

B2 Ward, Ysbyty Cwm Rhondda,  
Cwm Taf Morgannwg University  
Health Board

Inspection date: 11 and 12 April 2024

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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.



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# 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 B2, Ysbyty Cwm Rhondda, Cwm Taf Morgannwg University Health Board on 11 and 12 April 2024. The following hospital ward was reviewed during this inspection:

- B2 Ward -27 beds providing enhanced care and rehabilitation services.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. 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 a 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 there were a variety of ways patients could provide feedback. However, examples of feedback or what improvements had been made as a result of this was not displayed.

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.

We saw a variety of health promotion information displayed. However, the NHS Putting Things Right policy was not displayed on the ward.

Patients were provided with a variety of food options which were changed to ensure patients did not have the same meal more than once during the day.

This is what we recommend the service can improve:

- The health board should consider displaying patient feedback such as a 'You said, we did' board
- The health board should ensure the Putting Things Right policy is displayed on the ward.

This is what the service did well:

- We saw many examples of staff treating patients with respect and kindness
- We found a variety of patient information was displayed and was available in Welsh
- We found staff encouraging patients to mobilise.

### Delivery of Safe and Effective Care

Overall summary:

We found the provision of care to be generally safe and effective and the staff team were committed to providing patients with compassionate, safe and effective care. However, we found that the nurse call bell system was broken and the replacement system was not fit for purpose.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. The wards were clean and tidy, and arrangements were in place to reduce cross infection. However, the sluice had been out of service for a week prior to our visit.

There were formal medication management processes in place. However, staff did not routinely check patient identification prior to administering medication.

Patient care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Immediate assurances:

- The health board must provide assurance of an interim process to ensure patient safety whilst a permanent alarm system is sourced.

This is what we recommend the service can improve:

- The health board should ensure the sluice is repaired promptly
- The health board should ensure staff check the identification of patients prior to administering medication
- The health board should put a system in place to ensure the sepsis box and other emergency boxes are appropriately stocked for use in the event of an emergency.

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 saw the ward was clean and tidy with appropriate systems in place for infection prevention and control.

## **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.

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

We were told that there were currently low staff vacancies and staff establishment was almost full. However, bank and agency use remained high.

This is what we recommend the service can improve:

- The health board should review their use of agency and bank staff.

This is what the service did well:

- Suitable management structure in place with appropriate levels of support
- Mandatory training compliance rates were at an appropriate level
- The majority of staff had received a recent appraisal.

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 10 were completed. Patient comments included the following:

*“Brilliant. No comment”*

*“All fine. No complaints.”*

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

*“Buzzer doesn’t work”*

*“Buzzer not in use”*

We saw that the health board provided a variety of opportunities for patients and relatives to provide feedback. However, examples of this or improvements made as a result of feedback were not displayed.

**We recommend the health board display patient feedback and any improvements made as a result of feedback such as a ‘You said, we did’ board.**

Staff told us that they follow the Putting Things Right policy for any complaints that are made. However, we did not see the details of the Putting Things Right policy displayed on the ward.

**The health board should ensure the Putting Things Right policy is displayed on the ward.**

### Person Centred

#### Health promotion

Health related information and leaflets were available in various parts of the ward, many of which were bilingual. Information was displayed on hand hygiene, infection control, dementia, health and wellbeing.

We saw good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner.

We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

### **Dignified and respectful care**

Staff were seen to be delivering care in a polite and respectful manner. The environment was found to promote patient privacy and dignity. Ward bays were single gender and locks on toilet doors were found to be in working order. Patients appeared to be clean, tidy and wearing their own clothes. Staff told us that patients who do not have regular visitors have access to clean clothes.

### **Individualised care**

We found that care was generally being planned and delivered in discussion with patients and in a way that identified and met individual needs and wishes.

There were good multi-disciplinary discussions taking place during the board round around patient needs.

We found that patients' wishes with regards resuscitation in the event of collapse were being discussed with the patients and their nominated family representatives. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was being completed where needed.

## **Timely**

### **Timely care**

We saw that patients were attended to promptly when they needed assistance. Staff were seen to anticipate patient needs through general observation. However, the patient call bell system was broken and a portable system had been put in place. We noted that there were not enough portable systems for each patient which may have led to delays in meeting patients needs. Staff told us they perform regular checks on patients who do not have access to a call bell.

## **Equitable**

### **Communication and language**

Throughout the inspection, we saw staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Communication was seen to be encouraging and inclusive.

Some staff members spoke Welsh, which meant that patients who prefer to communicate in Welsh can do so. These staff are identified by the 'iaith gwaith' badge sewn into their uniform. However, we were told that there has been a shortage of these uniforms and Welsh speakers have been given pin on badges to wear instead.

We noted clear signage throughout the hospital and on the ward. Details and photographs of the managers was displayed at the main entrance to the ward together with contact details for each.

We saw that a hearing loop was available at the nurses station for use with patients wearing hearing aids.

### **Rights and Equality**

The ward was situated on the first floor with lift access available. The ward had wide doorways and corridors were wide and uncluttered. We found the ward to be accessible for patients with mobility problems.

We saw staff being kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

We found that care was being provided in a way that promoted patients' rights.

We were told that patients often required Deprivation of Liberty Safeguards (DoLS) applications. Staff we spoke to were aware of their responsibilities under the Mental Capacity Act. We found that staff knowledge on DoLS processes was appropriate. We saw a comprehensive file with details of patients under the DoLS process which included renewal dates and this was back up by a digital system.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found that the delivery of care was generally safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff. However, we noted the nurse call system was not working and a portable system had been out in place in the interim whilst awaiting a replacement system. There was not enough portable call bells for each patient meaning that some patients were unable to call for a nurse if required. We were not assured that the system in place was suitable for the purpose of alerting staff in the case of emergency or if patients required assistance. This was dealt with through our immediate assurance process. Details of these concerns are provided in [Appendix B](#).

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors.

We found emergency boxes available for prompt access during an emergency. However, we found the sepsis box to be poorly stocked and not appropriate for use.

**The health board should put a system in place where emergency boxes are checked regularly to ensure they have the appropriate equipment in the event of an emergency.**

### 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 designated store rooms. We saw that mattresses and beds were cleaned following patient use and were checked weekly. We saw cleaning staff were visible on the 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 cubicles would be used to perform barrier nursing.

### **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. Compliance rates were seen to be appropriate.

### **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.

We were told that the sluice had been out of order for the week prior to our visit and was awaiting repair. Staff were using clinical waste bags to dispose of waste in the interim.

**The health board should ensure the sluice is repaired as a matter of priority.**

## **Medicines Management**

We found that medications were prescribed and documented correctly in line with the medicines management policy. However, we noted patient identification was not always confirmed prior to administering medication.

**The health board should ensure staff check the identification of patients prior to administering medication.**

Drugs were stored and prepared within a lockable room. However, during our inspection we found the lock on the door to the drugs room to be broken. This was escalated to the ward managers who instructed the estates department to rectified immediately. The lock was replaced and working during the first day of our inspection.

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

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 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.

### **Nutrition and hydration**

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

Patients had access to fluids with water jugs available by the bedside.

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

All the meals are freshly cooked on site daily and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system to cater for individual patient needs with good communication between care and catering staff. Patients who were on soft diet had a diarised system in place in order that they did not have the same meal more than once in a day.

### **Patient records**

We found patient records were up to date and the notes showed evidence that care was being assessed and evaluated. We found appropriate documentation in relation to care provided. Documentation was clear, logical and generally of a good standard. We saw evidence of completed risk assessments which were regularly reviewed.

We found that records were kept securely in a locked room and accessible to all members of the multi-disciplinary team (MDT).

## **Efficient**

### **Efficient**

We saw staff striving to provide patients with efficient care.

There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs and patients assessed as suitable for discharge and awaiting suitable care home placement or community care package. Staff were aware of and responsive to the varying needs of patients.

We saw evidence that services are arranged to ensure movement through 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 administration clerk who assisted in all aspects of documentation support including discharge documentation. Staff ensured that families are involved in the planning process and facilitate communication to the wider team.

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 digital Patient Status at a Glance (PSAG) boards were clearly displayed, which included patients initial and surname along with symbols to show information about the status of each patient to assist communication between members of the multi-disciplinary team. These boards can be switched off when not in use to ensure information remained confidential.



# Quality of Management and Leadership

## Staff feedback

Staff we spoke to were generally happy with the working environment and the support provided to them.

## Leadership

### Governance and Leadership

There was a clear structure in place to support the governance and management arrangements on both wards.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on both wards. We saw that staff appraisal completion rates were over 95%.

## 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 appeared appropriate to meet the assessed needs of patients. We were told that there were minimal vacancies and the ward had almost a full establishment of staff. However, we were told that there was a high use of bank and agency staff to cover any shortfalls that could not be covered by members of the ward team.

**The health board should review their use of agency and bank staff.**

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.

## **Culture**

### **People engagement, feedback and learning**

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients, and staff told us that they generally work well together.

We were told by staff that the number of complaints received about the service was very low.

There was information on the wards to inform patients and visitors on how to make a complaint.

## **Information**

### **Information governance and digital technology**

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality. We saw a digital Patient at a Glance board (PAGB) which could be anonymised and hidden for confidentiality purposes.

## **Learning, improvement and research**

### **Quality improvement activities**

Regular audits were being undertaken on the ward in order to monitor and improve the quality of care provided.

## **Whole system approach**

### **Partnership working and development**

We were told that the ward was well supported by other professionals such as the local GPs, social workers, pharmacists, physiotherapists and dieticians.

## 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 we found the lock on the door to the drug storage room to be broken.	There is a risk that unauthorised people could gain access to drugs.	This was escalated to the ward manager immediately.	The ward manager alerted the estates department immediately. The lock was replaced and room was secure.

## Appendix B - Immediate improvement plan

**Service:** Ysbyty Cwm Rhondda, Llwynypia

**Date of inspection:** 11 and 12 April 2024


Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
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### Findings - Nurse call bell and emergency alarm system

We reviewed the systems in place for patients to alert nurses and found that the call bell system had not been working for the past year. The health board had put a temporary portable system in place. However, not all patients had access to these, and we found them not to be fit for purpose. We did not find sufficient evidence to support that nurses were regularly checking patients who did not have access to a portable nurse call bell.

We were therefore not assured that patients could alert staff when they required assistance or that staff could alert each other in the event of an emergency.

The health board is required to:	Standard - Safe			
<ul style="list-style-type: none"> <li>Provide HIW with details of the action taken to ensure a call bell system is put in place as soon as possible.</li> </ul>		Discussion with operational estates manager who has confirmed funding has been agreed to replace the system and a plan is in place to replace.	Operational Estates Manager Estates Officer, YCR Hospital	By 30 <sup>th</sup> June 2024
<ul style="list-style-type: none"> <li>In the interim, provide HIW with details of a robust system where patients are checked regularly to ensure they are safe, and their needs are met.</li> </ul>		Risk assessment in place to provide assurance on reducing the risk of patient needs not being met.	Ward Manager, Ward B2, YCR Hospital Senior Nurse, YCR Hospital	Completed and ongoing monitoring until new call bell system is in place.

<ul style="list-style-type: none"> <li>Provide HIW with details of a robust system where nurses can alert other staff in the event of an emergency.</li> </ul>		 <p>Risk Assessment Ward B2, YCR - nursi</p> <p>Staff members are to be provided with personal safety alarms. These alarms will ensure that during an emergency event on the ward they would be able to alert all staff in the ward area.</p>	<p>Lead Nurse, Community Hospitals</p> <p>Ward Manager, Ward B2, YCR Hospital</p> <p>Senior Nurse, YCR Hospital</p> <p>Lead Nurse, Community Hospitals</p>	By 26 <sup>th</sup> April 2024.
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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):** Lucie Williams

**Job role:** Head of Nursing, Primary Care & Communities



**Date:** 19<sup>th</sup> April 2024

## Appendix C - Improvement plan

Service: Ward B2, Ysbyty Cwm Rhondda

Date of inspection: 11 and 12 April 2024

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
Examples of patient or relative feedback was not displayed on the ward.	The health board should display patient feedback and any improvements made as a result of feedback such as a 'You said, we did' board.	<p>Ward now has "you said, we did" boards displayed in the main reception to provide feedback.</p>  <p>Ward B2 "you said, we did" board.docx</p> <p>Ward now has the Red patient feedback boxes in place for patients/relatives to provide feedback.</p>  <p>Patient feedback boxes.docx</p>	Gemma Price-Davies, Senior Nurse YCR	Completed April 2024

The NHS 'Putting Things Right' complaints policy was not seen to be displayed on the ward.	The health board should ensure the Putting Things Right policy is displayed on the ward.	'Putting things right' complaints policy will be displayed on Ward B2 in the main reception area on the relatives information board.	Beth Preedy, Ward Manager B2	To be completed by 21.06.2024
The identification of patients was not routinely checked prior to administering medication. This posed a risk of a medication error being made.	The health board should ensure staff check the identification of patients prior to administering medication.	<p>Staff have been made aware of this policy to be followed to prevent errors/incidents via the staff communication group and will be discussed in the next ward meeting 03.07.2024.</p> <p>Ward manager will also audit compliance via spot checks over a period of three months.</p>	Beth Preedy, Ward Manager B2	<p>03.07.2024</p> <p>31.08.2024</p>
We noted the sluice had been out of service for a week prior to our visit and clinical waste	The health board should ensure the sluice is repaired as a matter of priority.	<p>Reported to estates on 13.03.2024</p> <p>Fixed on the 08.04.2024</p>	Estates Department	Completed April 2024



bags were used to remove waste in the interim.		Broke down again on the 11.04.24, this was fixed the next day on 12.04.2024 and sluice remains in working order		
We found the emergency sepsis box to be insufficiently stocked.	The health board should put a system in place where emergency boxes are checked regularly to ensure they have the appropriate equipment in the event of an emergency.	Staff now to check box every night to ensure that box is appropriately stocked and all items in date. Staff to sign and date check form on board in Treatment room.  Ward manager will also audit compliance via spot checks over a period of three months.	Beth Preedy, Ward Manager B2	Completed April 2024  31.08.2024
We were told the staffing establishment was high. However, the ward used a high number of bank and agency staff.	The health board should review their use of agency and bank staff.	Staffing Establishments are reviewed monthly by the senior nurse  Current Registered nurse 2.64 wte vacancies:	Gemma Price-Davies, Senior Nurse YCR	Completed

2.0 wte streamlining students recruited into posts

0.64 wte being advertised on a rolling post on Trac recruitment

Current Health Care Support Worker 0.48 wte vacancy to be advertised on Trac recruitment

Senior Nurse ensures the bank/agency process is followed as per health board guidelines.

Skill Mix is always looked at via the Roster Admin support to ensure there is safe and appropriate skill mix at all times.

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): Gemma Price-Davies**

**Job role: Band 8a Senior Nurse**

**Date: 17.06.2024**