Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Elizabeth Ward, St David's Hospital, Cardiff and Vale University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Elizabeth Ward, St David's Hospital, Cardiff and Vale University Health Board on 30 April and 1 May 2025. The following hospital wards were reviewed during this inspection:

- Elizabeth Ward - 24 beds providing rehabilitation and palliative care services

Our team, for the inspection comprised of three HIW healthcare inspectors, two clinical peer reviewers and a patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of three questionnaires were completed by patients or their carers and 11 were completed by staff. 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.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
During our inspection, we observed patients being treated with dignity and respect. Staff were seen engaging positively with patients, offering health advice and encouraging independence. However, delays in responding to call bells and isolated incidents of slow response to visible patient distress were noted.

We noted the 'Putting things right' process was displayed along with a suggestion box for patient, visitor and staff suggestions.

A day room and secure garden supported social and therapeutic activities. The day room had a memory wall and birthday celebrations reflected personalised care.

We saw a strong rehabilitation focus with consistent physiotherapy and occupational therapy. There were weekly music and dance therapy, and performances by the Welsh National Opera, which were well-received.

Dementia-friendly features included pictorial signage and 'This is Me' documentation. We saw bilingual signage (English/Welsh) was standard. A hearing loop system was in use. There was a 'Who's Who' board present. However, this needed to be improved for clarity.

While multidisciplinary team (MDT) collaboration was evident, the absence of a dedicated social worker and inconsistent social services input were identified as barriers to effective discharge planning.

This is what we recommend the service can improve:

- Introduce a dedicated social worker and establish earlier engagement protocols with social services to support timely discharge planning
- The 'You said, we did board' should be improved
- Ensure nurse call bells are responded to promptly.

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.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. However, shared equipment needed to be cleaned after use.

There were formal medication management processes in place. Medication was seen to be administered safely and appropriately, with appropriate storage, documentation, and pharmacy support. Blood management processes were robust, and staff were confident in administering transfusions.

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

Infection prevention and control (IPC) procedures were in place, and staff compliance with IPC training was good. However, we observed significant environmental cleanliness issues, including dust, broken bins, cluttered bathrooms, and poor signage. The ward required a deep clean and improved maintenance.

Immediate assurances:

- Basic Life Support (BLS) training had not been completed by the majority of staff.

This is what we recommend the service can improve:

- IPC processes needed to be improved and undertake a full deep clean and decluttering of the ward
- Equipment needed to be cleaned after use
- Ensure consistent and timely completion of DoLS documentation and improve staff training on mental capacity assessments.

This is what the service did well:

- Medication management processes were appropriate
- Patient records were clear, up to date, and securely stored
- Patients' needs were assessed and evaluated.

Quality of Management and Leadership

Overall summary:
We found a suitable management structure was in place and 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. However, overall compliance with mandatory training was also low at 55%, raising concerns about staff development and assurance of competency.

Appraisals had been completed for some staff however compliance was still below an acceptable level.

Staffing levels and skill mix were appropriate at the time of inspection. We were told that there were currently low staff vacancies and staff establishment was almost full.

This is what we recommend the service can improve:

- Mandatory training compliance needs to be improved
- Ensure staff appraisals are completed and that compliance data is accurate and up to date

This is what the service did well:

- Suitable management structure in place with appropriate levels of support
- Audit program covered a range of topics.

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

We engaged with patients during our inspection; however, only three responses were received to the patient survey. Due to the low response rate, it was not possible to identify any meaningful themes or trends from the feedback provided.

Person-centred

Health promotion
Health related information and leaflets were available in various parts of the ward, many of which were bilingual. Information displayed included Age Cymru, Cardiff and Vale health charity, dementia, health and wellbeing.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and offering patients advice on how to improve and maintain their health, and encouraging and supporting them to do things for themselves to maintain their independence.

Dignified and respectful care
We spoke to a small cohort of patients who all agreed staff had treated them with dignity and respect. We saw staff speaking to patients in a polite and respectful manner.

While staff endeavoured to uphold the privacy and dignity of all patients, this proved particularly challenging for those with cognitive impairments due to some exhibiting aggressive behaviour, making personal care difficult. We observed staff treating these patients with fairness and professionalism.

We found areas of the ward that were well decorated and appropriate for their intended use, for example within the communal area. There were several private rooms where patients requiring more privacy could be nursed.

All staff grades and disciplines involved in patient care were observed to be supportive and collaborative. MDT members regularly documented their input in the medical notes, with the exception of social services, whose involvement appeared infrequent and inconsistent. The ward does not have a dedicated social

worker, and staff reported that social services prefer to delay referrals until rehabilitation is complete. This approach is considered inefficient and may hinder effective discharge planning and continuity of care.

The health board should introduce a dedicated social worker for the ward to ensure consistent and timely input into patient care and discharge planning.

The health board should establish earlier engagement protocols with social services to allow for parallel planning during rehabilitation, rather than waiting until it is complete.

The health board should improve communication pathways between ward staff and social services to support a more integrated and proactive approach to discharge planning.

The health board should implement regular reviews of social services involvement as part of MDT meetings to ensure accountability and continuity.

Individualised care

The ward includes a dedicated day room where patients can participate in a range of social activities, such as games, communal meals, and celebratory events. A prominent memory wall featuring historical figures and events is used to support memory stimulation. Additionally, there is a secure and well-utilised garden area. One patient shared a positive experience of being taken into the garden and receiving a cake to celebrate her birthday, reflecting the ward's commitment to personalised care and meaningful engagement.

There is a strong and active focus on patient rehabilitation within the ward. A dedicated physiotherapist and occupational therapist are consistently present, working closely with patients and maintaining thorough documentation of treatment plans and outcomes. All patients requiring mobility aids, such as Zimmer frames, had appropriate equipment in place. Additionally, the ward promotes patient well-being through regular therapeutic activities, including weekly music and dance therapy sessions on Mondays and performances by the Welsh National Opera on Friday afternoons, which patients attend and enjoy, as evidenced in clinical notes.

Timely

Timely care

In general, we saw staff attending to patients in a timely manner. However, we noted on several occasions that there was a delay in staff answering nurse call bells with one occasion being in excess of 10 minutes before the call bell was responded to.

During the observation period, a patient was seen experiencing a coughing fit. There was a delay of approximately a few minutes before staff were called to assist. Once on the scene, the staff responded with professionalism and were polite and attentive in their care. However, the initial response time appeared longer than expected given the visible nature of the patient's distress.

In addition, a separate patient reported that staff response to call buzzers can sometimes be slow, suggesting a potential issue with response efficiency or staff availability.

The health board must evaluate call bell response times and conduct an audit of call bell response times to identify any patterns of delay and address underlying causes.

Equitable

Communication and language

We did not observe staff communicating in Welsh; however, we saw that Welsh speaking staff were identified by the 'Iaith Gwaith' symbol on their uniform. We were told that a language line was also used to provide translation services in other languages when required. Staff on the ward could also provide patient information in easy read format, large text and Welsh language. A hearing loop system was in use, enhancing communication accessibility for patients with hearing impairments.

During the visit, several dementia-friendly features were noted across the ward environment. The use of the 'This is Me' tool was observed, supporting person-centred care for individuals living with dementia. All NHS signage was bilingual (English and Welsh), in line with national standards. Although the area is not predominantly Welsh-speaking and no patients requiring Welsh language communication were encountered, one staff member was identified as a Welsh speaker, indicated by the 'Iaith Gwaith' logo on their uniform.

Toilets were clearly signposted and found to be clean, though somewhat cluttered. Pictorial signage was used throughout the ward to support dementia-friendly navigation.

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

A ‘Who’s Who’ board was displayed at the ward entrance. However, the board was relatively small, and the use of black-and-white photographs made it difficult to distinguish staff roles by uniform colour.

The health board should consider updating the ‘Who’s who’ board with colour photographs.

Rights and Equality
We saw that staff were striving to provide care in a way that promoted and protected people’s rights regardless of their gender or background.

The ward was situated on the ground floor and had wide doorways and corridors making it accessible for patients with mobility problems.

There are suitable areas for patients to undertake private discussions with friends and family. Camp beds were available for family to stay overnight if required.

We saw a variety of ways for patients to provide feedback suggestion box at entrance which was used for patients, visitors and staff. Cardiff and Vale UHB posters were displayed throughout the ward for patients and visitors to provide formal feedback. We also saw ‘Llais’ posters displayed which included contact information and how to provide feedback.

Delivery of Safe and Effective Care

Safe

Risk management

The ward is located on the ground floor and features wide doorways to facilitate wheelchair access. It includes a spacious cubicle designed to accommodate bariatric patients and the necessary equipment. Any bariatric-specific equipment not readily available on-site—such as hoists or bariatric beds—is hired as needed.

The overall ward environment appears somewhat dark and oppressive. The general appearance of the ward would benefit from redecoration to enhance its atmosphere. The ward manager told us that an application for charity funding had been made to improve the communal areas of the ward.

Access to and from the ward was managed via an intercom system. This arrangement ensured that patients with cognitive impairments could move about the ward freely while preventing unsupervised exits.

We found that emergency equipment was available and checked regularly. However, we found that Basic Life Support (BLS) training had not been competed for the majority of staff. Records provided showed that out of 36 staff members, only two staff had up to date training. Therefore, we were not assured that staff would be competent in dealing with emergency situations. This was dealt with via our immediate assurance process.

Infection, prevention and control and decontamination

We saw several generic IPC health board policies in place. Audits were undertaken monthly and results were around 90%. We were told that this was due to a broken floor in the main corridor which had been reported and was awaiting repair.

We saw staff adhering to unform policy. Cleaning was undertaken by an external company. We were told communicating with the cleaning company was problematic for and results of audits were not provided in a timely manner.

We saw IPC training records for staff and compliance was found to be good.

The health board IPC team assist ward staff to manage any infectious outbreaks. There were several private cubicles that could be utilised for infection isolation.

During the visit, the observation machine was visibly dusty, and a room designated for storing patient clothing was also dusty and had a musty odour. On entering the

ward we noted the hand sanitiser was empty. We noted that ward was is need of renovation. The floor in the main corridor was uneven and broken which was partly fixed with tape that had been in place for a while as was peeling at the edges and not conducive with adequate cleaning. The ward was generally cluttered, with items left lying around in multiple areas. Dust was present throughout, indicating a need for a deep clean. We identified several areas requiring urgent attention:

- Two bins (one green, one black) were non-functional. In some cases, bins were obstructed by equipment such as commodes, and one staff toilet lacked a bin entirely
- Wall posters were outdated, scruffy, and affixed with tape rather than being laminated or properly displayed
- Toilet and bathroom areas were also cluttered, with inappropriate storage of items like bedpans on top of bins
- While soap and hand towels were available at all sinks, hand sanitizers were either broken, empty, or not easily accessible. Some were found on stock trolleys but were not clearly visible or convenient for staff use
- Staff were unclear about recent hand hygiene audits, and some qualified staff were unsure of the needle stick injury procedure.

The health board should immediately declutter and undertake deep cleaning of all ward areas. This should include:

- **Repair or replace broken bins**
- **Update and properly display all wall signage**
- **Improve accessibility and maintenance of hand hygiene stations**
- **Appoint a link nurse or responsible staff member to oversee infection prevention and control (IPC) practices, staff training, and regular audits.**

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 included within the Health Board's mandatory training programme, and compliance levels were found to be high, indicating strong staff engagement with this area.

At the time of inspection, five patients were subject to Deprivation of Liberty Safeguards (DoLS). Two of these patients, both on enhanced care, were being monitored 24/7 by a dedicated healthcare worker in a shared four-bed room. Appropriate enhanced care documentation and behavioural charts were in place at

the bedside. However, significant issues were identified with the DoLS documentation:

- Only one of the five DoLS referrals was completed and updated correctly within the required timeframe
- Two patients had urgent DoLS referrals that were overdue by more than two weeks
- The remaining two had incomplete referral forms lacking signatures and dates
- DoLS documentation was disorganised and stored inconsistently, making it difficult for staff to locate.

The ward manager was instructed to rectify these issues immediately, which they did. Staff were advised to store DoLS documentation consistently, such as within patient notes or a designated file, to ensure accessibility.

Concerns were also raised regarding mental capacity assessments for discharge process. Currently, only social services conduct these assessments in respect of discharges, and their infrequent visits result in delays. Although the ward manager stated that all staff complete mandatory online training on safeguarding, mental capacity, and DoLS, one staff member reported only receiving training during university two years ago and demonstrated limited understanding of the subject.

The health board should provide improved training and regular refreshers for staff on safeguarding, DoLS, and mental capacity assessments to ensure compliance and quality of care.

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.

Patients who required a blood transfusion had a blood test to determine blood type and following this blood was ordered and delivered via taxi one unit at a time from the blood bank based at the University Hospital of Wales (UHW). We were told by senior staff that all staff have three yearly training and there is also a blood transfusion cascade nurse on one of the other wards who also supports and updates of any changes in process.

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. However, we saw staff were not routinely cleaning shared equipment following use to prevent cross infection.

The health board must ensure that shared equipment is cleaned after each use and labelled accordingly.

Medicines management

We found that medications were prescribed and documented correctly in line with the medicines management policy. Drugs were stored and prepared within a lockable room.

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.

The ward had a dedicated pharmacist who visited Monday, Wednesday and Friday. Staff were able to access medication with approval from the senior nurse out of hours. Staff stated they felt that they were able to access medications and were supported by pharmacy staff.

Falls prevention

Risk assessments were completed by staff and were all updated once a week. Staff told us that Datix incident forms were completed in the event of a patient falling and these were investigated by a scrutiny panel and actions taken following this, and safety briefings and preventative measures were issued to staff.

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.

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.

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 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 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 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.

Quality of Management and Leadership

Staff feedback

We distributed a questionnaire to gather staff opinions on the quality of care at St David's Hospital in preparation for the inspection in April 2025. We collected a total of 11 responses from staff members at this facility. It should be noted that some respondents chose to skip certain questions, resulting in fewer than 11 responses for those particular queries.

Staff comments were mixed, and included:

> *"“Excellent team working within my clinical area. Everyone works together to make sure the patients are looked after well. Great support from managers- very approachable.”*
>
> *“The organisation has no loyalty to staff, they do not listen to how wards work, we don't see anyone from the organisation at any time, no praise or thanks from them, we are just numbers to them. Thank God we have some good management and senior management.”*
>
> *“Culture of blame, bullying not addressed. No ward meetings. Management work together leaving band 5 to run ward for long periods. Very poor communication. Some staff hostile towards qualified. Stressful place to work.”*

Whilst we were not able to substantiate some of the issues noted in the staff comments, it is important that the health board reflects upon these in order to seek opportunities to strengthen staff engagement.

The Health Board actively consider feedback provided by staff and explore meaningful opportunities to enhance staff engagement on the ward.

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.

Staff reported that informal, day-to-day supervision and support mechanisms were in place and functioning well. However, formal staff appraisal completion rates were notably low at 31%. We were informed that this was due to a recent system change and that appraisals were actively being completed for all staff. Despite this assurance, the data provided did not reflect an improvement in completion rates.

The health board should ensure staff appraisals are completed and the data reflects the up to date compliance.

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 the ward during our inspection.

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. At the time of the inspection there was one vacancy for a band 5.

We found that maintaining nurse staffing levels was achieved without reliance on agency staff to fill vacancies or absences. We were told staff retention was good and there was a focus on ensuring new staff were supported appropriately.

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

Upon reviewing the details of mandatory staff training, we identified a low overall compliance rate of 55% across most training topics. As a result, we could not be assured that staff possess the necessary skills and competencies in all required areas.

The health board should ensure mandatory training is completed by all staff for all topics.

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.

Patients and their representatives had opportunities to provide feedback on their experience of the services provided. We saw QR codes displayed in staff and patient areas to encourage feedback.

There was a formal process in place for managing complaints, and this aligned to the NHS Wales Putting Things Right (PTR) process. We were provided with information about current complaints and actions taken to resolve them.

Information

Information governance and digital technology

An electronic patient management and records system was in use within the ward to access patients records, order investigations such as blood tests and radiology and access investigation results. Staff, in general, commented positively on the system.

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. The 'Tendable' system was used to complete and track audit results and identify patterns where improvements were required.

Whole-systems 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
No immediate concerns were resolved during the inspection			

Appendix B – Immediate improvement plan

Service: St David's Hospital, Elizabeth Ward

Date of inspection: 30 April to 1 May 2025

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.

Findings

During our inspection we reviewed a sample of staff training records, we found that out of 37 staff members, only two had current Basic Life Support (BLS) training. Out of date or incomplete BLS training for staff poses a risk to patient, staff or visitor safety. This must be addressed promptly.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The health board must ensure: • All current staff must complete BLS training or update training promptly	Safe and Effective Care	**To ensure that all staff on the ward are compliant with BLS training.** The ward has 36 members of staff. Arrangements have been made for all staff to complete their BLS training by the end of May 2025, except for two members of staff who are on long term sick and maternity leave. Both will receive training on their return. By the 13th of May 2025, 25 of the 36 staff members will be compliant with face-to-face BLS and AED training. This amounts to 69% of ward staff. A plan has been made to	Ward Manager/Deputy Ward Manager	Immediately

	• All staff complete BLS update training annually in line with health board policy.		ensure the remaining staff receive BLS training. The Deputy Ward Manager will attend the next BLS/AED cascade training session on 14th May 2025, and attend annual updates following this. A training plan will be developed by the Deputy Ward Manager who will keep a clear record of staff BLS/AED training compliance. The training plan will ensure that training is staggered between January and April to ensure all staff remain compliant.		

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): Zara Jenkins

Job role: Ward Manager

Date: 9th May 2025

Appendix C - Improvement plan

Service: St David's Hospital, Elizabeth Ward

Date of inspection: 30 April to 1 May 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We found that delays in discharge were linked to delays in social services involvement. The ward did not have a dedicated social worker. This approach is	The health board should introduce a dedicated social worker for the ward to ensure consistent and timely input into patient care and discharge planning. The health board should establish earlier engagement	Person centred	We have taken advice on this issue from the Head of Integrated Discharge Services and the Local Authority Leads: Both Cardiff, and the Vale Local Authorities have explained that having a dedicated social worker for		

	considered inefficient and may hinder effective discharge planning and continuity of care.	protocols with social services to allow for parallel planning during rehabilitation, rather than waiting until it is complete.		each ward Is not sustainable. Discharge planning is now far more complex and requires a coordinated approach from the entire council, it is not uni-professional.		
		The health board should improve communication pathways between ward staff and social services to support a more integrated and proactive approach to discharge planning.		The Health Board and Local Authorities have agreed to review the complex discharge planning process to support earlier decision making.	Integrated Discharge Service (IDS) for Cardiff & Vale UHB	October 2025
		The health board should implement regular reviews of social services involvement as part of MDT meetings to ensure accountability and continuity.		The head of the IDS will discuss social services involvement in MDT meetings to ensure that there is a full MDT involved when necessary. A process will be implemented to monitor attendance at the MDT meetings with escalation as required.	Senior Nurse for Community Hospitals and Integrated Discharge Service	August 2025

				The Senior Nurse will monitor delays in discharge as a result of constraints in weekly MDTs and Board Rounds. A monthly census is undertaken by the Integrated Discharge Team, capturing optimisation status and discharge delays.	Senior Nurse for Community Hospitals Integrated Discharge Service	Ongoing Ongoing
2.	We noted on several occasions that there was a delay in staff answering nurse call bells with one occasion being in excess of 10 minutes before the call bell was responded to.	The health board must evaluate call bell response times and conduct an audit of call bell response times to identify any patterns of delay and address underlying causes.	Timely	All staff on the ward have been reminded of the importance of responding to patient call bells in a timely manner. Monthly observational audits will be undertaken by Ward Manager, Deputy and Senior Nurse to ensure good practise.	Ward/Deputy Ward Manager/ Senior Nurse for Community Hospitals Ward Manager	Completed September 2025

				The Ward Manager will increase visibility and presence on the ward and will challenge existing practices around responding to call bells.	Ward Manager	Ongoing
3.	We found the 'Who's who' board to have black and white photographs which made it difficult to determine staff by uniform colour.	The health board should consider updating the 'Who's who' board with colour photographs.	Equitable - Communication and language	The board has been updated and features photographs of the team in colour so that individuals can identify staff, as well as this, staff names also feature alongside their role.	Ward Manager	Completed
4.	We identified several areas requiring urgent attention: • Two bins (one green, one black) were non-functional. In some cases,	The health board should immediately declutter and undertake deep cleaning of all ward areas. This should include: • Repair or replace broken bins	Safe	All areas of concern noted by HIW have been addressed. Broken Bins have been removed. Wall displays have been decluttered, and relevant	Ward Manager	Completed

	bins were obstructed by equipment such as commodes, and one staff toilet lacked a bin entirely • Wall posters were outdated, scruffy, and affixed with tape rather than being laminated or properly displayed • Toilet and bathroom areas were also cluttered, with inappropriate storage of items like bedpans on top of bins • While soap and hand towels	• Update and properly display all wall signage • Improve accessibility and maintenance of hand hygiene stations • Appoint a link nurse or responsible staff member to oversee infection prevention and control (IPC) practices, staff training, and regular audits.		posters/informational signage has been laminated and appropriately displayed. Weekly cleaning schedule has been reintroduced- Alcohol Gel dispensers are to be checked twice weekly by staff and refilled as appropriate. Infection Prevention and Control Link Nurse has been appointed. Needlestick Injury Policy and Procedure has been reshared with staff and a hardcopy is available for all staff to access easily. The commode cleaning protocol will be revisited with the IP&C team. The Senior Nurse will liaise with the IP&C team to		Ongoing

	were available at all sinks, hand sanitizers were either broken, empty, or not easily accessible. Some were found on stock trolleys but were not clearly visible or convenient for staff use • Staff were unclear about recent hand hygiene audits, and some qualified staff were unsure of the needle stick injury procedure.			undertake audits on the ward. Domestic Monitoring Tool (DMT) audits are undertaken by housekeeping supervisors, the results of which will be reviewed monthly by the Senior Nurse and taken to the Directorate Quality and Safety meetings.	Senior Nurse for Community Hospitals Senior Nurse for Community Hospitals	Ongoing
5.	Concerns were raised regarding mental	The health board should provide improved training	Safe	All Registered Nurses have been booked on to the	Ward Manager/	September 2025 –

	capacity assessments. Currently, only social services conduct these assessments, and their infrequent visits result in delays. Although the ward manager stated that all staff complete mandatory online training on safeguarding, mental capacity, and DoLS, one staff member reported only receiving training during university two years ago and demonstrated limited understanding of the subject.	and regular refreshers for staff on safeguarding, DoLS, and mental capacity assessments to ensure compliance and quality of care.		DoLS in Practise course between September 2025 and January 2026. These are the earliest dates available. Safeguarding Adult Compliance has improved with 75% if staff compliant. An ongoing plan is in place for the remaining staff to ensure completion. Safeguarding children compliance has improved with 72% of staff compliant. Mental Capacity Compliance is currently 63% with an ongoing plan to ensure remaining staff achieve compliance in the next 6 months. The Senior Nurse will invite MCA Specialist Practitioner to the ward to provide	Deputy Ward Manager	January 2026 September 2025 September 2025 December 2025 July 2025

				training and advice to staff.	Senior Nurse for Community Hospitals	
6.	We saw staff were not routinely cleaning shared equipment following use to prevent cross infection.	The health board must ensure that shared equipment is cleaned after each use and labelled accordingly.	Safe	A weekly cleaning schedule has been reintroduced on the ward. All staff have been reminded to ensure equipment is thoroughly cleaned following every use and appropriate green 'I am Clean' sticker applied in line with IPC guidance. This will be audited monthly by the Senior Nurse. Cleaning protocols will be revisited with the IP&C team.	Ward Manager Ward Manager IP&C teams and Senior Nurse for Community Hospitals	Completed Completed September 2025 Ongoing

				IP&C audits will be undertaken using Tendable where feedback is provided to the ward. The Ward Manager will increase visibility and presence on the ward and will challenge existing practices and ensure standards are maintained.	Senior Nurse for Community Hospitals Ward Manager	Ongoing
7.	Whilst we were not able to substantiate some of the issues noted in the staff comments, it is important that the health board reflects upon these in order to seek opportunities to strengthen staff engagement.	The Health Board actively consider feedback provided by staff and explore meaningful opportunities to enhance staff engagement on the ward.	Staff feedback	The UHB is implementing a Leaders that Listen Framework that is designed to strengthen engagement, visibility and assurance. This will include walk round by Board Members and Clinical Board Triumvirates. Staff will have an opportunity to talk to senior leaders across the UHB and provide feedback. The Clinical Boards will design an engagement programmes part of the framework.	Assistant Director of Quality and Patient Safety Manager	September 2025

				The UHB has implemented Speaking Up Safely which allows staff to raise concerns anonymously when they need to. The UHB has implemented the Work in Confidence System to support this.	Executive Team	Completed
				The ward has two Staff Wellbeing champions- one Registered Nurse and one Health Care Support Worker.	Ward Manager	Completed
				The ward has a staff WhatsApp group for sharing information in the 'Real-time'. All members of staff are on this WhatsApp group.	Ward Manager	Completed
				Ward Manager and Deputy have an 'open door' policy- staff can approach at any time to discuss and concerns they may have.	Ward Manager/Deputy Ward Manager	Completed

				Ward Manager regularly attends work at 06:30am- this ensures that those on Night duty have time to speak with her should they wish. Quarterly Ward Meetings have now been scheduled and dates distributed to ward staff, and Directorate and Clinical Board Management Teams will attend periodically. Staff are encouraged to use the ward suggestion box, available for both staff and patients/relatives. Suggestions are reviewed frequently and discussed with staff.	Ward Manager and Senior Nurse for Community Hospitals Ward Manager	Ongoing Completed
8.	Formal staff appraisal completion rates were notably low at	The health board should ensure staff appraisals are completed, and the	Governance and leadership	Values Based Appraisals are completed once per year by Ward Manager and	Ward Manager/ Deputy Ward Manager	September 2025

	31%. We were informed that this was due to a recent system change and that appraisals were actively being completed for all staff. Despite this assurance, the data provided did not reflect an improvement in completion rates.	data reflects the up-to-date compliance.		Deputy Manager- One month every year is dedicated to ensuring that all staff have a VBA in place. This is a new process to ensure compliance.		
9.	Upon reviewing the details of mandatory staff training, we identified a low overall compliance rate of 55% across most training topics. As a result, we could not be assured that staff possess the necessary skills and competencies in all required areas.	The health board should ensure mandatory training is completed by all staff for all topics.	Workforce	Staff have actively worked towards improving compliance with mandatory training- current compliance is 72.19%. Compliance will be reviewed monthly with Ward Manager and Senior Nurse in monthly 1:1 meeting.	Ward Manager Ward Manager and Senior Nurse Community Hospitals	Ongoing Ongoing

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): Ceri Richards-Taylor

Job role: Interim Deputy Director of Nursing

Date: 8th July 2025