

Hospital Inspection (Unannounced)

Prince Charles Hospital / Cwm
Taf University Health Board /
Ward 10 (Acute Stroke Unit)

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2018

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Ward 10 (Acute Stroke Unit), Prince Charles Hospital within Cwm Taf University Health Board on the 16 and 17 May 2018.

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

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

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

2. Summary of our inspection

Whilst we identified some areas for improvement, overall we found there were arrangements in place to promote safe and effective care to patients in accordance with the Health and Care Standards.

This is what we found the service did well:

- Patients told us they were happy with the care they had received
- Effective multidisciplinary team working was demonstrated
- Providing patients and their families with information
- Arrangements were in place to continuously monitor and improve the stroke care provided to patients
- Effective care was demonstrated in relation to preventing pressure sores, falls and infections
- A varied choice of meals was available and arrangements were described for the timely (artificial) nutritional support for those patients with swallowing difficulties
- We found supportive management and leadership was given to the unit team.

This is what we recommend the service could improve:

- Promoting the ways by which patients could provide feedback and raise a concern (complaint)
- The amount of storage, private meeting and therapy room space available on the unit
- The recording of both pain assessment and the ongoing monitoring of patients' pain
- Aspects of records management
- The arrangements to improve senior clinical support to the unit team to allow the unit manager sufficient time to undertake managerial duties.

3. What we found

Background of the service

Cwm Taf Health Board was established in October 2009 and achieved University status in July 2013. The health board provides primary, community, hospital and mental health services to people living in Merthyr Tydfil, Rhondda Cynon Taf and surrounding areas.

Prince Charles Hospital provides acute emergency and elective medical and surgical services together with a range of diagnostic facilities.

Ward 10 (Acute Stroke Unit) provides acute care and early rehabilitation to patients who have suffered a stroke¹. The unit has 24 beds which are divided to provide a mixture of multi-bedded (shared) bays and single cubicles.

¹ A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off.

Quality of patient experience

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

Comments made by patients indicated they were happy with the care they had received on the unit.

We saw that staff treated patients with respect and made efforts to protect their privacy and dignity.

Information about stroke care and treatment, together with details of where patients could obtain advice and support was readily available. We found effective multidisciplinary team working that included hospital and community based specialist stroke teams.

Arrangements were in place for patients and their carers to provide feedback about their experiences. We identified that improvement was needed to promote the ways by which feedback could be provided and how patients could raise a concern (complaint)

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the standard of care provided to patients at the hospital. A total of seven questionnaires were completed. We also spoke to a number of patients and their relatives during the inspection.

All of the patients that completed a questionnaire had been on the ward for at least three days. Patient comments about the services provided at the hospital included the following:

"I can't fault the treatment I've had, it's been excellent. Been well treated and kept informed of what's happening."

"Staff listen well. Arranged a meeting to talk about my relocation concerns, very helpful."

"Not a lot of explanation from the doctor to the family. Nurses have been great. Just starting with physio."

Patients rated the care and treatment provided during their stay in hospital as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

In addition, we distributed HIW questionnaires to staff working at the hospital to obtain their views on the quality of care provided to patients. We received 10 completed questionnaires from staff undertaking a range of roles at the hospital. Staff completing the questionnaires had worked at the hospital ranging from around six months to over 10 years. Comments made by staff are included throughout the report.

Staying healthy

We saw that information on stroke was available to patients and their carers. This was presented within a Stroke Passport and included information on how patients can reduce their risk of having a further stroke. This was also prominently displayed near the entrance of the unit. The contact details of a national stroke support organisation, which can provide help and advice to people who have suffered a stroke, were also displayed.

Dignified care

All patients that completed a questionnaire agreed that staff were always polite and listened, both to them and to their friends and family. All patients that completed a questionnaire told us that staff called them by their preferred name.

Throughout our inspection we saw many examples of staff treating patients with respect and kindness.

Staff that completed a questionnaire agreed that in the unit, patient privacy and dignity is maintained, that patient independence is promoted and that patients and/or their carers/relatives are involved in decisions about their care.

Staff made efforts to protect the privacy and dignity of patients when helping them with their personal care needs. For example, we saw curtains were fully drawn around beds within multi-bedded bays and doors to single cubicles were closed. Privacy signs were also used to alert staff and visitors when toilets and washing areas were in use. We saw that patients appeared well cared for and were appropriately dressed and/or covered to prevent them being unintentionally exposed.

There was a lack of suitable rooms that could be used to hold private conversations. We found this presented some challenges for staff in protecting patients' privacy when needing to speak privately with carers/relatives.

Patient information

Patients told us in the questionnaires that staff had always talked to them about their medical conditions and helped them to understand them.

As previously described, information on stroke was available to patients and their families in the form of a Stroke Passport. In addition to the information on staying healthy, this document also provided useful information for patients and their families on the causes and types of stroke and the care patients could expect whilst in and following discharge from hospital.

Leaflets were also available that provided general information about the unit, such as contact telephone numbers and visiting times.

Communicating effectively

The majority of patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

Written information displayed and available on the unit was generally available in English only.

Whilst there were a number of clocks displayed to help orientate patients, a number of these were showing the incorrect time. We informed senior staff of our findings who agreed to address this.

Staff confirmed that they could access an interpreter to help communicate with patients whose first language was not English. Staff also confirmed that specialist communication aids for patients with communication difficulties could be obtained via the speech and language therapist following assessment.

Improvement needed

The health board is required to provide HIW with details of the action taken to provide more information for patients in Welsh and other languages taking into account the communication needs and preferences of patients.

Timely care

During the course of our inspection we found staff to be attentive and responding to patients' requests for assistance in a timely way. All patients confirmed in the questionnaires that they had access to a buzzer, and patients agreed that staff would come to them when they used it.

The health board had an agreed stroke care pathway. This aimed to provide patients diagnosed with a suspected/confirmed stroke with safe, effective and timely care.

Data produced by the Sentinel Stroke National Audit Programme (SSNAP)² in 2017 for Prince Charles Hospital indicated that improvement was needed around some aspects of timely care to meet the highest standards³ (for almost all patients) set by SNAPP. This was in relation to patients being admitted to the acute stroke unit within four hours of arriving at hospital, patients having clot busting treatment within four and a half hours after a stroke and patients having certain specialist assessments within four, twenty four or seventy two hours.

Senior staff confirmed that they regularly monitored the hospital's performance against the standards for stroke care. This was with a view to identify areas for improvement so that appropriate action could be taken as necessary. Senior staff had already identified improvement was needed to meet the highest standards and action was described to address this.

² SSNAP measures stroke care. It does this to improve the quality of stroke care. <https://www.strokeaudit.org/About-SSNAP.aspx>

³ The standards of care set by SSNAP are very high. This means that many hospitals have received low scores in the audit at present. This does not mean that their stroke services are unsafe. SSNAP Clinical Audit Report, Stroke Care in Wales April - July 2017. <https://www.strokeaudit.org/Documents/GroupType/NHSW/NHSW01/AprJul2017/NHSW01-AprJul2017-EAV.aspx>

Individual care

Planning care to promote independence

The unit provided acute care and early rehabilitation to patients who had suffered a stroke. Effective multidisciplinary team working was described and demonstrated that included hospital and community based specialist stroke teams. These teams consisted of a number of healthcare professionals such as stroke consultants, specialist nurses, ward nurses and healthcare support workers, physiotherapists, occupational therapists, speech and language therapists and dieticians.

The ward had a therapy room that was used to carry out (physiotherapy and occupational therapy) assessments with a view to providing patients with independent living aids. This room was very cluttered and was often used for a variety of purposes. Staff confirmed that, in their view, a larger therapy room would be beneficial in providing effective therapy to patients.

People's rights

Throughout the inspection we saw staff being kind to patients and treating them as individuals in a non-discriminatory manner.

We saw patients receiving visitors, thus maintaining contact with their families and friends.

Listening and learning from feedback

The health board had arrangements in place for patients and their families to provide feedback on their experiences of the care provided. We saw that information on how patients and their families could provide feedback was not prominently displayed within the unit. There was, however, information displayed near the main entrance of the hospital.

The health board also had a process for handling concerns (complaints) raised by patients or their carers. This was in accordance with Putting Things Right⁴.

⁴ Putting Things Right is the process for managing concerns in NHS Wales. <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

Senior staff demonstrated a good understanding of the process. Information within the unit information leaflet directed patients and their families to raise any concerns with unit staff. There was no information displayed within the unit on the health board's concerns (complaints) process.

The vast majority of staff members that completed a questionnaire agreed that care of patients is the organisation's top priority, and that the organisation acts on concerns raised by patients.

Information about the hospital's Patient Advice and Liaison Service (PALS) was displayed near the entrance of the unit. This service aimed to provide support to patients and their families wishing to make a complaint. The contact details and information about the local Community Health Council were not displayed. Displaying this would help make patients and their families aware of other help and support available should they have concerns about the care received.

All but one staff member that completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their department. Those staff that knew patient experience feedback was being collected told us that they received regular updates on the patient experience feedback. They also felt that patient experience feedback is used to make informed decisions within their directorate or department.

Improvement needed

The health board is required to provide HIW with details of the action taken to make information available to patients and their carers on how they may provide feedback, how they may raise a concern (complaint) and how they may contact the local Community Health Council.

Delivery of safe and effective care

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

We found there were arrangements in place to promote safe and effective care to patients.

We identified that improvement was needed to improve the amount of storage and private meeting room space available on the unit.

We saw that recognised risk assessments were being used to identify patients' care needs with care plans developed. We identified, however, that improvement was needed in relation to the recording of both pain assessment and the ongoing monitoring of patients' pain.

We saw that the unit was very clean and arrangements were in place to prevent cross infection.

We observed a lunchtime meal being served and saw that patients received their meals promptly and staff supported those patients who required assistance. Where patients needed to be fed artificially, this was also arranged promptly.

Overall, medicines were safely managed on the unit. We did identify that improvement was needed to demonstrate that medicines requiring refrigeration were being stored properly.

Safe care

Managing risk and promoting health and safety

The unit was organised over one floor and a passenger lift allowed access to the unit from the other floors within the hospital. This meant that people with mobility difficulties and those who use wheelchairs could access the unit.

Access to the unit was via an intercom system. This provided a deterrent to unauthorised persons trying to enter the unit.

We saw that staff made efforts to keep the main corridor and other patient accessible areas free from clutter and other tripping hazards. It was evident, however, that a lack of suitable storage space presented challenges to staff in this regard. We saw that some equipment was being stored near a fire exit, which may impede the safe evacuation of patients, visitors and staff in the event of a fire. In addition, staff demonstrated difficulty in accessing equipment stored in one of the store rooms.

The unit was located on the fourth floor that was a distance away from the physiotherapy and occupational therapy departments. Whilst there was a therapy room located on the unit, this was cramped and was often used for other purposes. The unit's distance from the therapy departments made it impractical for staff to take patients from the unit to use the better facilities available in these departments. Staff confirmed that, in their view, there was a lack of private meeting room space that could be used to hold confidential conversations between professionals, patients and their families.

Unit and senior staff were aware of environmental issues and they confirmed plans were being considered to address this as part of future refurbishment work within the hospital.

Staff explained that some patients were deemed to need additional support and/or supervision to prevent them suffering avoidable harm. We saw that enhanced care arrangements were in place to secure additional staff to support those patients identified as being at risk.

We saw that staff completed a range of nursing assessments to identify those patients who may be at risk of developing pressure sores, at risk of falls and those who may aspirate as a result difficulties in swallowing. Our specific findings are reported further within this section - Delivery of safe and effective care.

Senior staff described appropriate arrangements for reporting, recording, investigating and sharing learning from clinical incidents. Staff that completed a questionnaire agreed that the health board encourages them to report errors, near misses or incidents. They also felt that the health board would take action to ensure that they do not happen again. Staff that completed a questionnaire felt that the health board treats staff who are involved in an error, near miss or incident fairly.

Most staff told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents.

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- provide adequate and suitable meeting room space for use by the unit
- improve the provision of suitable storage space for use by the unit

in the interim period until refurbishment work has been completed.

Preventing pressure and tissue damage

We reviewed the care records of seven patients. We found that patients had been assessed for their risk of developing pressure sores. A recognised risk assessment tool had been completed for each patient and written care plans were in place to direct nursing staff as to the care required. We saw records that showed patients with reduced mobility had been assisted to change their position regularly to help prevent them from developing pressure sores. Monitoring records showed that staff had checked patients' skin regularly for signs of pressure and tissue damage.

Specialist pressure relieving mattresses were being used to help prevent pressure sores. These appeared to be functioning correctly.

Falls prevention

Within the sample of patients' care records we reviewed, we found that patients had been assessed for their risk of falls. Written care plans were in place. We saw staff taking appropriate action to reduce the risk of a patient falling from bed and sustaining injuries as a result of falling.

We saw that nurse call bells were within easy reach of patients so they could summon assistance from staff without having to get up out of chairs or beds. This would help prevent patients with walking difficulties or who are unsteady when walking from falling.

Infection prevention and control

All patients that completed a questionnaire felt that the ward was clean and tidy.

We saw that personal protective equipment, such as disposable aprons and gloves was readily available and being used by staff. Hand washing and drying facilities were located around the ward together with hand sanitizers. We saw

that staff washed their hands regularly. Effective hand hygiene is important to reduce the risk of patients developing healthcare acquired infections.

Arrangements were in place to safely store used medical sharps, such as needles, prior to being collected for disposal. We also saw that different colour bags were being used to separate clinical and non clinical waste so that it could be disposed of appropriately.

Bed areas, toilets and washing facilities appeared very clean. Nursing staff we spoke to were aware of the importance of adhering to effective infection prevention and control procedures to reduce cross infection.

Labels were not being routinely used to identify when shared equipment had been cleaned and decontaminated by staff. The use of labels is recommended as part of a national initiative to reduce cross infection. The store room for storing equipment was very cluttered. This posed a potential safety hazard to staff and also made effective cleaning of this room difficult.

We spoke with cleaning staff who confirmed that cleaning equipment and materials were readily available. Cleaning staff described a process for the systematic cleaning of the ward to reduce cross infection. It was unclear, however, how often dignity curtains were routinely washed and replaced, again to reduce cross infection.

Improvement needed

The health board is required to provide HIW with details of the action taken to demonstrate that dignity curtains used on the unit are routinely washed and replaced at suitable intervals to reduce cross infection.

Nutrition and hydration

Within the sample of patients' care records we reviewed, we found that patients had been screened using a recognised screening tool (MUST)⁵ to identify their

⁵ The Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

eating and drinking care needs. We saw that written care plans had been implemented according to the MUST score.

Where patients had been identified as needing their food and fluid intake monitored, we saw monitoring records had been completed and these were up to date.

Patients who have suffered a stroke may sometimes be unable to swallow properly and so are unable to eat and drink safely. Arrangements were in place to ensure that patients assessed as being unable to swallow could be fed artificially via a nasogastric (NG) tube⁶. A written protocol had been devised in agreement with hospital dieticians. This meant that nursing staff could start NG tube feeding patients promptly should there be a delay in them being seen by a dietician, for example, those patients admitted to the unit over bank holidays.

We observed a lunchtime meal being served. We saw that meals looked appetising and were served promptly. Those patients that required help were assisted by nursing staff. We saw that a varied menu was available and ward staff confirmed that patients who required therapeutic diets were catered for.

We saw that water jugs and cups were placed on bed tables and within easy reach of patients.

The majority of patients that completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

Medicines management

Overall, we found that medicines used on the unit were stored safely and securely within locked cupboards and bedside lockers.

Whilst medicines requiring refrigeration were being stored in a suitable fridge, the fridge was not locked. This meant that unauthorised persons may be able to access medicines stored in the fridge. In addition, we found that the temperature of the fridge was not being recorded daily to show that staff were checking this daily. This meant we could not be assured that medicines

⁶ A nasogastric tube is a narrow tube passed into the stomach via the nose. It can be used for short- or medium-term nutritional support.

requiring refrigeration were being stored at a suitable temperature. Ensuring medicines are stored at a suitable temperature is an important patient safety issue⁷.

We found that Controlled Drugs (CDs), which have strict and well defined management arrangements, were managed safely with appropriate records kept.

We looked at a sample of drug charts for nine patients. Overall, we saw that these had been completed correctly with the patients' identification details. We did identify some that did not have the patient's name recorded on each page of the chart as required. We saw that the charts had been signed and dated when medication (including oxygen therapy) had been prescribed and administered. We also saw codes had been used to show when medication had not been administered. This showed that patients were receiving their medication or if not the reason why, so that appropriate action could be taken.

When nursing staff administered medication, we saw they completed appropriate identification checks to ensure the correct patient received the correct medication. We also saw that staff supported patients to take their medication safely.

Staff confirmed they were able to access the health board's medication policy to help promote the safe management of medicines used on the unit. Staff confirmed that patients were not generally permitted to self medicate. Given the emphasis on rehabilitation care, the health board should consider whether introducing a self medication policy would be beneficial to patients. This may help to promote their independence, especially those being discharged directly from the unit.

Staff had access to a designated pharmacist who was able to offer help and advice to staff and patients about medicines used on the unit.

⁷ Patient Safety Notice PSN 015 / July 2015 The storage of medicines: Refrigerators <http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN015%20The%20storage%20of%20medicines%20-%20refrigerators.pdf>

Improvement needed

The health board is required to provide HIW with details of the action taken to implement a suitable system for routinely checking that medicines that require refrigeration are being stored at the temperature recommended by the manufacturer.

Consideration must be given to following Patient Safety Notice:

PSN 015 / July 2015 The storage of medicines: Refrigerators

Safeguarding children and adults at risk

The unit provided care to adults only. The health board had written procedures in place to promote the welfare and safety of adults who become vulnerable or at risk. We saw that these were available to staff via the health board's intranet.

Senior staff demonstrated a good understanding of the safeguarding procedures. They confirmed that advice and support was available to staff from a designated safeguarding team.

All staff members that completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. The majority of staff members that completed a questionnaire also told us that they would feel secure raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported.

Medical devices, equipment and diagnostic systems

We saw that staff had access to a range of equipment necessary to meet the care needs of patients on the ward. This included, monitoring machines, moving and handling hoists, mobility aids, specialist pressure relieving mattresses and cushions. We saw that some infusion pumps (used to administer artificial feeding to patients) were in need of cleaning.

Staff we spoke to were aware of the correct procedure to follow should equipment be identified as faulty or in need of repair.

Whilst equipment was available, it was evident that there was a lack of appropriate storage on the ward to store equipment when it was not being used.

Effective care

Safe and clinically effective care

We saw that patients accommodated on the unit appeared comfortable and well cared for. Within the sample of patients' care records we saw that evidence based risk assessment tools and care bundles⁸ were being used. These helped promote safe and effective care to patients. We identified, however, that assessments and ongoing monitoring of patients' pain were not being recorded.

As described earlier (see section - Timely care) senior staff confirmed that they regularly monitored the hospital's performance against evidence based standards for stroke care.

Senior staff confirmed that a number of clinical audits were conducted as part of quality improvement activity. These aimed to identify areas for improvement practice so that corrective action could be taken as appropriate.

We saw that safety crosses⁹ were not displayed within the unit. Displaying these would help ensure the unit team can see, via a simple system, the incidence of relevant clinical incidents such as pressure sores, falls and infections. This information can then be used to identify what improvement activity is needed to promote patient safety and wellbeing.

Most staff members that completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

⁸ A care bundle is a set of interventions that, when used together, significantly improve patient outcomes.

⁹ The Safety Cross has been adapted from industry to make highly visible the incidence of avoidable adverse events. In doing so it ensures that the whole team is aware of avoidable events and thus instils a sense of purpose in working to avoid future events

Improvement needed

The health board is required to provide HIW with details of the action taken to demonstrate that staff are:

- completing all the key elements of a pain assessment
- consistently monitoring patients' pain.

Consideration must be given to those patients who are unable to verbalise their pain.

Record keeping

We saw that patients' care records had been maintained on the unit. These were in paper format. The sample that we reviewed was overall, complete, in good order and easy to navigate. We did identify some gaps in the recording of patient identifiers (for example name and unique hospital reference number). This meant that in the event of records becoming detached from files, it would be difficult to determine to whom they referred. Arrangements need to be made to address this. In addition, we saw that entries had not been made within care records during night shifts. Care records should be contemporaneous and include details of care and treatment delivered both during the day and night.

We saw that paper records were not always stored securely when not being used. Senior staff should remind staff of their responsibility to ensure that records are secured against unauthorised access or becoming lost when not being used.

We saw that entries made by nursing staff were made in a separate set of records to those used by medical and therapies staff. When considered together, the records clearly demonstrated a multidisciplinary team approach to providing patient care. The unit team may wish to consider, however, developing multidisciplinary team records to further promote communication between the medical, nursing and therapies teams.

Improvement needed

The health board is required to provide HIW with details of the action taken to:

- remind staff to ensure patient identifiers are recorded on relevant care records, including drug charts
- promote contemporaneous record keeping

Quality of management and leadership

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

A management structure was in place and we found effective and supportive management and leadership on the unit. We identified, however, that additional senior clinical support may be beneficial to allow the unit manager sufficient time to undertake management duties.

Effective multidisciplinary team working was described and demonstrated. We identified that the unit team was committed to providing safe and effective care that was patient focussed.

Arrangements were in place to secure staff to cover shortfalls or increase staffing levels due to patients' care needs. Sometimes unit staff with responsibility for providing therapy support were used and this may impact negatively on the amount of therapy patients receive.

Governance, leadership and accountability

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

A unit manager was responsible for the day to day management of the unit. Over the course of the two days of our inspection, we saw that the unit manager and staff in charge were visible and providing direction and support to the unit team. At the time of our inspection, there was no deputy manager working on the unit. Whilst the stroke coordinators provided senior clinical support, their roles meant they could be called away from the unit at any time to review patients arriving at the hospital. This presented challenges for the ward

manager who was expected to perform both a managerial role and provide senior clinical support to junior staff.

Comments from staff we spoke to indicated that communication between the team was good.

Senior staff confirmed that a system of regular clinical audit activity was in place so that areas for improvement could be identified and addressed as appropriate. Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. Arrangements were also described for monitoring staff compliance with completing mandatory training.

As described earlier, we invited staff working on the unit to complete a HIW questionnaire. We also spoke to a number of staff during our inspection.

The staff members that completed a questionnaire told us they knew who the senior managers were in the organisation. Comments also indicated that staff felt senior managers were committed to patient care.

Staff told us that there was generally effective communication between senior management and staff, and said that senior managers regularly involve staff in important decisions and act on staff feedback.

Staff were asked questions in the questionnaire about their immediate manager, and the feedback received was positive. Most staff members agreed that their manager always encourages them to work as a team and was always supportive in a personal crisis. Staff also felt that their manager gave clear feedback on their work and asked for their opinion before decisions were made that affect their work.

Staff members agreed that their immediate manager takes a positive interest in their health and well-being and agreed that their organisation takes positive action on health and well-being.

During our feedback session at the end of the inspection, senior staff demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure appropriate senior clinical support to the unit team.

Staff and resources

Workforce

The unit appeared to benefit from a stable workforce where staff turnover and sickness was low. We were told that the unit provided a supportive learning environment for student nurses.

Senior staff confirmed that the level of care required by patients was formally assessed daily as part of determining staffing requirements. This aimed to ensure that staffing levels and skill mix remained appropriate to meet need.

Senior staff explained that where additional staff were needed, agency and/or bank staff were used to cover shortfalls or to increase staffing levels to meet patients' care and support needs. Comments from staff we spoke to indicated that agency nurses were not permitted to carry out certain tasks (for patient safety reasons) and this sometimes increased the workload for unit staff. In addition we were told that sometimes unit therapy staff (healthcare support workers employed to support with therapy activities that have been recommended by the therapists) were sometimes asked to cover shifts. This meant that patients may not receive the level of therapy recommended by therapy staff.

Staff we spoke to confirmed they had could access training relevant to their role. In addition to mandatory training, staff working on the unit had access to specific training around stroke care. We were told that staff were actively encouraged to complete such training to ensure they had the correct skills and competencies required.

All staff indicated in the questionnaires that they had undertaken a wide range of training or learning and development in the last 12 months. Most staff that completed a questionnaire felt that this helps them to stay up to date with professional requirements and ensures that they deliver a better experience for patients.

Most staff that completed a questionnaire told us that they had an appraisal, of their work in the last 12 months. Where training, learning or development needs were identified, staff told us that their manager always supported them to achieve these needs.

Improvement needed

The health board is required to provide HIW with details of the action taken to ensure that where it is identified that staff are needed to cover shortfalls or increase staffing levels, this does not impact negatively on meeting patients' therapy needs.

4. What next?

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

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

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

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

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

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

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

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

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

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified.	-	-	-

Appendix B – Immediate improvement plan

Hospital: Prince Charles Hospital
Ward/department: Ward 10 (Acute Stroke Unit)
Date of inspection: 16 and 17 May 2018

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvement plan was required.	-	-	-	-

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

Hospital: Prince Charles Hospital
Ward/department: Ward 10 (Acute Stroke Unit)
Date of inspection: 16 and 17 May 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board is required to provide HIW with details of the action taken to provide more information for patients in Welsh and other languages taking into account the communication needs and preferences of patients.	3.2 Communicating effectively	Recent investigations have led to improvements being made to the interpreter booking and invoicing process. Procedural guidelines have been updated and circulated to all staff which allows to access interpretation and translation services directly. This includes Welsh, other languages and BSL. Monitoring systems are in place with the patient reader group who direct all approved patient information leaflets to	Welsh Language Services Manager	October 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>the Welsh Language Services Manager advising clearly that patient leaflets must be translated and made available in Welsh. However, in light of this inspection, the Welsh Language Services Manager will liaise directly with the Head of Stroke Services to ensure that all patient information is translated accordingly.</p> <p>The Health Board does have a bilingual Stroke Passport in place which allows stroke patients and their families to communicate in either English or Welsh. The Stroke Passport provides details about the patients' preferences, goals, and unique requirements in terms of their treatment and rehabilitation.</p> <p>Medical Records staff have been reminded of the importance of recording patient language choice on the Myrddin PAS. Staff are also encouraged to flag communication needs on patient records and information boards. The Welsh Language Services Manager will</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>liaise with staff within stroke services to stress the importance of doing so.</p> <p>A Welsh language, Equality and Sensory Loss Awareness training session will be offered to staff within stroke services.</p> <p>A variety of Welsh language training is offered to all staff across the Health Board to help staff improve the Welsh language skills.</p> <p>The Equality and Welsh Language Team are available to offer advice and support to all staff concerning equality, Welsh language and sensory loss, and information is available via the homepages on Sharepoint.</p>		
<p>The health board is required to provide HIW with details of the action taken to make information available to patients and their carers on how they may provide feedback, how they may raise a concern (complaint) and how they may contact the local Community Health Council.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>The ward manager has ensured that posters are now displayed on the entrance to the ward and throughout the ward advising patients and visitors on how to make contact with the CHC or raise a concern. Leaflets are also available and a display rack for leaflets</p>	<p>Ward Manager</p>	<p>Immediate and August 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>infection.</p> <p>Routinely curtains are changed 3 monthly on a rolling programme by the Housekeeping staff.</p>		
<p>The health board is required to provide HIW with details of the action taken to implement a suitable system for routinely checking that medicines that require refrigeration are being stored at the temperature recommended by the manufacturer.</p> <p>Consideration must be given to following Patient Safety Notice:</p> <p>PSN 015 / July 2015 The storage of medicines: Refrigerators</p>	2.6 Medicines Management	Following the inspection the Ward Manager implemented a check list for ensuring the medication fridge temperatures are checked daily and are correct. This is documented on a ward check list.	Ward Manager	Immediate
<p>The health board is required to provide HIW with details of the action taken to demonstrate that staff are:</p> <p>completing all the key elements of a pain assessment</p> <p>consistently monitoring patients' pain.</p>	3.1 Safe and Clinically Effective care	Following the inspection the Ward Manager introduced a selection of pain tools due to the diverse patient mix. These were introduced to staff in the ward meeting where they were advised of the need to ensure patient's pain is monitored. In addition the ward manager is undertaking spot check audits to	Ward Manager	Immediate and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
Consideration must be given to those patients who are unable to verbalise their pain.		ensure compliance.		
<p>The health board is required to provide HIW with details of the action taken to:</p> <p>remind staff to ensure patient identifiers are recorded on relevant care records, including drug charts</p> <p>promote contemporaneous record keeping.</p>	3.5 Record keeping	The need to ensure compliance with record keeping has been communicated to all staff at a ward meeting. In addition the ward manager has introduced spot check audits to ensure compliance.	Ward Manager	Immediate and ongoing
Quality of management and leadership				
The health board is required to provide HIW with details of the action taken to ensure appropriate senior clinical support to the unit team.	Governance, Leadership and Accountability	The senior nurse provides support to the ward manager and visits the area at least daily.	Senior Nurse	Immediate and ongoing
The health board is required to provide HIW with details of the action taken to ensure that where it is identified that staff are needed to cover shortfalls or increase staffing levels, this does not impact negatively on meeting patients' therapy needs.	7.1 Workforce	<p>Ward rosters are developed 6 weeks in advance of the date and at this point any staffing shortfalls are requested from the bank office.</p> <p>As there are multiple maternity vacancies on this ward the ward manager has asked the bank office to</p>	Ward Manager Senior Nurse ADNS	Immediate and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>block book staff to ensure staffing shortfalls are covered.</p> <p>The senior nurse also ensures that she monitors staffing levels across her wards and if needed will cross cover from other wards to manage any risk.</p> <p>Ward establishments are also monitored through monthly meetings with the Assistant Director of Nursing, Head of Nursing and Workforce.</p>		

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): Allison Williams

Job role: Chief Executive Officer

Date: 26th July 2018