

CARDIFF AND VALE UNIVERSITY HEALTH BOARD RESPONSE TO HIW INSPECTION ON 4TH MARCH 2014

Ref	Finding	Requirement	Health Board Actions	Responsible Officer	Timescale
4a 1	We found unsuitable seating within the temporary patient waiting booking in room. The seating in the temporary patient waiting/booking in room was damaged and potentially a risk to the safety of patients as it did not meet required infection prevention and control standards.	The Health Board must ensure patient seating in waiting areas is suitable, in good working order and meets the all Wales Infection Prevention and Control requirements.	New seating has been ordered and will be delivered in time for the completion of the Emergency Unit redesign scheme.	Jennie Palmer, Senior Nurse	26 June 2014
4a 2	Patient confidentiality when booking in within the temporary waiting/booking room was compromised. Patients had to speak loudly through a glass screen in order to ensure they were clearly heard by reception staff and could clearly be heard discussing their medical condition	The Health Board must ensure the booking in process ensures patient dignity and confidentiality within the temporary waiting room/booring in area.	The new unit will address the issue raised.	Geoff Walsh Assistant Director of Planning	26 th June 2014
4a 3	There was no clear facility for relatives/carers to drop off patients close to the temporary patient waiting room/booking in room which resulted in patients being dropped off in the designated ambulance parking area.	The Health Board should consider making it clearer where there is a designated drop off point for patients at the temporary patient waiting room/booking in room.	Noted that temporary drop off was not marked. A new area will be provided and marked accordingly	Geoff Walsh Assistant Director of Planning	30 th July 2014

4a 5	Unclear Patient Route external to the patient waiting/booking in room. The entrance to the temporary patient waiting/booking in room is not obviously located. The external directional signage to the temporary waiting/booking in room was unclear and could be misleading to patients who immediately enter the building and are then redirected back out of the building to try and locate the temp waiting/booking in room.	The Health Board must ensure clear directional signage for patients on foot (at eye level) to the temporary waiting /booking in room entrance.	This will be addressed as part of the new unit.	Geoff Walsh Assistant Director of Planning	26 th June 2014
4a 6	There was an unclear Patient route internally to the minor injury area. The internal directional signage to the minor injury waiting area is unclear and confusing to patients, the route lacked clear lighting and had a number of unlocked doors leading to storage rooms which could be accessed by unauthorised people/patients.	The Health Board must ensure clear directional signage and adequate lighting to enable patients to clearly follow the route internally to the Minor's sub wait area. The Health Board must ensure any doors to areas patient should be able to access along the internal patient route to the sub waiting area are locked when not in use/occupied.	This will resolve when the new minors unit opens and will be clearly sign posted. Access to storage areas and security requirements to be reviewed in the interim to ensure these areas are locked.	Geoff Walsh Assistant Director of Planning/ Sharon O'Brien, Lead Nurse	26 th June 2014
4a 7	The minors sub area reception covered several other departments	The Health Board should ensure it is	This will be addressed as part of	Geoff Walsh Assistant Director of	26/6/14

	and it was not clear to patients that they had reached the correct sub waiting area.	clear to minors patients that they have reached the correct sub waiting area.	the new unit.	Planning	
4a 8	Paediatric patients were triaged in a room with an open door into the main paediatric waiting area and discussions regarding patient's personal details could be clearly heard.	The Health Board must ensure privacy and patient confidentiality is maintained during the triage.	Door to room in place and will be closed to maintain privacy and confidentiality.	Sharon O'Brien, Lead Nurse	Completed Ongoing monitoring by Senior Nursing Team
4a 9	We found there were a number of toys and books within the paediatric area which would not meet Infection Prevention and Control requirements for clearing.	The Health Board must adhere to the all Wales Infection Prevention and Control standards and remove any unsuitable toys/books.	The toys and books were removed immediately. A toy cleaning rota has been introduced on a daily basis.	Sharon O'Brien, Lead Nurse	Complete Monthly review by Senior Nursing Team
4a 10	In the majors department the busy triage area and waiting bay were separated by a curtain and it was observed to be difficult to maintain patient confidentiality.	The Health Board must consider alternative measures to ensure patients triage is confidential.	This will be addressed as part of the new unit. In the interim all staff are aware of the need to maintain confidentiality and maintain appropriate separation of patients waiting and those being assessed.	Sharon O'Brien, Lead Nurse	26 June 2014

4b.1	There were no communication aids for patients with sensory loss in the temporary waiting area/booking in room. (such as a loop system or prompt cards) and staff reported patients with sensory loss had to write their details when booking in.	The Health Board must ensure adequate provision of aids to enable patients with sensory loos to communicate effectively.	Provision of a sensory loop system will be addressed as part of the new unit. Further work to be undertaken to assess any further requirements.	Geoff Walsh Assistant Director of Planning/ Sharon O'Brien, Lead Nurse	July 2014
4b 2	Some of the bays within the majors area had fabric curtains which were short in length and dignity pegs were not used which compromised patient dignity during treatment/personal care.	The Health Board must ensure suitable measures (such as longer curtains and/dignity pegs) are used to maintain patient dignity during treatment.	The Emergency Medicine Majors area will be fully compliant with disposable curtains by the end of June; these curtains are longer in length.	Loretta Reilly, Directorate Manager	30 June 2014
4b. 3	We observed no initiative in place to indicate if a patient suffered from dementia/memory loss and staff had limited training in dementia care and learning disabilities however were informed by senior staff that an initiative was in the process of being embedded within the department.	The Health Board should ensure adequate staff training is provided on the new initiative and ensure it becomes embedded within the department.	Implemented Dementia taskforce and action plan concentrating on dementia care to comply with the Trusted to Care document.	Sharon O'Brien, Lead Nurse	30 June 2014 monthly follow up review of action plan.
4b. 4	There was a limited supply of pillows within the majors area and staff were routinely found to be using folded blankets instead.	The Health Board must ensure there is an adequate supply of pillows at all times.	There is a supply of pillows within the Assessment Area for all patients within the Unscheduled Care foot print.	Sharon O'Brien, Lead Nurse	Complete

			<p>Staff have been reminded of this and to ensure patient comfort is maintained at all times.</p> <p>When the new Unit opens there will be linen facilities within the Majors area where pillows will be stored.</p>		
4b. 5	<p>We found a patient toilet within the majors triage area as out of order and were informed it had been for a number of days which meant patients had to locate staff request access to another area of majors and undertake the same process returning to access toilet facilities.</p>	<p>The Health Board must ensure adequate access to toilet facilities for patients and undertake repairs of any out of order facilities as soon as possible.</p>	<p>Repair has been completed. Process for escalation of unresolved issues via Senior Nursing/Estates team in place</p>	<p>Geoff Walsh Assistant Director of Planning</p>	<p>Completed.</p>
4b. 6	<p>Our discussions with ambulance staff confirmed at times patient are required to wait on ambulances for extended periods of time. In order to access toilet facilities patients are escorted from the ambulance to the toilet within the majors area and back to the ambulance if able to walk. If patients are unable to walk there was no suitable toilet facility</p>	<p>The Health Board should ensure patients are able to access facilities in instances where their wait on ambulances is extended.</p>	<p>As a UHB it is our aim to ensure patients are not delayed on the back of ambulances and that care is handed over to the EU department within 15 minutes. Where delays do occur an appropriate</p>	<p>Sharon O'Brien, Lead Nurse</p>	<p>Daily meeting with WAST and Emergency Medicine address dignity issues.</p>

			area is available for patients to use a commode if they are unable to access the toilet facilities ensuring dignity is maintained.		
4b. 7	Discussions with staff confirmed access to specialist pressure relieving beds for patients with pressure areas or at risk of developing pressure areas was limited and could not always be provided based on the needs of the patient.	The Health Board should ensure suitable pressure relieving beds/equipment is available based on the needs of the patient.	Skin bundles and Patient Assessment Booklets, are utilised in the Unit to identify patients at risk and their requirement for either a pressure relieving mattress or bed. The unit keeps a supply of Repose pressure relieving mattresses. Additional equipment, such as dynamic mattresses and beds are available as required on request.	Sharon O'Brien, Lead Nurse	Documentation is monitored daily by Nurse in Charge of Unit to ensure that patients are appropriate assessed and receive the care required.
4c.1	Staff we spoke to had not received any recent training in dementia care, learning disabilities or Protection of Vulnerable Adults (POVA)	The Health Board must ensure staff receive dementia care, learning disabilities, or Protection of Vulnerable Adults (POVA)	The department has 2 identified leads for POVA All staff receive level 1 and 2 safeguarding training. A training plan is being developed to	Jennie Palmer, Senior Nurse	30 th July 2014

			<p>address the additional training requirements of other staff within the department.</p> <p>3 members of staff are undertaking <i>the achieving excellence in the care of older people</i> module</p>		
4d. 1	An Oil Fired radiator within the temporary patient waiting area/booking office had no safety guard and posed a potential risk of injury to patients.	The Health Board must ensure the radiator had a suitable guard to ensure the safety of patient.	The equipment was immediately removed.	Geoff Walsh Assistant Director of Planning	Completed
4d. 2	It was not clear how the temporary patient waiting area/booking in office met required fire safety regulations as there were no visible fire extinguishers, or means of emergency exit additional to the single entrance/exit.	The Health Board must ensure the temporary patient waiting area/booking-in office meets required fire safety regulations.	The Temporary Portacabin at the Emergency Unit is built in accordance with the current Building Regulations and accords with current Fire Regulations. It has also been approved by the UHBs Fire Officer.	Geoff Walsh Assistant Director of Planning	Complete
4d. 3	Staff understanding was inconsistent regarding the temporary use of access through the fire exit within the	The Health Board must provide evidence of the	This door is now back to its intended purpose of a fire door	Sharon O'Brien, Lead Nurse	Complete

	<p>paediatric area which appeared to have multiple uses of entry/exit/fire exit.</p> <p>Potentially unauthorised persons/unaccompanied children are able to enter/exit the paediatric area via the unsecured fire exit.</p>	<p>procedure in place during the interim refurbishment regarding the use of the paediatric area fire exit.</p>	<p>and there is no longer any routine access in or out for paediatric patients coming in and out the paediatric EU. All staff has been made aware of this.</p>		
4d. 4	<p>The Fire Exit within the paediatric area of Accident and Emergency is currently used as a means of access/exit during the ongoing refurbishment programme. It is not clear how the health board ensure compliance with the fire safety regulations particularly during the night when we were informed the fire exit would be locked.</p>	<p>The Health Board must ensure the temporary use of the fire exit for access/exit of paediatric meets required fire safety regulations.</p>	<p>This door is now back to its intended purpose of a fire door and there is no longer any routine access in or out, or of paediatric patients coming in or out of the paediatric EU.</p>	<p>Sharon O'Brien, Lead Nurse</p>	<p>Complete</p>
4d. 5	<p>The decontamination room was found to unsecured leading off a corridor accessible by patients and relatives. The room contained a large amount of clutter and equipment including fire extinguishers, opened paint tins, and domestic equipment.</p> <p>Staff were unable to confirm the exact purpose of the room and that it would not be required for decontamination in the event of an emergency.</p>	<p>The Health Board must confirm the use of the decontamination room and ensure it is made fit for purpose.</p>	<p>The Health Board, Emergency Planning Department has now confirmed that this room has suitable drainage for decontamination. The room has been cleaned and decluttered so it is fit for purpose.</p>	<p>Sharon O'Brien, Lead Nurse</p>	<p>Complete</p>