

Dignity and Essential Care Inspection (Unannounced)

**Cwm Taf University Health
Board: Royal Glamorgan
Hospital, Accident and
Emergency Department**

14/15 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Royal Glamorgan Hospital Accident and Emergency Department (A&E), part of the Cwm Taf University Health Board on 14 and 15 January 2015.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service.

2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

The A&E department at the Royal Glamorgan Hospital treats a high number of patients each day. There are four resuscitation bays, three adult bays and one designated paediatric bay. There are eleven bays in the major injury unit and six bays in the minor injury unit, where one of the bays is designated for the assessment and treatment of patients with eye conditions and ear, nose and throat treatment. There is a separate paediatric waiting room for children.

The department has an Ambulatory Emergency Care Unit (AECU), which treats patients Monday to Friday from 9am to 5pm and caters for patients staying overnight at times when there are no available ward beds in the hospital. This was not in use at the time of the inspection.

There is no clinical decision unit located within the A&E department. However, there is a medical assessment unit situated within the hospital. The ambulance arrival entrance is separate from the walk in entrance. Walk in patients are triaged as soon as possible after arrival to the A&E department and are then seen in whichever clinical area of the department most appropriate for their needs and condition.

At the time of inspection, the unit was experiencing a low to moderate volume of patient attendees. The average wait was four hours and there were no ambulances waiting outside the A&E over the course of the inspection.

During our inspection, we observed staff prioritising patient need and clinical treatment requirements. We did not observe the A&E department working to full capacity during our inspection.

4. Summary

Patients and relatives we spoke to stated that they were very happy with the care received at the A&E. At the time of the inspection, patients were being triaged and treated within four hours and many of those with minor injuries were being seen and treated within an hour of arrival.

We observed a staff team working with strong leadership from the two nurse managers and a consultant. All staff provided care and interacted with patients using a sensitive and professional approach. We saw patients being treated with kindness and respect by staff. Patients we spoke to were very complimentary about the manner in which they were treated by staff.

The department was moderately busy, but it was calm and not noisy. It was also well organised, with all staff aware of their roles and responsibilities.

We identified some issues with regarding the department environment. There are a number of entry points to the A&E department, one being from the main hospital corridor. These access points are unsecured and have the potential to be a security risk. One of the two toilets in the waiting area was out of order and had been for five days, which could cause difficulties for patients wanting to use the toilet during busy periods. We also found that there was a problem with the lock on the drugs cupboard which was difficult to lock correctly to ensure the security of medication.

We observed staff delivering the fundamentals of care. Through discussion with staff, it was apparent that the fundamentals of care form the basis of care and treatment provided within the department.

The department has good working relationships with the discharge liaison teams, site managers and bed managers and we saw staff liaising together to ensure patient flow was maintained.

There is a constructive working relationship between the department and other specialities within the hospital, such as mental health, surgery, maternity and gynaecology, enabling patients to receive treatment in a timely manner. However, there have been problems experienced, especially out of hours and at weekends, in accessing Children and Young Adults Mental Health Services (CAMHS) with patients having to be admitted to the paediatric wards for observation.

We saw that when patients needed urgent care they consistently received it promptly, including those patients arriving in ambulances. In using their skills and abilities of clinical prioritisation, the staff team were excellent at ensuring patients received urgent care when their condition was most unstable.

Patients who had a more stable condition were seen in a timely manner. The emergency nurse practitioner was observed delivering a high standard of care and treatment to patients, thus allowing the remaining members of the team to concentrate on those patients who required more urgent care.

Although we had not seen the department working at full capacity, we were satisfied that the A&E department would be able to maintain an adequate level of patient safety in the event of any increase in demand.

No immediate actions were raised with the health board as a result of this inspection.

5. Findings

Quality of the Patient Experience

All patients and relatives we spoke to stated that they were very happy with the care received at the A&E. Patients were being prioritised and treated within four hours and many of the minor injuries were being seen and treated within an hour of arrival.

We observed a staff team working with strong leadership from the two nurse managers and a consultant. All staff provided care and interacted with patients using a sensitive and professional approach.

We saw a child receiving care in the designated children's cubicle and noted that staff were sensitive to the needs of the child and parents. We observed adults receiving care in the main department. Many patients were in differing stages of treatment and stabilisation.

Due to the small numbers of patients waiting to be prioritised, only 10 patient questionnaires were issued.

During this inspection we spoke informally to a small number of patients and relatives in A&E who were being treated. Due to the short waiting times, we were only able to speak informally to a very small number of patients waiting in the main waiting area, prior to being seen by an emergency nurse practitioner or a doctor to have their condition assessed and treated.

All patients and relatives we spoke to stated they were very happy with the care received at the department. One patient waiting to be seen said they knew where to go for treatment, as a result of the Choose Well Campaign¹ currently being implemented across the health board.

There are a number of entry points to the A&E department, one being from the main hospital corridor. These access points are unsecured and have the potential to be a security risk.

¹ Choose Well is a tool to help the general public decide if they need medical attention if they get sick. It explains what each NHS service does, and when it should be used. It helps people to get the best treatment and it also allows busy NHS services to help the people who need them most.

Recommendation

The health board is advised to consider undertaking a review of the unsecured access points to the A&E department with a view to ensuring access to the department is controlled.

The ambulance arrival entrance is separate from the walk in entrance. The main patient registration desk was small and was a secured area with a glass panel that had speaking boxes situated in the panel. We were informed by the receptionists that the speaking boxes had been recently fitted and were too high for many patients to reach, which caused problems for the receptionists who could not always clearly hear what patients/relatives were saying.

Recommendation

The health board is advised to consider how the main waiting area can be improved by repositioning of the speaking boxes on the reception desk to ensure the receptionist is able to hear the patient/relative speaking.

Staff generally felt that the reception area could benefit from a 24 hour ward clerk cover, in order to answer the phone which was constantly ringing.

There were two toilets in the main waiting area, one toilet was out of order and had been for five days. This had the potential of causing issues for waiting patients and relatives.

Recommendation

The health board is advised to ensure that the toilets within the patients waiting area are in good working order.

At the front of the walk in entrance, we noted a dedicated area for children to play and a separate area across the corridor from the children's play area. Staff informed us that these areas are not routinely used due their location to the general waiting area.

The general waiting area, whilst small, did have some toys to occupy children who wait with other A&E attendees. The department works to a policy whereby all children attending the department have a yellow marker placed on their notes to ensure they are seen and treated as a priority. Staff were able to provide HIW with an awareness of their knowledge of child safeguarding, and it appeared that training had also been undertaken.

The department has one paediatric cubicle in a major injury unit and one paediatric cubicle in the resuscitation area. The paediatric resuscitation area is fully equipped

with paediatric resuscitation equipment. The cubicle can be used for adult resuscitation if needed.

There is a constructive working relationship between the department and the mental health wards, which are situated next to the department. However, there have been problems experienced, especially out of hours and at weekends, in accessing Children and Young Adults Mental Health Services (CAMHS) with patients having to be admitted to the paediatric wards for observation.

Recommendation

The health board is advised of the need to demonstrate how it will ensure that improvements are made to the current provision of CAMHS services especially out of hours and on weekends.

Delivery of the Fundamentals of Care

We observed staff delivering of the fundamentals of care. It was apparent from our discussion with members of staff that the fundamentals of care form the basis of all care and treatment provided within the department. The nurse in charge stated, “*The fundamentals of care is about setting standards and not letting those standards slip.*”

Communication and information

People must receive full information about their care in a language and manner sensitive to their needs.

We observed an effective staff team working with strong leadership from the two nurse managers and a consultant. All staff provided care and interacted with patients sensitively and professionally. We saw a child receiving care in the designated children’s cubicle and noted that staff were sensitive to the needs of the child and parent. We observed adults receiving care in the main department. Many patients were in differing stages of treatment and stabilisation.

The department has a loop system in place for patients who have hearing difficulties. The department also provides a Braille service for patients who require it. Whilst we did not observe patients speaking Welsh to patients, a number of nurses had the laith Gwaith² badge displayed on their uniforms. Other translation services are accessible if needed.

There is a patient information board in the main treatment area. The board allows clinicians to see the patient’s name, diagnosis and where they are with their treatment. However, whilst the board is invaluable to the clinician in providing efficient treatment there was no mechanism to enable staff to cover the information contained on the board. There is a potential for patient information to be viewed by relatives and other patients.

² laith Gwaith is a working Welsh Scheme which promotes the Welsh Language. It provides support and resources for businesses and organisations that have Welsh speaking staff. Welsh speakers are identified by a badge bearing the laith Gwaith logo.

Recommendation

The health board is advised of the need to locate the patient information board to an area where patient confidentiality can be maintained at all times.

Respecting people

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

In the A&E department patients were spoken to by friendly, polite staff, in a discreet and respectful way.

We observed patients being treated with kindness and respect by staff. Those patients spoken to were also very complimentary about the manner in which they were treated by staff. All patients, whether on a trolley or in a chair, had blankets covering them. However, staff said that there was a shortage of pillows despite at least 30 to 40 pillows being ordered every month. We observed blankets being used as a substitute.

Many patients came to the department with relatives/carers and we saw staff encourage the presence of these individuals.

Recommendation

The health board is advised to ensure that the provision of pillows is maintained.

Promoting independence

The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.

As the department is not intended for lengthy stays, we did not see patient independence being actively promoted or prioritised in the A&E.

Relationships

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.

Many patients came to the department with relatives/carers and we saw staff encourage relatives to stay with the patients.

Whilst there is a small relatives/quiet room off the main waiting area, we were informed that this was also occasionally used for mental health assessments.

Recommendation

The health should consider the suitability of using the same room for different purposes.

Rest, sleep and activity

Consideration is given to people's environment and comfort so that they may rest and sleep.

Staff in the department were taking measures to allow patients to rest, where possible, given the busy nature of the environment.

The department was moderately busy, but it was not noisy and was calm and well organised with all staff aware of their roles and responsibilities. All staff were also seen to be discreet and quietly spoken.

Ensuring comfort, alleviating pain

People must be helped to be as comfortable and pain free as their circumstances allow.

Within the A&E, nursing staff worked closely to the patients in their care and we noted that they were completing patient records as soon as possible, after providing care or when a patient's condition changed.

We saw pain scores were in use to monitor levels of pain and we saw these being responded to and appropriate interventions being given to reduce pain. A pain score of 1 to 10 is used to assess pain and for children smiley faces are used.

Personal hygiene, appearance and foot care

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

We observed nursing staff in the A&E supporting patients with personal hygiene needs.

The department kept stocks of basic hygiene equipment and those patients who needed to had access to patient showers.

Eating and drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Nutritional assessments are completed as part of the patient assessment, if the patient has been in the department for longer than four hours. There is a water fountain situated between the minor injury and major injury units and is readily accessible.

We did not observe patients eating during the inspection. However, we learned that the department is visited at least five times a day by a member of the catering department team to offer patients a choice of hot meals. A selection of sandwiches is kept in the department and is accessible 24 hours a day. Hot drinks are offered at least five times a day, but patients can have a hot or cold drink on request.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

Nursing documentation routinely includes oral health assessments, if required.

We did not see any evidence of oral health care being provided in the A&E. However, equipment for providing mouth care such as denture mugs and toothbrushes were in stock and available should a patient require them.

Toilet needs

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

Toileting needs were appropriately met. Continence bundles³ formed part of the nursing assessment documentation.

³ Continence bundle is a tool which enables all nurses in Wales to assess the continence needs of their patients, audit the care provided and offer patients the opportunity to give feedback.

We observed staff helping patients to the toilet promptly when they were asked. We also noted that the two toilets in the treatment area and commodes were clean and tagged. The department also had a stock of continence pads available.

There were two toilets in the waiting area, but one toilet was out of order and had been for five days.

Preventing pressure sores

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

The A&E is not equipped with pressure relieving equipment as standard. However, any pressure relieving equipment or specialist beds are easily accessible.

The department uses the All Wales Pressure Relieving Pathway, including the SKIN bundle⁴ and safety crosses which were displayed in the corridor. Any patient arriving in the department with a pressure ulcer is reported via the Datix⁵ system.

We observed staff nursing a bariatric patient on a specialist bed. The department had arranged for the bed to be brought to the department that afternoon, when they had been informed that a bariatric patient was to be admitted.

⁴ If a patient is deemed to be at risk of developing a pressure ulcer, the SKIN bundle requires nurses to record that they have examined their skin at least every two hours to reduce the likelihood of damage.

⁵ Datix is a software tool used within the NHS used to record, investigate and analyse causes of adverse events and near misses.

Quality of Staffing, Management and Leadership

Over the two days, we observed an effective staff team working with strong leadership provided by the two nurse managers and consultant.

Staffing levels and skill mix and professional accountability

During the inspection, we were well supported by the nurse in charge of the department who provided us with a picture of the management structure within the department, directorate and also site management level. We were provided with information about how the staff team monitors and supports quality across the department.

There are currently four and a half full-time equivalent registered paediatric nurses working within the department. The nurse in charge said that they try to ensure that there is one registered paediatric nurse per shift. However, if they are unable to cover a shift with a registered paediatric nurse, the department is supported by the hospitals paediatric wards and paediatric nurse practitioner.

The department has constructive working relationships with the discharge liaison teams, site managers and bed managers. We observed a site manager and night practitioner visiting the department at the beginning and end of their respective shifts to liaise with staff to ensure patient flow was maintained.

Staff told us they felt the staffing levels and skill mix was very good. Sickness was very low, with only one member of staff currently on sick leave. If additional staff were required, due to increased capacity, bank or agency nurses could be accessed.

There were Healthcare Support Workers (HCSW) at band 2 and band 3. The band 2 HCSW supported registered nurses in the provision of care to patients, whilst the band 3 HCSW are trained to undertake observations, small dressings and vene-puncture⁶. The department also employs two Jobs Growth Wales⁷ staff who work with HCSW's and assist with feeding and toileting needs of patients.

⁶ Vene-puncture is the process of obtaining intravenous (blood vein) access for the purpose of intravenous therapy or for blood sampling.

⁷ Jobs Growth Wales is a programme designed to help unemployed young people gain work experience, with a job opportunity for a six month period.

Staff told us there had been a change of senior management in the past two years, which has had a marked effect on improving sickness levels and staff morale. Staff said they enjoyed working in the department, were happy and felt well supported.

Effective systems for the organisation of clinical care

We saw a team of staff who were confident at prioritising patients' clinical needs and emergency/urgent care needs. We saw that when patients needed urgent care they consistently received it promptly, including those patients arriving in ambulances.

Patients who had a more stable condition were seen in a timely manner. The emergency nurse practitioner was observed delivering a high standard of care and treatment to patients, thus allowing the remaining members of the team to concentrate on those patients who clinically required more urgent care.

We were informed that at busier times, it is the policy of the health board that no patient should have to wait in the back of ambulances for space within the department to become available. The A&E department ensured that during busier periods, when patients are admitted to the department and situated on a trolley in the corridor of the main treatment area (which is a fairly open space), nurses are allocated to a group of patients waiting on trolleys in the corridor to provide the necessary care and treatment for those patients. We did not observe this during the inspection because there were no patients waiting in the corridors.

Training and development

There is a positive attitude to training and development within the department. All staff were up to date with their mandatory training requirements. The majority of the staff had received deprivation of liberty safeguards, violence and aggression, safeguarding and domestic violence training.

Staff told us they were able to access mandatory training and attended regular updates. However, it appears the receptionists on the front desk and security staff had only received training in violence and aggression and they would also benefit from attending the safeguarding training programme.

We observed the health and safety and infection control teams delivering Ebola training to staff within the department who were on duty. The infection control team told us they work closely with health and safety team and the A&E department staff providing all staff with regular updates.

Recommendation

The health board is advised to consider including the reception and security staff in safe guarding training programmes.

Handling of complaints and concerns

There was an open and positive attitude to handling and learning from complaints. Complaints are investigated and feedback is given to staff and changes in practice introduced.

We found staff to be open and honest regarding complaints. We were told that complaints are dealt with by the nurse in charge of the department when they arise. The senior nurse is informed but is not automatically involved.

We saw evidence of two changes of practice due to complaints. The first was the introduction of a policy whereby all children attending the department have a yellow marker placed on their notes, to ensure all children are seen and treated as a priority. The second was that the tops on the sharps bins were clearly marked and kept closed to reduce sharps injuries.

Delivery of a Safe and Effective Service

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

The department takes safety, welfare and risk seriously. Although we had not seen the department working at full capacity, we were satisfied that the A&E department would be able to maintain an adequate level of patient safety in the event of any increase in demand.

Risk management

The department has number of risk assessment forms which are used in conjunction with the nursing/medical documentation, the department provided copies of their violence and aggression and patient handling risk assessment forms.

The staff told us that the department works closely with health and safety team and the A&E department staff providing all staff with regular updates.

Policies, procedures and clinical guidelines

All policies, procedures, clinical pathways, audits and codes of conduct for both registered and unregistered nurses are stored on the staff intra-net and are easily accessible and regularly updated.

There are clinical pathways, protocols and procedures displayed in strategic areas throughout the department, including in the resuscitation bays which are easily accessible. We observed wall mounted file holders in each bay which contained clinical pathways such as stroke, hypoglycaemia, fractured neck of femur and sepsis.

Effective systems for audit and clinical effectiveness

The department works with health and safety and infection control departments and had a clear system in place for auditing practice and the environment.

Staff told us they are encouraged to participate in auditing the environment. For example, there is a daily fire check undertaken within the department. Safety crosses are also on display for pressure areas, falls and complaints.

Patient safety

Staff were working in close proximity to the patients in their care and were wearing identification badges.

We saw a team of staff who effectively prioritised patients' clinical needs and emergency/urgent care needs.

Although the department has a designated cubicle in a major injury unit and the resuscitation area for paediatrics, there is no separate area to treat paediatric patients.

Recommendations

The health board is advised to consider within future structural departmental developments/changes the provision of a separate paediatric treatment area.

We saw a doctor take blood samples from a patient without wearing gloves.

Recommendations

The health board must remind all staff within the department to wear gloves when taking bloods from a patient and the reasons why.

Medicines management

Administration

We saw a nurse correctly administer oral medication to a patient in the minor injury unit. The nurse administered the medication in line with Nursing and Midwifery Council (NMC) medications management guidelines.

We saw a nurse correctly prepare and administer an intravenous infusion.

Storage of drugs

All controlled drugs were correctly stored and there was evidence that the controlled drug stocks were regularly checked. The controlled drug book was stored in a secure place.

In the resuscitation area, we found one drugs cupboard open. We spoke to a nurse who immediately went to lock the cupboard, but it took the nurse four attempts to lock the drugs cupboard each time she locked the cupboard the lock failed to lock correctly.

Recommendation

The health board must review the wall drug cupboards within the department to check the condition of the locks.

Documentation

Patient assessment

We saw staff completing patient records as soon as possible after providing care or when a patient's condition changed. Staff told us that a number of assessments were undertaken as part of the documentation including pain assessment, continence assessment, nutritional assessment and pressure ulcer assessment.

Department management

There was evidence of strong leadership provided by the two nurse managers and consultant within the department and support from the senior nurse.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Accident and Emergency Department at the Royal Glamorgan Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.