

Hospital Inspection (Unannounced)

University Hospital Llandough,
Cardiff and Vale University Health
Board. Stroke Rehabilitation
Centre.

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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 receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 the Stroke Rehabilitation Centre at University Hospital Llandough, within Cardiff and Vale University Health Board on 17 and 18 September 2019.

Our team for the inspection comprised of three HIW senior inspectors, one clinical peer reviewer 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.

For ease of reference, the Stoke Rehabilitation Centre will be referred to as the ward throughout the main body of the report.

2. Summary of our inspection

The ward provided a good environment to support the rehabilitation for stroke patients. It was well equipped and spacious with a range of social activities available for patients. We found care was planned in a way to promote patient independence, and was delivered by a multidisciplinary team of relevant specialisms. A new initiative was being developed to amalgamate patient goals across the multidisciplinary team, to make care plans more patient centred.

Staff on the ward were professional and committed to working collaboratively to provide patient care. We found there was strong leadership on the ward. However, many staff felt there were not enough staff available, which could affect the standard of care. The demanding role of nursing on the ward was highlighted by staff.

Patients generally reported a positive experience on the ward and were treated with dignity and respect. However, we found there were concerns relating to some staff working night shifts.

We found evidence that the health board was not fully compliant with all Health and Care Standards in all areas. This included a weakness with information governance on the ward, and improvements were needed in infection prevention and control.

We had immediate concerns for the delivery of safe and effective care for patients during emergency situations. We found that the required checks on resuscitation equipment had not always been completed as per health board policy.

This is what we found the service did well:

- Multidisciplinary approach to deliver rehabilitative care for patients
- Staff engagement with patients during social activities
- Good range of patient information displayed on noticeboards
- Pressure ulcer prevention for patients

- Patient meals and the management of meal times between catering and care staff
- Standard of patient records that contained multidisciplinary input
- Leadership on the ward and improvements in key areas that included compliance in appraisals for nursing staff
- Completion of regular and varied clinical audits.

This is what we recommend the service could improve:

- More consistency in the standard of care, in particular relating to negative reports from patients regarding some night staff
- Clearer placement of noticeboards on the ward and ensure the content is always kept up to date
- Provide more literature to inform patients how to raise a concern or make a complaint
- Introduce a more systematic process to gather patient feedback
- Ensure all doors and storage cupboards are kept locked to prevent patient access to chemicals or other hazards
- Repair the long standing blocked drain in one patient bathroom or decommission the shower in the room
- Support and training for staff to help minimise the increasing number of patients on the ward suffering falls
- More rigorous infection control arrangements
- Completion of mandatory staff training for the nursing team
- Ensure arrangements are in place to minimise the excessive pressure placed on nursing staff.

We had an immediate concern about patient safety that was dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. This was in relation to checking of resuscitation equipment as per the health board policy.

Details of the immediate improvement we identified are provided in Appendix B.

3. What we found

Background of the service

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they provide training for healthcare professionals.

The health board employs approximately 14,500 staff, and spends around £1.4 billion every year on providing health and well-being services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

University Hospital Llandough is a district general hospital in the village of Llandough, just outside Cardiff. It has approximately 400 beds and offers a range of services, including stroke services, mental health services and orthopaedic services.

The Stroke Rehabilitation Centre at University Hospital Llandough offers on-going management and rehabilitation for patients who have had a stroke. Patients are referred to University Hospital Llandough from the Acute Stroke Unit at the University Hospital of Wales. The patient pathway aims to provide patients with intensive targeted rehabilitation at the earliest possible stage.

The centre is a 45 bed ward comprising of 17 individual rooms with en-suite facilities, and seven four bedded areas. It includes a range of therapy facilities and areas for social activities. However, during the time of our inspection, the ward was commissioned to operate only 38 beds.

The multidisciplinary rehabilitation team includes: stroke specialty doctors, registered nurses, healthcare support workers, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, a social worker, administrative staff, housekeeping, catering and student volunteers.

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.

The ward provided a modern, well equipped environment to deliver stroke rehabilitation services. A good range of social activities were available to compliment the therapies and help support patients.

Effective arrangements were in place to promote patients independence via a multidisciplinary approach. Staff felt strongly this resulted in improved outcomes for patients, and patients praised the support they had received to help regain their independence.

Staff were seen to be kind, caring and considerate when communicating with patients. However, some patients were unclear on their discharge arrangements.

There was a wide range of information available on noticeboards. However, the layout and placement of the noticeboards meant some patients or carers may not see important information. Also, the noticeboard for clinical audits contained out of date information.

Some information was available to inform patients how to raise a complaint or concern, however this was not sufficient due to the very large size of the ward.

An initiative was in place to capture limited patient feedback. However, a more systematic process is needed to ensure the views and experiences of all patients are obtained.

Overall patients reported a very positive experience on the ward. However, there were concerns relating to rough handling and conduct by some night staff.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of six were completed, and all patients had been on the ward for more than two weeks. We also spoke with

patients and carers during the inspection. Patient comments from the questionnaires included the following:

“First class”

“Very, very good”

“Some night time staff are rough, abrupt and rude”

Most patients rated the care and treatment provided during their stay in hospital as excellent, and agreed that staff were kind and sensitive when carrying out care and treatment.

Staying healthy

The hospital was a designated no smoking zone. This also extended to the use of vapour/e-cigarettes. These arrangements complied with Smoke-free Premises Legislation (Wales) 2007. We saw a poster that highlighted the health benefits of stopping smoking was displayed on a noticeboard.

We saw there was a dedicated noticeboard for nutrition and hydration. This included a poster for the Eatwell Guide¹, which showed the quantity and type of food needed to achieve a healthy, balanced diet. Information was also provided on how many glasses of water are needed each day, how often certain types of drinks should be consumed and other general information on healthy eating. A notice was displayed advertising Thirsty Thursdays, where patients on the ward can receive a homemade banana or berry fruit smoothie.

A dedicated noticeboard was displayed with specific nutrition and hydration information for patients with dysphagia, who had difficulty swallowing. This included the need for patients to consume texture modified foods and thickener liquids, to make eating and drinking as safe as possible.

There was a good range of health promotion and healthy living information available on the ward. Leaflets were displayed in wall mounted leaflet holders,

¹ <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

which included information on healthcare associated infections, MRSA², Welsh Blood Service, Carer Support Service and Stroke Hub Wales.

We were advised by staff that in addition to individual therapy sessions, patients could also access a range of social activities on the ward. This was advertised on a display board and included art club, music therapy, dance club, bingo, cake bake, gardening club and InterAct. InterAct delivered one to one readings to patients and was provided by an award winning charity.

During the inspection we saw the dance club session taking place in the gymnasium. Staff and patients were sitting in a circle singing and clapping to music, and staff provided assistance to the patients who required support. This was an area of noteworthy practice, as it could be seen that both the patients and staff were very engaged and were enjoying the experience.

Dignified care

During the inspection, we considered how patient privacy and dignity was taken into account and maintained by staff. Most of the patients who completed a questionnaire, agreed staff were kind and sensitive when carrying out care and treatment. A majority felt they were given a choice by staff about which method they could use if they needed the toilet, and that when necessary staff helped with their toilet needs in a sensitive way, so they did not feel embarrassed or ashamed. One patient that we spoke with told us they were unable to look after themselves in terms of personal care when they joined the ward, and felt their privacy and dignity had been well respected.

It was disappointing to hear from a number of patients who completed a questionnaire and those we spoke with during the inspection, that they had negative experiences of rough handling and a lack of sensitivity by some night staff. This included where a patient had waited for so long to use the toilet they accidentally soiled the bed. When a night staff member attended to the patient they were verbally told they had done something wrong, informed not to do it

² Methicillin-resistant Staphylococcus aureus (MRSA) is a type of bacteria that is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

again and to wait until a member of staff was available. This resulted in the patient feeling humiliated.

During the course of our inspection we saw staff treating patients with respect, courtesy and politeness. This included being discreet when speaking about patients to other staff to ensure they could not be easily overheard. Nearly all staff who completed a questionnaire felt that the privacy and dignity of patients is always or usually maintained on the ward.

Each bed had disposable privacy curtains that could be closed to provide patients with privacy. Each curtain also has a no entry label attached to warn others to maintain privacy, when drawn. We saw that staff were discreet and private when speaking to patients, with curtains drawn and side room doors were closed. We saw that in some of the individual patient rooms, signs had been placed on the window to help ensure patient privacy, for example asking visitors to knock and wait for the patient to allow them to enter.

However, due to the nature of some patients, we could see that some male and female patients were pulling at their bed sheets and exposing their legs and lower body. There was a risk that patients could unintentionally expose themselves inappropriately. Therefore, it is essential that staff ensure they dress the lower half of patients to maintain their dignity.

The importance of ensuring patient privacy and dignity was a clear theme in the patient information booklet. This included instructions on restricting visiting to two people at a time per bed, and no visiting during meal times (unless assisting a relative with feeding) to ensure a calm and quiet environment on the ward. Also patients must respect the privacy of other patients and refrain from using mobile phones, tablets and laptops to take photographs or videos in the bed area.

There was an overnight stay room on the ward for relatives, which contained tea and coffee making facilities, a fridge and a microwave. This facility had been developed through a staff initiative. The room was nicely decorated and included three colourful pull out single chair beds. We were informed that a family had donated one of the chairs as a token of appreciation and gratitude, following the care that a relative had received whilst on the ward.

Patient information

Directions to the ward were not clearly displayed in the hospital and this meant it was difficult to find the ward. We saw there was a site plan of the hospital near the entrance, however, it did not show or include the ward. Due to the lack of signage on the way to the ward and out of date site plan, on the first day of our inspection, we had to ask a member of staff for directions to the ward.

We found that once on the ward, there was adequate signage available to help patients and visitors find their way around, which included clear directions to toilets and emergency exits.

A letter was placed on the main door to show the visiting times on the ward that had been revised in February 2019. This included an explanation of why the visiting hours had been reduced, for example to ensure there were no clashes with therapy, rest or meal times. A notice showing the visiting hours was also displayed in the entrance area, and on the entrance to each bedded area within the ward.

A large staff photo board was available near the main reception desk on the ward. It included photographs, names and roles for staff working on the ward. We found that not all of the staff were included, and were advised it was something that was currently being updated.

A notice board on the ward displayed the names of the nurse in charge and other staff on duty. We saw the ward was compliant with the Nurse Staffing Levels (Wales) Act 2016³. This meant that patients and visitors could easily see the nurse staffing level that was agreed by the Health Board for the ward.

We saw that a bilingual patient information booklet was available, which provided a very clear and helpful guide on a range of important information. This included information on accommodation, visiting hours and arrangements, meal times, roles within the multidisciplinary rehabilitation team, therapy aims, social activities, items the patient will need during their stay and arrangements for discharge from the ward.

In addition to the health promotion noticeboards, there were many others which displayed information for patients, carers and staff. This included noticeboards with information on the Stroke Association, communication techniques, continence information, insulin usage and meal times. However, we found that

³ [Nurse Staffing Levels \(Wales\) Act 2016](#) The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and was fully implemented in April 2018. The Act requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.

the positioning of various notice boards and information was not well organised, and contained a range of information relevant to patients, families or staff. This could result in people potentially not seeing important information.

We saw there was a designated noticeboard that contained details of clinical audits, however the information was out of date. Bilingual notices were presented showing audit results for the number of cases of MRSA, Clostridium difficile (C.diff), hand hygiene, pressure ulcers and falls. Paperwork on the noticeboard stated the information was updated monthly. However, all of the data related to June 2019, and was therefore three months out of date.

Leaflets were available on the ward for the Stroke Association, the health board's park and ride service, Telecare⁴ and Age Connects⁵. Booklets were also available on the NHS (Wales) Putting Things Right (PTR)⁶ process, however, the ward was very large and these could not easily be seen, as they were only available in one location, and stored in a wall mounted leaflet rack. In addition, the ward did not display a Putting Things Right poster. This meant that patients may not see the information, and would therefore not be aware of the process for raising any concerns or complaints they may have.

⁴ Telecare is a 24 hour telephoned link to an alarm and response service that allows elderly and physically less able people to stay safe and independent in their own home.

⁵ <https://www.ageconnectscardiff.org.uk/>

⁶ Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

Improvement needed

The health board is required to ensure that:

- Clear signage is displayed throughout the hospital, and the site plan is updated to inform visitors how to find the ward
- The placement of noticeboards is reviewed to ensure patients, carers, relatives and staff all see the necessary information
- The designated noticeboard for clinical audits is kept up to date
- Display Putting Things Right posters within the ward and other areas of the hospital.

Communicating effectively

During the inspection we saw that staff were very pleasant to patients and took their time to speak with them, particularly for those who had difficulty communicating. However, some patients we spoke with said they did not know when their discharge date was, or the full plan for this, as it had not been communicated with them effectively. This communication is important to ensure that patients and carers can make the necessary arrangements required for discharge.

Most patients who completed a questionnaire told us they had the option to communicate in their preferred language, and staff talked to them about their medical conditions to help them understand them. All respondents agreed staff called them by their preferred name.

A Patient Status at a Glance (PSAG) white board was displayed on the ward. The purpose of the PSAG board was to provide information at a glance to each of the disciplines involved in patient care. This included patient safety issues, daily care requirements/plans and discharge arrangements. The board did not contain any patient identifiable information, and appeared to be up to date. Colour coded magnets were used to show if patients were on track. We found that there was no identification of patients with dementia or those at risk of falls. However, we were informed that there is a safety briefing at each handover, which identified specific patient needs and risks. The health board should consider introducing the use of magnet icons, to identify patients with dementia and those at risk of falls on the ward PSAG board.

Improvement needed

The health board is required to ensure that patients are kept up to date regarding their discharge date and plan.

Timely care

During the inspection we found the ward was very large and busy, however it felt calm and well organised. Half of the patients who completed a questionnaire agreed the staff provided care when it was needed, although one individual disagreed.

Some of the staff that we spoke with informed us that staffing pressures, in particular with nursing staff, compromised the ability to always deliver timely care, for example, responding to patient call buzzers. The issue of pressures on the nursing staff is highlighted further within the Quality of Management and Leadership section of the report.

A majority of respondents to the patient questionnaire agreed they had access to a nurse call bell, and that staff would come to them when they used this. However, we witnessed the bells sounding for several minutes, and some patients that we spoke with told us that they have to wait for long times for staff to answer their call. . The call bell issue was acknowledged by senior ward staff, and we were told that this was related, in part to the fact that the ward environment was so large.

We were informed that there had been a significant reduction in the number of patients reporting long delays of call bell response, via the two minutes of your time surveys in 2019, compared to 2018. However, there was currently no way of knowing how long a patient has been waiting after they press for assistance, which represents a potential risk to some patients, who may need urgent assistance.

We were told that external providers have been contacted to review other call systems that are available, which would capture live data for the team to use. We were also informed of a time and motion study that was completed on the ward to improve the efficiency of care. This included identifying areas of peak activity for nurses, and then mapping it against peaks and troughs for other therapy areas to help address the issue with call bells.

Staff told us that all individual and group therapy takes place on the ward Monday to Friday. Staff raised the issue that this meant patients did not receive any

therapy for two days over the weekend, and this could hinder the rehabilitation process for the patient. We heard that therapy assistants were previously trialled to provide seven day therapy, and although this was effective, unfortunately there was no ongoing funding for the roles.

Individual care

Planning care to promote independence

Promoting patient independence was a fundamental objective for the ward. A notice was displayed on the main entrance door that highlighted the purpose of the ward, which is to maximise the rehabilitation of patients. Staff that we spoke with were very committed to working in a multidisciplinary way to achieve this, and felt this approach resulted in improved outcomes for patients. Nearly all of the staff who completed a questionnaire agreed that patients and/or their relatives are always or usually involved in decisions about their care.

The ward was very spacious with wide corridors that gave sufficient space for patients with mobility issues and wheelchair users. There was a range of mobility aids and adaptations suitable for stroke rehabilitation on the ward. This included a well-equipped and modern ward based gymnasium, and a home assessment area that included a kitchen, bedroom and bathroom. There was also a spacious day room and conservatory, which provided a space for patients to socialise and speak with relatives and friends.

Some of the patients we spoke with praised the staff for their support in helping them regain their independence, which included the use of the assessment kitchen. One patient told us they were unable to walk or use their left side when they had a stroke, and commended the therapy teams for their support and enthusiasm to get them walking again.

It was positive to see that This is Me⁷ documentation was used for patients with dementia, and where a patient had difficulty with their language or speech. This initiative aims to help staff have an improved understanding of each patient on the ward, which can help provide more tailored person centred care based on individual needs and preferences.

⁷ <https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me>

We did not find evidence that the butterfly scheme⁸ was used on the ward. The butterfly scheme provides a system of hospital care for people living with dementia, or who find that their memory is not as reliable as it used to be. This is of particular relevance to stroke patients who may suffer from memory impairment, confusion or forgetfulness. The Health Board should consider introducing the butterfly scheme on the ward.

All of the patient records that we reviewed, demonstrated clear care plans based on individualised patient need. Care was planned in a way to promote independence via the involvement of the multidisciplinary team. Further information on this along with initiatives for person centred care planning are highlighted within the Safe and Effective Care section of the report.

People's rights

We found that family/carers were able to provide patients with assistance, and be involved in their care in accordance with their wishes and preferences. This included being present when discussing care need with the multidisciplinary team if required.

We were informed that revised set times for patient visiting had been introduced in February 2019, which were developed following consultation with both patients and their relatives or carers. However, the times were flexible around the needs of patients and relatives, in particular those who were travelling long distances.

The set visiting times were introduced in response to the need to ensure patients had sufficient rest as there were complaints from patients that visiting times were too long. This resulted in visiting times clashing with therapy and meal times. In response, meal times were protected and no visitors were permitted unless it had been previously arranged, to support the patient with their meals.

⁸ <http://butterflyscheme.org.uk/>

Listening and learning from feedback

There was a lack of understanding from all staff on the ward regarding the collection and use of patient feedback. We saw that it stated in the patient information booklet that patients and carers may be asked to take part in patient questionnaire to help improve the service.

As previously highlighted, the ward had obtained patient feedback in relation to nurse call bells, from the two minutes of your time surveys. These are short surveys that are completed via volunteers who speak to patients. We were informed that approximately ten surveys are completed each month. The surveys are then sent to the health board's central patient experience team, who complete an analysis on the results. The survey results are emailed to the senior nurse, who disseminates them to team leaders to be cascaded onto team members via team meetings or other means.

Senior staff who attended the inspection feedback session confirmed patient feedback results and any learning points are shared at team meetings. Additionally, most of the staff who completed a questionnaire told us patient experience feedback was collected on the ward, and was used to make informed decisions within their directorate. Half said they received regular updates on the patient experience feedback. However, when we met a cross section group of staff for a discussion during the inspection, the majority of staff told us there was no process in place to collect patient feedback and learn from it.

Improvement needed

The health board is required to ensure that:

- All staff on the ward are aware of the process in place to collect patient feedback, and that information is fed back to them on how it is used to promote service improvement
- There is a systematic process in place to capture patient feedback from all patients

Delivery of safe and effective care

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

An innovative approach to amalgamate patient goals and outcomes across the multidisciplinary team was being developed.

Record keeping on the ward was good and we found evidence of multidisciplinary input in assessment planning and decision making.

Good arrangements were in place to ensure patients received appropriate nutrition and hydration.

Overall, medicines management was good however, we identified a risk regarding storage of Intravenous (IV) fluids in the treatment room.

Skin assessments and reassessments were regularly completed, and we found the number of patients with pressure ulcers was very low.

We identified improvements were required to strengthen arrangements to help prevent patient falls, as we found the number of patient falls had increased from the previous year.

We identified a poor compliance with information governance, as we found patient records and their patient identifiable information were not stored securely. In addition, computers were not locked in the main unsupervised corridors.

We found instances of unlocked doors and storage cupboards, which contained potential hazards for patients.

Several areas of infection prevention and control required improvement. This included significant dust accumulation on light fittings above patient beds, and some patient privacy curtains not being replaced within required timescales.

Safe care

Managing risk and promoting health and safety

We found that the ward was well maintained and was generally clean and tidy. Most of the patients who completed a questionnaire also agreed the ward was clean and tidy. However, we found an issue with dust in some high surface areas. This is highlighted further in the following section on infection prevention and control.

We saw that seven of the individual patient rooms had been decommissioned, and were used as storage rooms. This included storing mattresses, electrical equipment, lifting and moving equipment, wheelchairs and general ward equipment, such as wash bowls and incontinence pads.

At the start of the inspection, the ward manager provided us with a tour of the ward. During the tour we found on two occasions fire doors had been propped open with bins. This included the door to the ward kitchen. In addition, the door to a room containing equipment, such as feeding tubes and other clinical items, was propped open. The ward manager removed the bins immediately, to ensure the doors were closed and locked to prevent patients entering.

During the inspection we found several incidents where doors had been left unlocked, which represented a risk to patient safety as could result in a patient either deliberately or unintentionally harming themselves. These issues were all resolved by the health board during the inspection and are summarised below.

The door to the waste storage room was unlocked. We found the keypad door lock had not been used, which meant patients could enter the room that contains storage bins for both general and clinical waste. The health board immediately closed the door and secured it using the keypad lock. We checked the room several times during the inspection and each time the room remained securely locked.

A storage cupboard on the ward that contained cleaning products was unlocked. We found the cupboard had a key lock fitted that had not been used. The cupboard contained both bleach and chlorine based cleaning products. As the lock did not work the health board removed all of the potentially hazardous products and transferred them to a secure location.

The two sluice rooms on the ward had keypad door locks fitted, but were both unlocked. These were the rooms used to dispose of human waste. The rooms contained chlorine based disinfectant cleaning solutions and tablets that were

stored in re-sealable tubs. The health board secured both doors with the keypads on the second day of the inspection.

A storage room that contained various items that included patient feeding tubes was unlocked. This represented a risk where potentially a confused patient could become entangled with tubing around their neck, posing a choking hazard. We also noted there were consumables left on the floor that should have been stored on a shelf, to ensure the floor could be cleaned effectively and to maintain infection prevention and control. The health board secured the room by locking the door.

We saw that in one of the patient bathrooms the drain near the shower was blocked and appeared to have a thick layer of mildew around it. A sign had been placed on the door, which stated the shower should not be used. This is because the water does not drain away and it was an infection hazard.

When we first saw the room on the first day of the inspection the shower area appeared wet. Therefore we had concerns that a patient had used the shower. However, during the feedback meeting with the health board, we were advised that the wet floor was due to the shower being turned on to run the water for legionella sanitation purposes, rather than a patient using the shower.

We were provided with a copy of the repair works request, which had been sent to the health board estates team to report the blocked drain. The works request was dated 13 February 2017. This issue had therefore been unresolved for over two and a half years. The health board should consider decommissioning the shower.

During the inspection we found two instances where the service was overdue for two of the Carbon Dioxide (CO₂) Extinguishers. These extinguishers are used primarily for flammable liquid fires and for use on live electrical equipment.

Improvement needed

The health board is required to ensure that:

- All lockable doors on the ward are securely locked at all times, to minimise the risk of patients accessing restricted areas
- All hazardous solutions for example disinfectant and bleach is securely stored in locked cupboards on the ward
- The bathroom that contains the blocked drain is either rectified, or the shower is decommissioned
- All fire extinguishers are serviced within the required timescales.

Preventing pressure and tissue damage

During the inspection, we reviewed a sample of five patient care records on the ward. We found that all patients had been assessed for their risk of developing pressure sores. Each patient record had evidence of an appropriate skin assessment, and there was evidence of frequent repositioning during the day and night where applicable.

There was a policy in place for managing and preventing pressure ulcers, and we saw evidence of assessments, re-assessment and monitoring of pressure areas, in all of the patient records we checked.

Notably the number of incidents reported via Datix⁹ relating to pressure ulcers was very low. Nine had been reported in 2018 and only three so far since January 2019.

Falls prevention

All of the patient care records that we reviewed showed that patients had been assessed for their risk of falling. Where a patient was at risk of falls, there were up-to-date care plans in place, which were tailored to the patient. For one of the

⁹ Datix is a bespoke incident management system that can support practices with recording and analysis of significant events.

five records that we reviewed a falls reassessment had also been completed as a result of a patient falling.

We saw grab rails were in place near patient toilets and showers, to help prevent falls. There was also hand railing on the walls in the corridor throughout the ward. We found the hand railing was in good condition, however one area was damaged and a sign had been placed on the wall stating it had been reported to the estates team.

We witnessed patients using walking frames to move around the ward, which provided additional support for individuals who were unsteady on their feet.

We were provided with a summary of incidents for falls, which were reported via DATIX from January to June in both 2018 and 2019. The data showed the vast majority of incidents on the ward were related to patient accidents or falls. In the six month period in 2018, there were 68 incidents, which increased to 81 incidents in 2019. The highest reported number of incidents in a month was 21 falls in March 2019. We were told that this may be attributed to the same patient falling repeatedly, however, we did not see evidence of this.

We did not see any evidence of any falls scrutiny panels or mandatory staff training for falls, which given the nature of patients on the ward, is a high risk area. The ward may therefore wish to consider benchmarking with other health boards regarding falls prevention, staff training and falls scrutiny panels, or developing a local falls training package.

Improvement needed

The health board is required to ensure that staff knowledge and skills in falls prevention is updated and assessed, which includes the provision of any relevant training.

Infection prevention and control

We saw that the ward appeared generally clean, however, some of the storage rooms were cluttered with large equipment and other items that meant cleaning the floor would be difficult. Also as previously highlighted we found a potential infection risk with a blocked drain in a patient bathroom.

During our tour of the ward we saw there were several used tissues left on the floor in the storage room, which contained manual handling equipment such as lifting hoists for patients. This equipment was very clean, however the used tissues represented a risk for the potential spread of infection onto patients or staff. Staff removed the tissues from the floor immediately.

The equipment on the ward appeared clean and most had green 'I am clean' labels attached to them. However, the large hoists in the store room did not have green 'clean' labels attached to them. Some of the staff who we spoke with told us that they do not always clean the hoists between patients.

We discussed the arrangements for housekeeping on the ward and were advised that there was a defined cleaning schedule in place that covered from 7:00AM to 3:00PM and included bins, bathrooms and toilets. A rolling two week programme was in place for bed frame cleaning and the dusting of high areas. We were advised that cleaning audits are undertaken and some minor issues had been identified that included dusting of high areas. We completed a random inspection of the high level light canopies above bed spaces, and found a significant amount of dust on the top surfaces of overhead bed light canopies. We discussed this with cleaning staff, who informed us that they are unable to clean these areas whilst a patient is in the bed underneath, and are unable to move the beds on their own.

On the first day of the inspection, we found that the bathroom floor in the relative room was very dusty and appeared to have not been cleaned recently. Also the toilet in the adjoining room was blocked with tissue paper. We informed the ward manager who suggested the room may potentially have been missed off the cleaning rota. When we checked the room on the second day of the inspection the floor had been cleaned but the toilet remained blocked.

As previously highlighted, each bed had a disposable privacy curtains fitted for patient privacy. These should be changed at least once every six months, or sooner if required. However, we found there was no information on some to demonstrate the date they were last changed, and some had not been changed for over a year.

Effective hand hygiene is essential to help prevent cross infection. Hand washing and drying facilities were available throughout the wards, together with hand sanitising gel. To maintain good infection prevention and control, staff on both

wards adhered to the Bare Below the Elbow¹⁰ policy, which was assisted by the staff uniform.

Personal Protective Equipment such as; disposable aprons and gloves, was available, and was being used appropriately to maintain effective infection prevention and control. Also appropriate facilities were in place for the safe disposal of clinical waste.

Within the sample of patient's care records we reviewed, we saw that the sepsis¹¹ screening tool¹² had been used for the one patient that required it. This helps staff to identify patients promptly, who may be developing sepsis, to ensure that a prompt medical review and treatment can be commenced. Prompt treatment of sepsis helps increase the patient recovery and survival rate of sepsis.

We found there was good compliance with staff completing infection and prevention control training. The staff we spoke with were all able to describe their role in relation to infection prevention and control and the precautions taken for isolating patients. All members of staff could describe the five steps of hand hygiene, and we observed staff using hand sanitiser gel or hand washing between patient contact and procedures.

¹⁰ The BBE policy enforces that all staff including the clinical and administrative teams, should not wear any clothing or jewellery (apart from a plain wedding band), below the elbow on to the ward, and particularly when in contact with patients.

¹¹ Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs

¹²[Sepsis Screening Tool](#)

Improvement needed

The health board is required to ensure that:

- Staff on the ward place any used tissues promptly in waste bins
- High dusting is regularly completed that includes light canopies above patient beds
- Shared equipment, such as hoists are always cleaned between each patient
- The relatives room and bathroom are cleaned regularly to minimise the risk of cross contamination of infection to others and to patients
- All disposable privacy curtains are documented to show the date they were last changed, and are replaced at least once every six months, or sooner if clinically required.

Nutrition and hydration

All of the patient care records that we reviewed showed staff had completed a nutritional risk assessment for patients within 24 hours of admission. All patients had an oral care plan in place, and had been referred to a dietician or speech and language therapy if required. Two patients were nil by mouth and both had been assessed appropriately.

We saw that food and fluid charts were in place for four of the five patient records we reviewed, however, we could not locate a chart that should have been in place for one patient. The charts were used to ensure that oral intake was monitored to maintain adequate hydration and nutrition.

All patients that completed a questionnaire agreed staff would assist them to eat and drink if needed, and that they had time to eat their food at their own pace. Most respondents agreed water was always accessible, although one disagreed.

We observed patient meal times and saw they were well planned and coordinated between catering and care staff. We saw red trays were used to identify patients who need assistance to eat. We observed staff providing assistance to patients at lunch time by positioning the patients and helping with eating and drinking.

Individual meal plans for each patient were updated three times each day and provided to the ward catering staff at each meal time. The plans took account of

dietary and allergen requirements. We were advised that an electronic tablet based menu system was being trialled, with the hope that it would be shortly rolled out to the ward. This would enable patients to see pictures of their food to have a better understanding of the options available.

We saw there was a good choice of food on the menu, and patients could choose what they wanted to eat based on individual risk factors for example, individuals with swallowing difficulties. We found the food looked appetising, hot and smelt good. We saw that water jugs and cups were placed on bedside tables and within easy reach of patients. Staff were also seen to be assisting patients to drink at other times during the inspection.

Medicines management

We found that IV fluid bottles and one litre fluid bags were stored on a shelf in the treatment room, and were in direct sunlight. We saw there was condensation evident at the top of some bottles. The maximum storage temperature on the label showed 25 degrees, and given the direct sunlight that was particularly evident on the first day of the inspection, it was possible that the fluids may have exceeded these temperatures. We recommended to the ward manager to contact the pharmacy to establish if the fluid bottles and others within direct sunlight should be removed and destroyed. We also recommended that the window blinds are kept closed to prevent direct sunlight on the fluids.

We were provided with a copy of the medicines management policy for the Health Board. The policy was also available on the clinical work station. We saw evidence of regular temperature checks of the medication fridges being completed and recorded. This ensured refrigerated medication was stored at the manufacturer's advised temperature.

We found there was appropriate storage of controlled drugs and the administration of medication to patients was conducted competently. We saw there was a clear record completed to show when staff administered medication, when patients self-administered and any reasons for non-administration was recorded. We saw that a daily stock check was maintained for controlled drugs.

Medications including controlled drugs were secured by locked cupboards in a locked treatment room. Also, medication were stored in locked bedside cabinets. We saw that patients wore identification bands, and these were checked against the drug chart identification label during administration to reduce the risk of medication errors.

We observed the medicines round and found that the drug trolley was not left unattended at any time. We were informed that the ward had previously trialled

the red tabard scheme where nurses wear red 'do not disturb' signs while they give out drugs to patients. However, this was discontinued as staff said there was greater disruption and currently it works better without red tabard.

Safeguarding children and adults at risk

The health board had policies and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. We found the main doors to enter and exit the ward were locked, and required a code to be entered to unlock the door.

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

We were informed that the four bed bay close to the staff base was used for patients that had higher observational needs. Although no patients were under constant one to one supervision at the time of inspection, we were informed that this is arranged when necessary, which includes the provision of mental health nurses where there are specific behavioural challenges.

We found that one nurse was the lead for Mental Capacity Assessments (MCA) and the Deprivation of Liberty Safeguards (DOLS)¹³ process on the ward. We saw that the DOLS/MCA status was displayed against individual patient information and formed part of shift handover.

There were a high number of instances of DOLS in place on the ward, to ensure patients were looked after in a way that does not inappropriately restrict their freedom. During our review of five patient records we found it was difficult to locate various pieces of DOLS documentation, as it was not all held in one place within the patient records. We were informed that work had started to develop a central log to monitor applications and dates for DOLS. We were also advised

¹³ The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

that the aim is to make a designated section in each patient record for storing all Mental Capacity Assessments and DOLS documents.

Staff training on DOLS was included as part of the in service training programme for staff that had been introduced, which is covered in further detail in the Quality and Management section of the report. We were informed that some nurses had attending the training, however there had been low representation as many of the nurses were too busy.

A review of the training records for registered nurses on the ward showed the number of staff that had completed levels one¹⁴ and two¹⁵ safeguarding training for children and vulnerable adults. The records showed most of the nursing staff had completed level one training, however under half had completed level two training. Given the vulnerable nature of stroke patients on the ward we would expect registered clinical staff to have completed level two safeguarding training.

Improvement needed

The health board is required to ensure that:

- DOLS documentation is well organised and held in a designated section within the patient records
- Registered clinical staff complete level two safeguarding training

Medical devices, equipment and diagnostic systems

We found that the ward had the appropriate equipment in place to support stroke rehabilitation, which included walking frames, commodes, monitoring equipment and hoists. Some areas of the ward had ceiling hoists however, due to structural issues within the building some did not.

¹⁴ Level one safeguarding training is an introductory course to provide awareness training and is the minimum requirement for staff who come into contact with children, young people or vulnerable adults.

¹⁵ Level two safeguarding training provides staff with a more detailed understanding of the issues associated with safeguarding to enable them to act on concerns.

During our inspection we found that the resuscitation equipment had not always been checked daily and/or monthly, as per the local policy. The lack of regular checks meant there was a risk to patient safety, whereby the resuscitation trollies may not be sufficiently stocked, or equipment/medication may not be in-date and ready for use, in the event of a patient emergency.

Our concerns regarding checks on the resuscitation trollies were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B

Effective care

Safe and clinically effective care

We saw that patients appeared to be well cared for and appeared comfortable on the ward. Most of the staff who completed a questionnaire agreed that the care of patients was the health board's top priority. The majority of staff who completed a questionnaire were always or usually satisfied with the quality of care they are able to give to patients. However, only half said they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

The multidisciplinary approach to providing patient rehabilitation was very evident on the ward, where teams worked collaboratively to support patients. An example of this is where physiotherapists and occupation therapists identify key patients every morning to provide personal care in a therapeutic way, which could include a wash and dressing assessment, and helping to mobilise the patient to get to the toilet on their own.

We were provided with evidence to show the clinical audits that took place each month on the ward. The evidence log recorded the date of the audit, the result and any actions needed to improve standards. We saw that in August 2019 audits had been completed on documentation, catheter-associated urinary tract infections, falls, hand hygiene and Bare Below the Elbow compliance, nutrition, pressure ulcers and ID bands. Results ranged from 82% for documentation to 100% for Hand Hygiene and BBE. As previously highlighted the noticeboard that contained information on the clinical audits was out of date.

Quality improvement, research and innovation

Staff we spoke with described the new innovative arrangements that were being developed to deliver improved patient outcomes. We were informed that the team have been recognised for awards and also take forward research projects. However, we were not provided with any specific details.

We were informed that three multidisciplinary team meetings are held each week for individual patients, which represented one for each of the consultants on the ward. The meetings were attended by nurses and representatives from each of the therapies. The purpose of the meetings was to create a clear management plan for the patient and to update on progress, which includes each area updating on the patients goals and next steps that could involve ongoing rehabilitation or discharge planning.

Staff we spoke with told us that a revised approach is being developed to enhance the effectiveness of the meetings. This involves the use of a new pro forma to record all the patient information, from each therapy area, in one place. The new form will also include both social and family history to make the care plan more patient centred for example, by recording patient likes and dislikes. The aim of this new approach, is for the team to work collaboratively in a systematic way to amalgamate patient goals and outcomes. Staff described that this approach will include the development of outcome measures, to show where the patient is on entry to the ward, where they want to be and how the team will support them in getting there.

Information governance and communications technology

We found multiple examples that highlighted a poor approach to security of patient identifiable information and patient records. This was a significant risk for the health board due to the legal requirements under the General Data Protection Regulation (GDPR) and Data Protection Act (2018).

We saw that outside each of the individual patient rooms, patient notes were placed in a wall mounted holder. The patient notes included a range of sensitive information for example drug charts and nursing summaries of care. The notes also contained personal identifiable information, which included an identification sticker showing name, date of birth and home address. This was a significant risk to the potential loss of personal data as the notes could easily be taken from the folder without anyone noticing. We checked the four bedded areas and patient notes were stored at the end of each bed with the patient and were therefore more secure.

We also saw that the patient records were stored in a designated lockable trolley that was in the corridor. On several occasions we saw that the trolley was unlocked and was left open and unattended. This again represented a significant risk to the inappropriate or unauthorised access to patient notes.

We found a workstation and desk in the corridor that contained a number of items that could result in a data breach. A patient ID sticker showing name, date of birth and home address was attached to the side of the monitor, and a patient discharge sheet that contained a patient ID sticker had been left on the desk. We also saw a copy of patients notes had been left unattended at the workstation.

A review of the training records for registered nurses on the ward showed most of the staff had completed mandatory training on information governance. We did not review training records for other professional groups, however, given our findings the health board should consider scheduling refresher training for all staff.

Improvement needed

The health board is required to ensure that documentation which contains patient identifiable information, such as care records are stored securely when not in use.

Record keeping

Overall, we found a good standard of record keeping in the sample of five patient care records that we reviewed. There was good evidence of multidisciplinary input from all disciplines into the patient records. We saw consistent input in assessment, discussions and care planning. Our positive findings in relation to some specific areas of record keeping have been previously highlighted in the report.

We saw the records were clear and were easy to read, to ensure the continuity of care between clinicians. All entries were signed and dated with the time of entry included. We also saw evidence of a written hand over being completed at the end of a nursing shift. All patients had their needs promptly assessed on admission to the ward, and relevant risk assessments had been undertaken. Each patient had a pain assessment and we saw ongoing use of pain scores being recorded. For one of the five patients who was in the process of being discharged, we found evidence of an appropriate discharge package in place.

We found that the organisation and filing of notes could be improved. During our review we found instances where the notes in patients' folders were mixed up

and difficult to find whilst older sections of notes were archived elsewhere in the ward. We found that evaluation of care was recorded in the beside records by most staff but that temporary staff often record this in the main record which could make this difficult to follow. Also, some papers were loose and could therefore potentially be misplaced.

Improvement needed

The health board is required to ensure that patient care records are well organised to ensure paperwork can be easily found.

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.

We found staff were very professional, enthusiastic, and committed to delivering a high standard of patient care through a multidisciplinary approach.

There was strong leadership on the ward and most staff felt very supported by line managers. However, some staff felt they were not given feedback regarding any reported errors and incidents.

Compliance with completing staff appraisals in the nursing team had improved significantly in 2019.

Nursing on the ward was widely recognised as being very busy and physically demanding. Many of the staff felt that there are not enough staff available, and this can affect the level of care provided.

Some historic nurse staffing work patterns were in place, which appeared to be causing a number of issues. This should be assessed and re-evaluated to ensure service provision and patient care is consistent amongst all teams and equitable for all staff.

Mandatory training compliance for the nursing team was generally good, however, some staff were not compliant in all areas.

There was evidence of negative practices occurring with some night staff, which impacted on patient dignity and care, along with maintaining training compliance.

Governance, leadership and accountability

During our inspection, we invited staff working on the ward to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire, but we also spoke with a number of staff during the course of our inspection. In total, we received 27 completed questionnaires. These were received from staff undertaking a range of roles and disciplines on the ward. Staff completing the questionnaires had worked on the ward from two weeks to over 20 years.

The ward was overseen by a senior nurse, and clinical leadership was devolved through a band seven manager for each of the professions in the multidisciplinary team. Each band seven manager had delegated responsibility for their particular area, and worked together to deliver rehabilitative care to patients on the ward. A band seven nurse was responsible for the general management of the ward, along with the nursing staff.

During our conversations with staff during the inspection, and from staff questionnaires we heard many instances of praise for the nursing ward manager, who joined the health board in November 2018. This was largely due to the significant improvements evident on the ward, which included good leadership and direction for staff, overall culture on the ward, improved compliance with staff training and completion of annual appraisals. We also received significant praise for the band seven managers in the therapies.

Staff we spoke with and those who completed a questionnaire, told us that they felt very supported by their line managers. Some comments from the staff questionnaires said:

“Line manager is always supportive, professional and cares about our team. They are positive and encouraging. They go above and beyond 100% of the time.”

“I am lucky to benefit from an extremely supportive and encouraging line manager.”

All staff who completed a questionnaire said that they know who the senior managers were in the organisation. Most said there is always or usually effective communication between senior management and staff. A majority said senior managers sometimes involve staff in important decisions and sometimes act on staff feedback.

Staff described the governance arrangements in the ward, which included individual team meetings for each profession and multidisciplinary meetings via the Stroke Improvement Group (SIG) and Quality and Safety (QSE) meetings. We were informed that the SIG was a long standing group that considered

projects and improvements to the service. The QSE had been established approximately one year ago to discuss specific aspects of care, for example complaints, incidents and training. We were advised that recently the SIG and QSE meetings have been amalgamated as there was duplication between what was being discussed at each meeting. The new group is chaired by the senior nurse and meets on a monthly basis.

Most staff who completed a questionnaire said they were always or usually able to make suggestions to improve patient care, and felt the health board encourages teamwork, empowers front line professional to speak up, and there was a culture of openness and learning to support staff.

It was highlighted that prior to the nursing ward manager being appointed, the nursing team did not have formal team meetings. There is now a process for meetings on a bimonthly basis for the ward nursing team, and for the direct reports.

Most of the staff who completed a questionnaire felt that they are encouraged to report errors, near misses or incidents and that follow up action will be taken. Staff also felt that any staff who are involved are treated fairly. However, only half of the staff said that they were given feedback about changes made in response to reported errors, near misses and incidents.

A majority of staff who completed a questionnaire said that they had been made aware of the revised Health and Care Standards (2015).

During the inspection, and at our concluding feedback session, senior staff present demonstrated a clear interest and commitment to learn from the inspection, to help improve standards and care on the ward.

Improvement needed

The health board is required to ensure there is a consistent process in place to inform staff regarding changes made in response to reported errors, near misses and incidents.

Staff and resources

Workforce

We found there was a full complement of registered nursing staff on the ward, with the exception of six full time vacancies at band five. We were advised that two new members of staff have been recently appointed. The remaining vacancies were covered using temporary staffing, which included bank and agency nurses. We were informed that some agency staff are block booked to ensure continuity of care for patients.

Management who we spoke with felt that there was sufficient staffing levels on the ward. However, it was stated that this is impacted by staff sickness at short notice resulting in unfilled shifts, the use of temporary staff who are unfamiliar with the area and some permanent staff only working fixed and restricted working patterns. We were informed that due to historic arrangements, some staff only work certain days or nights and this can hinder service provision due to the lack of flexibility in providing cover seven days a week day and night. We were advised the health board is in the early stages of looking to address this issue.

We raised concerns regarding comments we had received from patients and some staff regarding the perception that at times, some night staff are rude, abrupt and rough in handling. One patient who we spoke with felt the night staff did not want to be in work. We were advised that part of the aim of addressing the current issue with historic working patterns is that all staff will rotate in the day and night shifts, which will help to ensure the standard of care delivered is consistent.

Many of the staff who we spoke with during the inspection felt that there are not enough staff available, and this can affect the level of care provided for example by delays in responding to nurse call bells. It was widely recognised that nursing was very challenging on the ward, due to the amount of manual handling that is involved, and the very large size of the ward. It was also raised that the multidisciplinary nature of the ward can result in a greater workload due to involvement in additional meetings and discussions with other professions, which would not otherwise happen. It was suggested that patients may feel there are staff shortages, and one of the patients who we spoke with raised concerns regarding staff shortages particularly at weekends.

It may be of benefit to the health board to ensure that the establishment includes one additional member of qualified staff on duty by day, seven days each week. This would be to co-ordinate the shift, the staff, and care needs. This is primarily due to the layout of the ward and the visibility of each area, and enabling

adequate communication across all areas, along with adequate and appropriate support and cover for staff breaks.

Some of the staff who we spoke with felt the demands on nurses time prevented them from always attending the multidisciplinary meetings as highlighted above, to discuss individual patient needs and progress, which can sometimes mean there is a gap between the therapies and nurses regarding communication updates.

Some of the staff informed us that when other wards in the hospital are short staffed, then nursing staff from the ward are moved to provide cover elsewhere. It was felt this was a particular issue as it may impact on patient care for the reasons highlighted previously, and result in delays in providing basic care.

Around half of the staff who completed a questionnaire felt there were sometimes enough staff to enable them to do their job properly, although a third answered that there were never enough staff.

“Care when received can be good, but poor staffing for complexity affects time to provide a suitable level of care.”

“Would be beneficial to patient care if staff weren't sent to other wards, when we are short on our ward as this is impacting on care given to patients, when we don't have adequate staffing levels to cover a ward this big.”

“There are not enough staff on the ward to help give the standard care to the patients.”

Most staff members agreed that their immediate manager takes a positive interest in their health and well-being and approximately half agreed that their job was good for their health

“I enjoy my job and have job satisfaction. However, we are working incredibly hard to meet the demands of a large caseload and mentally it can be tiring.”

“My job can be very stressful and challenging at times which affects my mental wellbeing.”

No significant concerns were raised in relation to staffing in the therapies teams, however, staff who we spoke with discussed the impact of providing seven day cover for the Acute Stroke Ward in University Hospital Wales. This is in relation to seven day provision in the acute setting that is largely filled using staff who are primarily based in the ward. This results in staff working on weekends to provide cover, and taking time off in lieu. This may have a detrimental impact on staff

wellbeing, as we were informed of examples where staff worked in excess of seven days without a day off.

We discussed staff appraisals for nursing staff and were advised that since the current ward sister had been in place there has been a significant improvement in the timely completion of staff appraisals. We were verbally informed that the appraisal rate for nurses was nearly 80%, and prior to the ward sister joining it was below 30%. We discussed the approach taken to address this and were informed there were now clearer lines of accountability for who completed appraisals for groups of staff, and previously to some extent it was arbitrary.

Most staff members on the ward who completed a questionnaire told us they had an appraisal, annual review or development review of their work in the last 12 months. Nearly all who had reviews said their learning or development needs were identified, and most told us that their manager always supported them to achieve these needs.

We reviewed a selection of eight staff files for nurses that were selected randomly across bands two, five and six nurses. Two of the records showed up to date Performance Appraisal and Development Review (PADR) appraisals, two records showed a PADR had been completed but it was more than 12 months ago and four of the records had no record on file of a PADR ever being completed.

We were provided with a blank copy of the nurse development objectives and competencies workbook, which is completed for all new members of nursing staff. It included a list of stroke care core competencies for example, cause of stroke, common effects of stroke, preventing pressure sores, emotions and rehabilitation. Staff were assessed from level one to five that related to basic level of knowledge to fully competent.

Most of the staff who completed a questionnaire confirmed that they had undertaken learning and development, in areas such as health and safety, fire safety, infection control, MCA/DOLS in the last 12 months. Around half had undertaken training for dementia respect in the last twelve months. Most staff also said training always or usually helps them to do their job more effectively, helps them to stay up to date with professional requirements and ensures they deliver a better experience for patients.

We were informed that multidisciplinary in service training had been introduced in February 2019 to encourage the multidisciplinary to work together to produce and deliver training. The training would be delivered for one hour once a month. Some of the topics planned for 2019 were DOLS, psychological adaptation following stroke and patient case study reflective learning. The staff we spoke

with felt this was a good initiative, however it was highlighted that nursing staff find it difficult to attend due to work pressures on their time.

Each member of staff had an individual Electronic Staff Record (ESR). Aside from staff details, the ESR allows managers and individual staff to see details of any training that has or has not been completed. We were informed that training records for nursing staff are checked by the ward sister and deputy ward sisters for each person on ESR to ensure staff complete mandatory training in the required timescales. The health board may consider developing summary monthly staff compliance reports for mandatory training from ESR, to help monitor training compliance in the ward.

We requested a copy of training compliance reports to establish training compliance for the nursing team. We found that some areas of mandatory training had been well attended, which included fire safety, equality, diversity and human rights and infection prevention and control where most of the nurses had completed the training. However, the records showed that the following areas of training had minimal or low attendance: dementia awareness, moving and handling and violence and aggression. As previously highlighted, there were also low levels of completion for level two safeguarding.

Given the nature of the patients on the ward we were concerned that the areas of low training participation were vital to the area of work. For example many of the patients on the ward may have dementia, and staff who we spoke with highlighted the demanding physical nature of the job, needing to lift and assist patients on a frequent basis.

Improvement needed

The health board is required to ensure that:

- Working patterns are equitable for all staff and flexible to meet the needs of the service
- The level of service provision is maintained by staff on the night shift and temporary staff
- There are sufficient number of staff on the ward to maintain patient safety and staff health and wellbeing
- Nursing staff have sufficient time to attend in service training and multidisciplinary meetings
- Nursing staff complete all aspects of mandatory training relevant to their role and area of work.

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, measurable, 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
Several incidents where doors and storage cupboards had been left unlocked where a patient could come into contact with cleaning and disinfectant materials.	A patient could harm themselves by consuming or coming into contact with chlorine based cleaning products.	We raised concerns with the ward sister and senior nurse on both days of the inspection and it was resolved.	The required locks were used on the doors to ensure the rooms were secure. Also the cleaning disinfectant was removed from the storage cupboard as it could not be locked.

Appendix B – Immediate improvement plan

Hospital: University Hospital Llandough

Ward/department: Stroke Rehabilitation Centre

Date of inspection: 17 and 18 September 2019

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
<p>The health board is required to provide HIW with details of the action it will take to ensure that:</p> <p>The appropriate checks on both resuscitation equipment trolleys are completed and recorded daily and/or monthly as per local policy. This must also be extended to all other areas within the health board.</p>	3.1 Safe and clinically effective care	<ol style="list-style-type: none"> 1. A review of current documentation has been undertaken and the existing format has been updated. 2. The Ward Sister has ensured that this is a delegated responsibility to the nurse in charge on each shift to ensure that it is completed. 3. This issue has now been included on the safety briefing to all staff. 4. Spot checks will now be undertaken by management to 	Ward Sister	Completed and embedded into practice 20/09/2019

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>ensure that this is being completed on a daily basis.</p> <p>5. The Nurse in Charge on each shift is responsible for ensuring that the checks have been completed.</p> <p>6. All wards and clinical areas in Medicine Clinical Board will be reminded of their responsibilities in relation to this matter</p> <p>7. The UHB will issue an internal patient safety notice to remind staff across the organisation, of their responsibilities in relation to this matter</p>	<p>Director of Nursing</p> <p>Patient Safety team/Resuscitation team</p>	<p>End September 2019</p> <p>End September 2019</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.

Name: **Rebecca Aylward, Director of Nursing Medicine Clinical Board**

Carol Evans, Assistant Director Patient Safety and Quality

Date: **26 September 2019**

Appendix C – Improvement plan

Hospital: University Hospital Llandough

Ward/department: Stroke Rehabilitation Centre

Date of inspection: 17 and 18 September 2019

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				
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> • Clear signage is displayed throughout the hospital, and the site plan is updated to inform visitors how to find the ward • The placement of noticeboards is reviewed to ensure patients, carers, relatives and staff all see the necessary information 	4.2 Patient Information	<ul style="list-style-type: none"> • The Clinical Board will undertake a review of signage in conjunction with media resources • The ward sister in partnership with the therapy teams will review the information board and its placement to ensure they provide appropriate information for patients, relatives, carers and staff. • The responsibility for the update of the clinical audits on the 	<p>David Pitchforth, Senior Nurse for Integrated Medicine</p> <p>Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre.</p>	<p>23rd November 2019</p> <p>23rd November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> The designated noticeboard for clinical audits is kept up to date Display Putting Things Right posters within the ward and other areas of the hospital. 		<ul style="list-style-type: none"> noticeboard has been delegated to one of the deputy ward sisters. Putting Things Right posters have been ordered and will be displayed in the relevant areas of the ward. 	<ul style="list-style-type: none"> Ward sister Ward sister 	8 th November 2019
The health board is required to ensure that patients are kept up to date regarding their discharge date and plan.	3.2 Communicating effectively	<ul style="list-style-type: none"> The issue will be monitored through the ward service improvement group. All staff will be reminded of their responsibility to ensure that patients are kept up to date regarding their discharge plan and date. There is a planned roll out of new MDT documentation which will improve communication between and patients. Spot checks will take place to monitor compliance and this will 	<ul style="list-style-type: none"> David Pitchforth, Senior Nurse for Integrated Medicine. Ward sister Ward sister Therapy lead Ward sister 	15 th January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>also be monitored through patient feedback.</p> <ul style="list-style-type: none"> The Consultants and Clinical Psychologist are leading on an initiative to improve engagement with patients, relatives and carers by the formulation of an expert patient group. 	Consultant Psychologist	15 th January 2020
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> All staff on the ward are aware of the process in place to collect patient feedback, and that information is fed back to them on how it is used to promote service improvement There is a systematic process in place to capture patient feedback from all patients 	6.3 Listening and Learning from feedback	<ul style="list-style-type: none"> Staff education regarding patient feedback and its importance will be given at ward meetings and through other channels of communication such as private social media groups, newsletters, and 1:1's. The nursing and therapy team are in the process of devising a patient feedback questionnaire which will be specific to stroke patients. This will be reviewed by the patient experience team to ensure it is fit for purpose. 	<p>Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre</p> <p>Ward sister</p>	<p>22nd November 2019</p> <p>12th November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> • Patients will receive a feedback questionnaire prior to discharge and results collected and collated in conjunction with the patient experience team. The feedback gained will be shared with staff via ward meetings, 1:1's, and ward communications. • A notice board will be displayed in a prominent place to display patient feedback, and compliments. • Ward sister is liaising with patient experience team to ensure feedback is received from the 2 minutes of your time survey and shared with staff through afore mentioned methods. 		<p>12th November 2019</p> <p>22nd November 2019</p>

Delivery of safe and effective care

<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> • All lockable doors on the ward are securely locked at all times, to minimise the risk of patients accessing restricted areas • All hazardous solutions for example disinfectant and bleach is securely stored in locked cupboards on the ward • The bathroom that contains the blocked drain is either rectified, or the shower is decommissioned • All fire extinguishers are serviced within the required timescales. 	<p>2.1 Managing risk and promoting health and safety</p>	<ul style="list-style-type: none"> • All locks were reviewed at the time of the inspection and are in working order. Spot checks are now taking place to confirm that appropriate doors are secure. • Staff have been reminded of their responsibility to ensure that doors are secure and this is being raised through the daily safety briefing. • All hazardous solutions were locked away at the time of the inspection. Spot checks are now taking place to confirm compliance. • Staff have been reminded of their responsibility to ensure that hazardous solutions are safely stored and this is being raised through the daily safety briefing • The bathroom issue has been escalated to the Estates and 	<p>Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre</p> <p>David Pitchforth, Senior Nurse for Integrated Medicine.</p>	<p>20th September 2019</p> <p>20th September 2019</p> <p>20th September 2019</p> <p>20th September 2019</p>
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		<p>Facilities department and if it cannot be repaired will be decommissioned. The bathroom is not currently used for patient care and spot checks are in place to monitor cleanliness</p> <ul style="list-style-type: none"> • Ward Sister is liaising with the fire officer regarding servicing of the fire extinguishers. 		20 th September 2019
The health board is required to ensure that staff knowledge and skills in falls prevention is updated and assessed, which includes the provision of any relevant training.	2.3 Falls Prevention	<ul style="list-style-type: none"> • Ward sister is reviewing falls education in conjunction with the Consultant Nurse for Vulnerable Adults with the aim of refresher training for all staff • 1000 lives Safety crosses have been introduced to raise falls awareness • Spot checks are in place of all falls assessment and care planning documentation. 	Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre	29 th November 2019
The health board is required to ensure that:	2.4 Infection Prevention and	<ul style="list-style-type: none"> • Staff have been reminded of their responsibility to ensure that tissue waste from patients is 	Kathryn Leader, Ward Sister, Stroke	16 th October 2019

<ul style="list-style-type: none"> • Staff on the ward place any used tissues promptly in waste bins • High dusting is regularly completed that includes light canopies above patient beds • Shared equipment, such as hoists are always cleaned between each patient • The relatives room and bathroom are cleaned regularly to minimise the risk of cross contamination of infection to others and to patients • All disposable privacy curtains are documented to show the date they were last changed, and are replaced at least once every six months, or sooner if clinically required. 	Control (IPC) and Decontamination	<p>disposed of in accordance with IP and C guidelines</p> <ul style="list-style-type: none"> • Ward sister is reviewing the cleaning schedule with the housekeeping supervisors to tackle high dusting issues. • Staff have been reminded of the need to clean equipment between patients. Clean tags are now applied to hoists. • Joint walk arounds with Ward sister and Housekeepers have been introduced to review standards of cleanliness in all areas including the relatives room. • Ward sister is reviewing curtain provision with the Infection Prevention and Control team. A curtain change schedule and inspection sheet are now in place 	Rehabilitation Centre	<p>22nd November 2019</p> <p>22nd November 2019</p>
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<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> • DOLS documentation is well organised and held in a designated section within the patient records • Registered clinical staff complete level two safeguarding training 	<p>2.7 Safeguarding children and adults at risk</p>	<ul style="list-style-type: none"> • Ward sister and nursing team have reviewed the DOLS documentation and organised a specific section in the notes where it can be found easily and efficiently. • Ward sister will review safeguarding mandatory training with the aim of increasing compliance with level 2 safeguarding training from 50% to >80% by January 2020 and supported by the Practice Educator • Letters have been sent to all registered staff outlining the expectation that they will undertake level 2 training. Within the timeframe specified. 	<p>Kathryn Ward Stroke Rehabilitation Centre Leader, Sister,</p>	<p>29th November 2019 29th November 2019] 15th November 2019</p>
<p>The health board is required to ensure that documentation which contains patient identifiable information, such as care records are stored securely when not in use.</p>	<p>3.4 Information Governance and Communications Technology</p>	<ul style="list-style-type: none"> • Staff have been reminded of their responsibility to ensure all computer screens are locked when not in use and that patient addressographs are not attached to any computers. 	<p>Kathryn Ward Stroke Leader, Sister,</p>	<p>23rd October 2019 [Completed</p>

		<ul style="list-style-type: none"> • Daily spot checks are in place to monitor compliance • This issue has been raised at Directorate level at the Quality and Safety meeting. • All patient end of bed notes are no longer stored outside of the cubicles and have been relocated to the end of the bed. 	Rehabilitation Centre	
The health board is required to ensure that patient care records are well organised to ensure paperwork can be easily found.	3.5 Record keeping	<ul style="list-style-type: none"> • Ward Sister will review patient notes with the MDT as part of the MDT working group to ensure that there is structured order to the patient care records to improve organisation. 	Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre	06 th December 2019

Quality of management and leadership

<p>The health board is required to ensure there is a consistent process in place to inform staff regarding changes made in response to reported errors, near misses and incidents.</p>	<p>Governance, Leadership and Accountability</p>	<ul style="list-style-type: none"> Themes and learning from incidents will be shared with staff through ward meetings, 1:1's, and newsletters. Where appropriate to do so, this learning will also be shared via notice boards and updated monthly. 	<p>Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre</p> <p>David Pitchforth, Senior Nurse for Integrated Medicine.</p>	<p>15th November 2019</p>
<p>The health board is required to ensure that:</p> <ul style="list-style-type: none"> Working patterns are equitable for all staff and flexible to meet the needs of the service The level of service provision is maintained by staff on the night shift and temporary staff There are sufficient number of staff on the ward to maintain patient safety and staff health and wellbeing 	<p>7.1 Workforce</p>	<ul style="list-style-type: none"> In conjunction with HR and the trade unions, the ward sister has commenced work life balance reviews to improve flexibility in the ward roster. Ward sister and Senior nurse are reviewing how senior nurses can be rostered by night and are reviewing the responsibilities of the nurse in charge by night. All registered nurse vacancies have been filled via the UHB ongoing recruitment campaign. 	<p>Kathryn Leader, Ward Sister, Stroke Rehabilitation Centre</p> <p>David Pitchforth, Senior Nurse for Integrated Medicine.</p>	<p>31st December 2019</p> <p>21st October 2019</p>

<ul style="list-style-type: none"> • Nursing staff have sufficient time to attend in service training and multidisciplinary meetings • Nursing staff complete all aspects of mandatory training relevant to their role and area of work. 		<ul style="list-style-type: none"> • Establishment reviews take place twice a year in line with the Nurse Staffing Act 2016. • Medicine clinical board have an active recruitment and retention plan. • Where there are gaps in the nursing rota due to sickness, other clinical areas provide cross cover or shifts are covered bank and agency. • Staff have been reminded to escalate any concerns regarding staffing constraints, and encourage incident reporting in relation to short staffing to support analysis and improvement work. • Daily hospital safety huddles are already in existence in medicine clinical board to review hospital wide staffing and ensure that all areas risks are balanced. • Ward Sister is prioritising mandatory training needs of staff in the context of the clinical workload. 	<p>January 2020</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Rebecca Aylward

Job role: Director of Nursing Medicine Clinical Board

Date: 30/10/2019