

Quality Check Summary

Barry Community Hospital

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Morgannwg Ward, Barry Community Hospital as part of its programme of assurance work. The Morgannwg Ward which is adjoining the Sam Davies Ward opened 11 additional capacity beds during the Covid-19 pandemic. We were told that the Morgannwg Ward was reconfigured and refurbished to a high standard. Both wards were run as one unit with one Ward Sister and a Deputy Sister in charge.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to the Senior Nurse and Ward Sister on 22 September 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We found that the ward had conducted the necessary risk assessment audits and developed relevant procedures to meet the additional demands stemming from the COVID-19 pandemic.

We found that there were clear admission procedures in place which included a criteria for Covid-19. We saw that the ward had completed risk assessments for social distancing and control measures put in place. We noted that a cubicle had been reserved on each ward to enable prompt isolation of patients who become symptomatic. We were told that beds on the ward were located two meters apart. In addition, patients can use the day room by maintaining social distancing. This enables patients to safely socialise in the day room and not having to remain by their bed side.

We found that standard patient visiting arrangements to the ward had been suspended during the pandemic, in line with Public Health Wales guidelines. However, a process for visiting had been introduced for end of life patients.

We were told that the ward had sufficient stocks of personal protective equipment (PPE) sourced and stock levels were monitored regularly. A new dedicated PPE store room had been put in place to enable prompt access to PPE. We also noted that staff are required to change into their uniform on site in order to reduce the spread of infection.

We were told that mobile phones and tablets were provided for patients who were unable to receive face-to-face visitors due to the suspended visiting arrangements, and that staff had taken the time to assist patients in contacting their friends and relatives.

The ward staff room was relocated into a larger room to allow staff to take breaks whilst maintaining social distancing.

Morgannwg ward was initially opened to patients between 11 April and 30 April 2020. We noted that the ward was reopened on 29 May for three weeks to enable the transfer of both amber (patients who are not displaying signs of Covid-19 and not self-isolating) and blue stream (patients who have been diagnosed with Covid-19 and are at least 14 days since onset of symptoms and are symptom free) to the ward. No additional beds were required to be made available. However, the Senior Nurse and Ward Sister arranged for an additional registered nurse to be on shift due to the layout of the ward.

Evidence provided showed that there had been a number cases of COVID-19 identified on Sam Davies ward during April and May 2020. We were told that as a result, all patients were immediately moved out of Sam Davies ward and located on Morgannwg ward to enable prompt isolation of any query Covid-19 cases whilst Sam Davies ward was deep cleaned. Patients were grouped together depending on their Covid-19 status as advised by the Infection, Prevention and Control team. The ward also had 24 hours a day access to the Infection Control or the Infectious Diseases team for advice and support. We were told that whilst Sam Davies

ward was being deep cleaned, Morgannwg ward was decorated with bunting and flags and patients were provided with a buffet tea to celebrate VE Day which was enjoyed by both patients and staff.

All confirmed and suspected cases of Covid-19 were reported daily via the Chief Executive Connects brief and at the daily operations meeting. Initially, the Infection Prevention and Control (IPC) guidance advised staff that patients could be transferred onto Sam Davies ward and Morgannwg ward without a swab having been taken to confirm whether or not they had COVID 19, as long as the patients were asymptomatic. However, in light of the Covid-19 outbreak on Sam Davies ward, swabbing of patients before transfer to the site was brought in as it was believed the cause of the outbreak on Sam Davies ward was due to the transfer of a patient who was infected on an acute site without a swab having been taken.

We were told that a number of staff also contracted COVID-19 over this period and the ward could not identify the source of the staff infections, other than the number of COVID-19 patients on the ward that had contracted the disease. The correct PPE was used on the ward in accordance with guidelines at the time.

We were told that any symptomatic staff, or staff with symptomatic household members, isolated promptly and fast track swabs were arranged as required. All staff who were deemed at risk self-isolated or shielded. Where appropriate, staff returned to work following a risk assessment. We were told that the All Wales Covid-19 risk assessments were completed for each member of staff.

The Ward Sister informed us that the infection prevention specialist nurse regularly visited the ward to support staff. Furthermore, we were told that a COVID-19 file had been set up on the ward to keep staff updated.

The Senior Nurse and Ward Sister spoke highly of the ward staff in how they have responded to the needs of the ward, the patients and in supporting each other during the COVID-19 pandemic.

No improvements were identified.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We noted that an environmental risk assessment audit had been completed at a ward level. We were told that the Ward Sister actively monitors the ward environment on a daily basis. We were also informed that the Ward Sister and the Housekeeper undertakes a weekly audit / check of the ward to ensure the environment is safe, clean and clutter free.

We were told that patients' dignity is fully protected by the appropriate use of privacy curtains and signage on the ward. There are single sex toilet facilities available, a shower, bath and access to a day room. The ward was risk assessed for social distancing between patients.

We were informed that the ward had access to a supply of clothes and toiletries from the Patient Experience team should they need it. However, visitors were encouraged to provide patients with their own clothes where possible, and collect washing from a designated location on the hospital site. We were also told that, on one occasion, a staff member had personally arranged for a patient's laundry to be left outside the family home as the family member was shielding. This was noted as noteworthy practice in ensuring patients' dignity is maintained and allowing families to be part of their loved one's care.

We were told that any patients who are at risk of falls are situated opposite the nurses' station. This allows staff good visibility of patients. Patients who are unable to get to a sink to wash their hands are provided with hand wipes.

We were told that staff complete an 'intentional rounding' checklist for all patients throughout the day. The 'intentional rounding' checklist involves a proactive check on each patient to ensure they have everything they need, and staff are more visible to patients which provides assurance.

A range of audits are scheduled to support patient safety on the ward, which include audits on falls and pressure and tissue damage. We reviewed a sample of these and found that overall positive scores had been achieved.

No improvements were identified.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We were told that the Ward Sister undertakes weekly audits of infection control, hand hygiene and general ward cleanliness.

We saw evidence that an infection control audit had recently been completed and noted no actions has been identified.

The hospital has a dedicated Infection Prevention and Control link nurse who maintains regular contact with the ward to ensure all staff are kept up to date with any changes in guidance or practice. We saw that Infection Prevention and control (IPC) policies were in place with clear procedures. We also noted that the Health Board has signed up to the National Infection Prevention and Control manual which is available electronically.

We were told that all staff had received infection control training. Staff had access to 'donning and doffing' PPE training online and later received face to face training. The Ward Sister also arranged for laminated poster to be displayed at various locations on the ward to remind staff of PPE requirements. We noted that the IPC team also facilitated staff question and answer sessions.

No improvements were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care. We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

We found that the Ward Sister and Senior Nurse have suitable procedures for ensuring that staffing levels are appropriate and are increased when required, for example an increase in dependency levels on the ward or staff absence. However, we were told that around 19 therapists were redeployed from physiotherapy, occupational therapy and podiatry to the ward during the pandemic. Neither the Senior Nurse nor the Ward Sister had control over the therapy rota and as such staffing numbers were sometimes difficult to control in order to maintain social distancing. We were informed that this has been recognised by the Health Board and that learning is being taken forward into the winter planning.

We were told that the therapy staff redeployed to the ward had reported having a very positive experience working in the ward. Furthermore, the patients benefited from additional therapy support which was available to them seven days a week. It was also noted that the therapists and nurses now have a better appreciation of each other's roles.

We were provided with data on sickness rates which appeared to be low and stable. We were told that the Ward Sister encourages a supportive culture and operates an open door policy.

We were provided with mandatory training statistics for the team and found a high rate of compliance in all areas.

We were also provided with information relating to staff appraisals and noted a high number of staff that had received an annual appraisal.

No improvements were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.